Town of Montville WPCA **Sewer Application (New / Repair / Capped)**

Date _____________ **Fee** ___________ **Paid** ____________ **Account #**_____________ **CID#**_______________

Name/Owner ______________________________________ **Phone #** __________________________________

Service Address ____ **Email** ____________________________

Signature Owner / Agent____

- -

Contractor Name: ____________________________________ **Phone #** _________________________________

Address ____

License # ______________________________________ **Email** ____

I hereby certify that proposed install or repair will follow all codes adopted by CT State Statues and Town of Montville Regulations:

Contractor Signature ____

New ☐ **Repair** ☐ **Use: Residential** ☐ **Commercial** ☐ **Industrial** ☐ **# of Units** _________

Type of Flow ________ **Type of Pipe** ________ **Size** ________ **vents** ________

cleanouts ________ **grease pit** _________ **grinder pump** _________

Show a detailed sketch of proposed work or repair. Include building, well or water pipes, repair or proposed tie-in to street stub. Show all traps, vents, cleanouts, grease trap or grinder pump if required.

Approved by WPCA agent _______________________________________ **Date** ________________