



Narragansett Bay Commission Sewer Connection Permit Applications

Please Type or Print & Check the Appropriate Boxes

PERMIT NUMBER: _____

F APPROVED
I
N REJECTED
A
L INACTIVE
INTERNAL USE ONLY

1. **Applicant:**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Bus.) _____ (Fax) _____

2. **Property Owner: (if other than applicant)**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Bus.) _____ (Fax) _____

3. **To Whom Billing Should Be Sent: (if other than property owner)**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

4. **To Whom Should Notification Be Sent: (if other than applicant)**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____



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5. Property Description:

Attach a sketch or map identifying the property location with street names and/or plat & lot number(s). Is the property part of a new subdivision? YES NO

Property Address: _____

City/Town: _____ Plat No.(s): _____ Lot No.(s): _____

6. Reason for Connection

- Existing house/building with no prior sewer connection New house/building
 Renovation or Addition to existing house/building Change of use for house/building

7. Building Description:

Attach floor plan(s), site plan(s), and plans for special equipment.

Please check the appropriate building type.

- Residential – (Up to and including six (6) dwelling units per building.)
 Commercial – (Offices, Restaurants, Salons, Retail Stores, Hotels/Motels, Nursing Homes.)
 Industrial/ Commercial – (Retail/ Wholesale Factories, Multi-use Buildings.)
 Industrial – (Jewelry Companies, Machine Shops, Printing Companies.)

If the building is Residential, please supply the following:

_____ No. of Building(s)

_____ Total No. of Dwelling Unit(s)

If the building is Commercial, please supply the following:

_____ No. of Building(s)

_____ No. of Office(s)

_____ Seating Capacity (for restaurants)

_____ Bedding Capacity (for hotels/motels, nursing homes)



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- Describe the commercial operation and any special equipment to be used.

If the building is **Industrial**, please supply the following:

_____ No. of Building(s)

_____ No. of Work Station(s)

Will there be site remediation/dewatering associated with this project that will be discharged to the public sewer system.

YES NO

8. **Plumbing Fixtures:**

Please indicate the total quantity of the following items.

_____ Sinks	_____ Grease Traps
_____ Toilets	_____ Garbage Disposal Units
_____ Urinals	_____ Swimming Pools
_____ Showers	_____ Water Fountains
_____ Bath Tubs	_____ Automatic Lawn Sprinklers
_____ Hot Tubs/Whirlpools	_____ Commercial Dishwashing Machines
_____ Dishwashing Machines	_____ Commercial Clothes Washing Machines
_____ Clothes Washing Machines	_____ Other: _____
	_____ Other: _____

9. **Wastewater Generation:**

Please answer the following questions.

_____ What is the maximum number of persons expected to occupy the building(s)?

_____ If applicable, what is the total number of bedrooms in the building(s)?

_____ What is the total estimated average daily flow in gallons per day?

- Document and attach calculations for the method used for estimating the gpd.
- For guidance, see Table 1 on page 6

_____ What is the estimated peak flow in gallons per day?

What is the source of water to the premises? (check (3) the appropriate boxes)

MUNICIPALITY RIVER/STREAM WELL OTHER...



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10. Construction:

What are the approximate starting and finishing dates of construction?

Starting Date: _____ Finishing Date: _____

Please provide information about the Drain Layer.

Name: _____ License Number: _____

Company: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: (Bus.) _____ (Fax) _____

Please provide information about the Drain Layer's Bond Company.

Company: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Amount of Bond: _____ Telephone (Bus.) _____ (FAX) _____

Will the proposed sewer connection(s) require a sewer extension to the public sewer system?

YES NO

If YES, this application must be signed below by an authorized representative of the City or Town confirming that the proposed sewer extension will conform to the City or Town RI DEM approved Facility Plan.

Signature of Authorized City or Town Agent Date

If this Sewer Connection Permit Application is approved, the undersigned applicant agrees to accept and abide by all provisions of the Narragansett Bay Commission's Rules and Regulations for the Use of Wastewater Facilities within the Narragansett Bay Water Quality Management District, as amended, and shall in every respect conform to the terms of this application. Any changes to the information of this Sewer Connection Permit Application must be reported to the Narragansett Bay Commission.

Signature of Property Owner Date

Signature of Drain Layer Date

If you are rehabilitating an existing facility/building, please complete page 5 of this application in its entirety.



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Changes To An Existing Sewer Connection Permit:

Complete this page IN ADDITION TO the previous pages if you are applying to change/revise an existing sewer permit.

11. Plumbing Fixtures:

Please indicate the total quantity of the following current fixtures as well as the total quantity of proposed changes to the current fixtures.

<u>Current Fixtures</u>	<u>Proposed Changes</u>	<u>Current Fixtures</u>	<u>Proposed Changes</u>
_____	_____ Sinks	_____	_____ Grease Traps
_____	_____ Toilets	_____	_____ Garbage Disposal Units
_____	_____ Urinals	_____	_____ Swimming Pools
_____	_____ Showers	_____	_____ Water Fountains
_____	_____ Bath Tubs	_____	_____ Automatic Lawn Sprinklers
_____	_____ Hot Tubs/Whirlpools	_____	_____ Commercial Dishwashing Machines
_____	_____ Dishwashing Machines	_____	_____ Commercial Clothes Washing Machines
_____	_____ Clothes Washing Machines	_____	_____ Recirculation Systems
_____	_____ Other: _____	_____	_____ Other: _____

12. Water Conservation Retrofitting Devices to be Installed:

Please indicate the total quantity of the following retrofitting devices to be installed.

<u>Quantity</u>	<u>Type of Fixture</u>	<u>Quantity</u>	<u>Type of Fixture</u>
_____	1.6 gallon low flow toilets	_____	2.5 gpm kitchen faucet aerators
_____	1.0 gallon per flush urinals	_____	Recirculation Systems
_____	2.5 gpm low flow showerheads	_____	Other: _____
_____	2.0 gpm bathroom faucet aerators	_____	Other: _____

13. Estimated Cost of Retrofitting:

What are the combined installation cost and fixture cost of retrofitting?..... _____

14. Average Weekly Water Use:

What was the average weekly water consumption for the last 12-month period? (provide in GALLONS)..... _____

15. Future Estimated Average Weekly Water Use:

What will be the future estimated average weekly water consumption? (provide in GALLONS)... _____

- for guidance, see Table 1 on page 6



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Table 1: Guidelines for Estimating Flow for Certain Uses

Type of Building	Wastewater Flow (gallons/person/day)
• Hotel/Motel.....	50
• Nursing Home.....	100
• Office Building.....	15
• Salon (per chair).....	150
• Boarding School or College.....	100
• Dentist Office (3 persons per chair).....	500
• Restaurant (per table seat or counter seat).....	70
• Single Family House (2 persons per bedroom).....	75
• Multiple Family House (2 persons per bedroom).....	75
• Factory (sanitary wastes only, with cafeteria).....	20
• Factory (sanitary wastes only, without cafeteria).....	15
• School (without cafeteria, gymnasium or showers).....	10
• School (with cafeteria, but without gymnasium or showers).....	15

NOTE: Other methods can and may be used for estimating wastewater flows. These methods must be documented and attached to the application.