

Woodridge Lake Sewer District
113 Brush Hill Road
P.O. Box 258
Goshen, Connecticut 06756
860-491-2705

Application for Permit to Connect to Woodridge Lake Sewer District Collection System

PART I

To be filled out by Applicant PLEASE PRINT

1. Date of Application _____

2. Name of Applicant _____

Address _____

Telephone _____

3. Name of Property Owner _____

Mailing Address _____

Telephone _____

4. Location of Property _____

Woodridge Lake Lot Number _____

5. Type of Building Use (Circle One)

A. Single Family Residence

B. Auxiliary Apartment

C. Office - (Describe Below)

D. Other _ (Describe Below)

6. Estimated daily discharge to collection system in gallons per day-_____

7. Type System (Circle One) A. Gravity B. Pump

Contractors License Information

8. Name of Contractor making connection _____

1. License Type _____

2. License Number _____

3. Expiration Date _____

9. Attach Plot Plan. Include size, type and length of connection line.

10. It is understood that a permit fee (filing fee) of \$260.00 must be included and accompany this application; NOT refundable. Also, it is further understood that a connection fee of \$1,800.00 must be included and accompany this application; refundable in the event connection to the sewer system is not made. APPLICANT IS SUBJECT TO ANY PAYMENT OF INCREASE AFTER ONE (1) YEAR FROM DATE OF THIS APPLICATION.

11. If other than single family dwelling this application is dependent upon receipt of a Conn. Dept. of Environmental Protection Discharge Permit as referred to under Item 10 of conditions of the State of Conn. D.E.P. Discharge Permit issued to the Woodridge Lake Sewer District. (Application to State D.E.P. if needed will be applied for by Woodridge Lake Sewer Plant Superintendent.)

12. Permit is issued for the specific Lot or land indicated on the permit application only. It is not transferable to any other property.

13. Any permit is valid for only One (1) year from date of issue. If the connection is not completed within One (1) year, the permit automatically expires. Permit fees (filing fees) are not refundable.

14. I certify that all Woodridge Lake sewer taxes have been paid. I certify that all information is correct to the best of my knowledge knowing that false statements will justify rejection of this application.

Signature of applicant: _____

Date- _____

Signature of property owner _____

Date _____

Part II

To be filled out by Plant Superintendent of Woodridge Lake Sewer District

1. If necessary attach copy of application to state D.E.P. discharge permit application.

2. Application: Date received _____

(Check one) Approved _____

Denied _____ if checked state reason

3. Permit issued Yes _____ No _____

Permit number _____

Date issued _____

Expiration date _____

Amount paid _____

() Cash

() Check _____ ck # _____

Date paid _____

Signature Plant Superintendent of the Woodridge Lake Sewer District

Date _____

Part III

Appeal Application

I hereby appeal from the above decision and request a hearing de nova before the Woodridge Lake Sewer District Sewer Authority according to its rules and regulations. Appeal fee of \$250.00 is paid herewith and copies of the completed forms given to the Plant Superintendent and the Secretary and Chairman of the Woodridge Lake Sewer District Sewer Authority this _____ day of _____, 20____.

Signature of Property Owner _____

Date _____

Part IV

For use by Woodridge Lake Sewer District Sewer Authority.

Date of public hearing _____

Location of public hearing _____

Time of public hearing _____

Decision of the Woodridge Lake Sewer District Sewer Authority _____

Signature of officiating Officer _____

Title _____

Date _____