

**Town of Hardwick  
Municipal Sewer System  
Service Application**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day time Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Type of Service (Check one)**

Domestic \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_

Estimated date of Service: \_\_\_\_\_

The undersigned, being the (owner, owner's agent) of the property located at \_\_\_\_\_, does hereby request a permit to install and connect a building sewer to serve the (residence, apartment, commercial building, industrial building, or other) at said location. I also understand that the connection fee for the sewer service is \$1,000 per equivalent domestic unit and is payable prior to connecting to the system. Additionally, I understand that I am responsible for paying for all materials and construction costs for the work necessary to connect my sewer service to the municipal system and that I will maintain the building sewer at no cost to the Town. I will notify the public works supervisor when the building sewer is ready for inspection and connection, prior to any of the work being covered. I also agree to abide by the Town of Hardwick Sewer System Ordinance. I will obtain all necessary Town and State permits required for this project prior to connecting to the water system.

1. Name and address of person making the connection to the municipal sewer: \_\_\_\_\_  
\_\_\_\_\_

2. The following fixtures and or drains will be connected to the proposed building sewer.

<u>Number</u>	<u>Fixtures</u>
_____	Kitchen sinks
_____	Bathroom sinks
_____	Toilets
_____	Showers
_____	Floor drains

3. The maximum number of people who will be using the above fixtures is: \_\_\_\_\_

4. The waste constituents will be as follows:

This waste load is strictly residential \_\_\_\_\_

**Or;**

**For industrial or commercial discharges**

Expected flow rate in gallons per day: \_\_\_\_\_

BOD pounds per day: \_\_\_\_\_

Mg/L Suspended Solids: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Applicant

Printed Name: \_\_\_\_\_

**\*\*A copy of all plans and calculations must be attached to this application prior to approval.\*\***

Date of Town of Hardwick Connection Approval: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Town Manager or Representative, Town of Hardwick

**Form adopted July 5, 2012**

**Form updated April 10, 2013**

**Form updated January 22, 2018**

**Form updated November 12, 2019**