CITY OF CHICOPEE

DEPARTMENT OF PUBLIC WORKS

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APPLICATION B **FOR LOCAL SANITARY WASTEWATER DISCHARGE PERMIT**
CITY OF CHICOPEE INDUSTRIAL PRETREATMENT PROGRAM

For the purposes of this application, sanitary discharge includes only **restroom and kitchen waste from the following:** single or multi-family houses, apartments, motels, condominiums, dormitories, offices, retail stores, retail food service establishments, etc. **Authorization for all other commercial establishments (e.g., gas stations, dry cleaners, etc.) or industrial facilities cannot be obtained by the filing of this form,** regardless of whether or not a sewer discharge is associated with production or service. A permit application for commercial or industrial facilities must be obtained from the IPP Coordinator. The City reserves the right to require the submission of plans showing the location(s) of buildings, sanitary and storm sewers, grease traps, etc., as an attachment to this application.

Section A- GENERAL INFORMATION

1. a. Applicant Name: _____
   b. Mailing Address: _____
   _____
   c. Telephone Number: (____)-____-_____ ext. _____

2. a. Project Name: _____
   b. Project Location _____
   (if different) _____
   c. Telephone Number: (____)-____-_____ ext. _____

3. a. Is the Applicant identified in 1.a., the owner of the property on which the project is to be located? Yes [ ] No [ ]

Section B- FACILITY INFORMATION

1. Complete the following. The project is:

   a. Existing [ ]
      i. Is the building presently connected to the City sewer?
         Yes [ ] Sewer Account #(s): _____
         No [ ]
   b. New [ ]
      i. Will the facility be located in an existing vacant building?
         Yes [ ] No [ ]
      ii. Has the Company applied for a building permit if a new building is to be constructed? Yes [ ] No [ ]

2. Which best describes the facility?

[ ] a. Circle one: single family house(s), multi-family house(s), apartment(s), condominium(s), dormitory, hotel, motel.
   i. Number of units/bedrooms: ____/____
[ ] b. Office(s).
   i. Number of businesses/offices: ____/____
[ ] c. Retail store(s) or business(es).
   i. Number of stores: ____
[ ] d. Restaurant or other food service.
   i. Number of seats: ____
[ ] e. Other: _____

Section C- SEWER INFORMATION

1. List the size, descriptive location, and flow of each facility sewer which connects or will connect to the City sewer system. If actual flows are not available, project average flow of dwelling units based on 110 GPD per bedroom; for offices or retail stores, use 15 GPD per employee. (If necessary, attach additional information on another sheet.)

Sanitary Sewer Size	Description Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____

2. If the property has any storm drains connected or proposed to be connected to either the City sanitary sewer or storm sewer, list the following information regarding size, descriptive location, and flow of each connection.

Storm Sewer Size	Description Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____

3. Describe grease traps, screens, or any other devices used for pretreatment of the discharge: _____

Section D- WATER USE

1. Water Sources: check each that applies.

   [ ] Private Well
   [ ] Surface Water
   [ ] City of Chicopee Water Department
   Account Number(s): _____
   Name on Account: _____
   [ ] Another Municipal Water Utility : _____
   [ ] Other: _____

2. List average (or estimated) water usage for the facility. If the project is new or no water account information is available, estimate sanitary usage based the on 110 GPD per bedroom; for offices or retail stores, use 15 GPD per employee.

Type	Average Use in GPD
a. Sanitary	_____
b. Irrigation & Lawncare	_____
c. Other: _____	_____
TOTAL a-c	_____

All applicants must read and sign the following.

Section E- AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____ Name

_____ Title

_____ Signature

_____ Date

permappb