

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Permit Number
-----

# ***LOW PRESSURE SEWER SERVICE APPLICATION for CONNECTION***

***for the  
Little Harbor Sewer Expansion Project  
Town of Cohasset, Massachusetts***



***Cohasset Board of Sewer Commissioners***

***TOWN HALL, 41 HIGHLAND AVENUE, COHASSET, MA 02025***

***PHONE 781-383-4108, FAX 781-383-1561, Email: [sewer@townofcohasset.org](mailto:sewer@townofcohasset.org)***



**Permit Number**  
-----

**APPLICATION FOR SEWER SERVICE CONNECTION**

**Low Pressure Sewer Services**

**TO:** Board of Sewer Commissioners  
41 Highland Avenue  
Cohasset, MA 02025

*(To be completed by Homeowner.)*

**APPLICANT:** Name \_\_\_\_\_ (Must be Owner)

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

Phone number \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

Is this a Condo or Rental unit? Please specify: \_\_\_\_\_

**Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

**APPLICATION FEE (NOTE: ONE CONNECTION PER APPLICATION):**

**\$1000.00 – per residential low pressure sewer service**  
**(Note: Betterments will be based upon Equivalent Dwelling Units (EDU's) serviced.)**

Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**EXISTING WATER USE:** \_\_\_\_\_ hundred cubic feet/year (add four quarters)  
(Records can be obtained from the Water Department. Attach copy of billing and use information)  
(Municipal Sewer Charges are based upon water meter readings.)

Number of bedrooms: \_\_\_\_\_ Number of persons: \_\_\_\_\_

Number of separate dwelling units to be serviced: \_\_\_\_\_

Do you have a garbage grinder? \_\_\_\_\_

Do you have a sump pump? \_\_\_\_\_

Are you within the 100 foot buffer zone of a wetland resource area? \_\_\_\_\_

Are you within the 50 foot buffer zone of a wetland resource area? \_\_\_\_\_

*(To be completed by Drain Layer.)*

**CSC Licensed Drain Layer to be utilized for connection:**

**Name/Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Proposed Installation (Attach service plan to application.)**

**(Describe work in narrative form: pipe: type, size and material; any proposed adapter fittings, pipe slope, manholes, etc...):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List E/One Equipment/Unit to be ordered by Owner:**

QUANTITY	DESCRIPTION OF EQUIPMENT OR MATERIALS

**Will the pump be located in a flood prone area?** \_\_\_\_\_

**Have you completed E/One Installation Training?** \_\_\_\_\_ **Date Completed** \_\_\_\_\_

**Will the water service also be replaced during construction?** \_\_\_\_\_

**Will a second water meter be installed for outdoor water uses?** \_\_\_\_\_

**Will the septic tank be re-utilized after pumping and sanitizing?** \_\_\_\_\_

If yes, for what use?  Pump Chamber  Emergency Wastewater Storage  
 Irrigation Water Storage  Other \_\_\_\_\_

**Drain Layer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**The undersigned attests to the above and acknowledges and agrees to the following:**

- 1) No work shall commence until the Sewer Commissioners has issued a Permit for the Sewer Service Connection and all required inspections will be coordinated with the Town prior to backfilling trench, pipe and pump chamber.
- 2) The owner shall facilitate through its installer prior to connection to the Municipal Sewer Stub, which the contractor shall water jet the service stub all the way to the main line as needed to clear any sediment, debris or grease, which may have accumulated in the stub.
- 3) The owner shall schedule and facilitate the execution of an interior and exterior inspection by the Sewer Commission's inspector and/or other Town agents of all water resource protection measures, all proposed gravity and pressure piping, the final connection to the stub, the pump chamber setting, the redundant check valve, the septic system decommissioning, all prior to any backfilling of the excavation and prior to commencing any discharge to the system. The owner further agrees to schedule the pressure testing and pump start-up services for the installation. The owner agrees to allow all access to the Town and its agent for purposes of inspection and testing and will hold the Town harmless for any damage or injury incurred as a result of such activities. Please note: Inspection scheduling must be done at least 48 hours prior to actual need.
- 4) The owner, through this application, shall provide pressure testing of the new installation, by the Town. If the service piping or appurtenances fail the pressure test, the owner's contractor shall repair the system and any additional costs for re-testing will be paid directly to the Town by the owner to facilitate retesting of the system. Such fee shall be paid for each re-test required until it passes the pressure test. All contractor costs for leak detection, materials, repairs and replacement of failed components and the set-up and scheduling of test will be borne by the owner.
- 5) The Sewer Commission shall provide a copy of this form to the Board of Health and the Conservation Commission for their use and tracking. The owner shall comply with all Board of Health requirements relative to septic system decommissioning and shall comply with all other applicable local, State and Federal regulations governing the installation and related construction activity including OSHA and state trench safety regulations
- 6) The owner shall ensure and maintain that only domestic wastewater enters the sewer system and that no drainage water, sump pump discharges, roof drainage or other extraneous flows enter the system.
- 7) The Owner agrees to accept and fully comply with all conditions of the Project-Wide Notice of Intent Order of Conditions issued by the Conservation Commission for sewer service work governed by this project and any site specific controls ordered by their agent after review of the sewer route and/or site inspection.

**Homeowner/Applicant (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Board of Sewer Commissioners Use**

Application Complete \_\_\_\_ Yes \_\_\_\_ No

Engineer's Recommendation: Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Not Approved \_\_\_\_ Approved as Noted

Permit Number: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conservation Commission Site Specific Review (attached) (Ref. # \_\_\_\_\_)**

**Sewer Commission Site Specific Review (attached) (Ref. # \_\_\_\_\_)**

Pump Order Placed \_\_\_\_\_ Date \_\_\_\_\_ Voucher # \_\_\_\_\_

Total Direct Assessment Paid (Pump Pre-payment): \_\_\_\_\_

Pump Order Filled (date) \_\_\_\_\_ Owner call placed (date) \_\_\_\_\_

Start-Up Complete (date) \_\_\_\_\_ As-Built Plan Submitted (date) \_\_\_\_\_

\*\*\*\*\*

Town of Cohasset Conservation Commission Agent  
Certificate of Compliance Site Sign-off

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Town of Cohasset Board of Health Agent or Construction Representative  
Certificate of System Decommissioning Site Sign-off

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

**FINAL CERTIFICATION AND AUTHORIZATION TO DISCHARGE**

ISSUER (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**Intentionally left blank for attachment of site plans and support data (Staple at top)**

