

TOWN OF THOMASTON
SEWER CONNECTION PERMIT
(SSDC)

SEWER PERMIT # _____ STREET LOCATION _____

MAP _____ LOT _____ SSDC CHARGE \$ _____ DATE PAID ____ / ____ / ____

APPLICANTS NAME _____ TELEPHONE _____

APPLICANTS ADDRESS _____

Description of sewer connection work: Pipe Size _____

Type of Pipe _____ Volume of Wastewater _____

Applicant

APPROVAL BY P.C.D. _____ DATE ____ / ____ / ____

This is to certify that the Thomaston Wastewater Facility has the capacity to accept this addition and that _____ gallons of the capacity has been reserved.

Approved By: _____

Permit Approval subject to the following:

- 1) All provisions of the Thomaston Sewer Ordinance shall be met.
- 2) All work relating to the installation must be approved by the town before it is backfilled. You may contact the Town Office at 354-6107 to make arrangements for inspections.
- 3) Special conditions as shown on back of page.
- 4) Valid for one year from date of approval.

Date Inspected ____ / ____ / ____ _____

Plumbing Inspector

SKETCH OF CONNECTION TIES

