



Town of Sturbridge Application for Sewer Connection Permit

Number: _____

Date: _____

Application Fee: \$400.00

Check #: _____

Connection Fee: _____

Check #: _____

Privilege Fee: _____

Check #: _____

(where applicable)

Residential [] Commercial [] Industrial []

The Town of Sturbridge Water/Sewer Department hereby issues a permit to:

Name

Address

Town/City

Zip code

Tel.

Email

to tie-in to the municipal sewer line.

Location Address: _____

All work to be completed in accordance with the rules and regulations of the State and the Town of Sturbridge.

(no sump pumps, no roof drains, no surface water, and no backwash from filtration devices are allowed to be connected.)

Contractor: _____

Name

Address

Town/City

Zip

Effective Date: _____

Expiration Date: _____

Highway Department

or

Board of Health

or

Water/Sewer Department

310 CMR 15:354 State Environmental Code Title V: Whenever a system is discontinued the facility owner shall have the septic tank pumped by a licensed septage hauler; the tanker shall be crushed and buried or excavated and removed or the bottom of tank must be ruptured and filled with sand. An inspection is required by an approving authority.

Date Septic tank demolished: _____ Approving authority inspector: _____