

LEICESTER WATER SUPPLY DISTRICT  
Sewer Service Application & Permit  
To Construct and/or Connect a Private Sewer to the LWSD Public Sewer  
For Residential or Commercial Service

HomeOwner \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

( ) Residential Number of Family Units \_\_\_\_\_  
( ) Commercial Type of Business \_\_\_\_\_

List all fixtures to be connected to the proposed building's sewer:

\_\_\_\_ Sinks, Tubs, Lavatories \_\_\_\_ Urinals \_\_\_\_ Toilets \_\_\_\_ Showers \_\_\_\_ Dishwasher  
\_\_\_\_ Garbage Disposals \_\_\_\_ Washing Machine \_\_\_\_ Other \_\_\_\_\_  
Describe

Maximum number of persons who will use above fixtures \_\_\_\_\_ Est. Total Flow \_\_\_\_\_ GPD

I have contracted with \_\_\_\_\_ (Licensed Drainlayer)  
to complete this work and authorize this application in my name by said drainlayer.

***I hereby agree to take and use the Sewer Service, subject at all times to the current Rules & Regulations established by the Sewer Commissioners, and I agree that NO surface or cellar water will be allowed to enter the sanitary sewer either by gravity or by sump pump.***

\_\_\_\_\_  
Signature of HomeOwner

\_\_\_\_\_  
Date

Fee \_\_\_\_\_ Rec'd Payment \_\_\_\_\_ By \_\_\_\_\_  
(\$30.00 per inspection) (Date) (Received by)

Permit Granted subject to the following restrictions:

\_\_\_\_\_  
Superintendent

**\*\*\* This Permit Must Be Available At The Job Site At All Times \*\*\***  
**It Must Be Returned Within 60 Days of Date \_\_\_\_\_ And Is Void Thereafter**

Work inspected and disapproved \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

Work inspected and approved \_\_\_\_\_ Date \_\_\_\_\_ Additional Fee \_\_\_\_\_ Paid \_\_\_\_\_

**Inspection fees are \$30.00 per inspection**

I certify that this work has been completed by me as shown in the sketch on the back of this form (or attached plans) and in accordance with all current applicable regulations.

\_\_\_\_\_  
Signature of Drainlayer

\_\_\_\_\_  
Date

Connection No. \_\_\_\_\_ Abandonment Report Rec'd \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Washington, DC 20250-9410