

Town of Great Barrington
Department of Public Works
Wastewater Treatment Division

Paula Ely
Wastewater Superintendent

E-mail: pely@townofgb.org
www.townofgb.org



100 Bentley Avenue
Great Barrington, MA 01230

Telephone: (413) 528-0650

TOWN OF GREAT BARRINGTON
MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS
Wastewater Treatment Division

Application for Service Connection to the Sanitary Sewer System

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Name of Property Owner: _____ Phone: _____

Address of Property Owner: _____

Location of Property to be connected: _____

Contractor: _____

Assessors Map/Parcel: _____/_____ (From Property Tax Bill)

Building Type:	_____ Residential-	_____ # of Bedrooms	
	_____ Commercial-	_____ Category	_____ Gallons per Day
	_____ Restaurant-	_____ # of seats	
	_____ Office-	_____ Square feet	
	_____ Other Retail-	_____ Square feet	
	_____ Industrial-	_____ Category	_____ Gallons per Day
	_____ Other (specify _____)		

Is this a change of use for this property: _____ YES _____ NO

I hereby petition the Town of Great Barrington of Public Works for authorization to connect to the Town's Sanitary Sewer System. I agree to comply with all requirements that they may establish for such connection and to perform all work involved therein in accordance with the Town of Great Barrington Sewer Use Ordinances. Furthermore, if I am not the property owner, I certify that I have been authorized to submit this application on their behalf.

Signature _____ Date _____

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Name (printed) _____
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In the space below, provide a sketch drawing and other details of the proposed connection to the sanitary sewer system using the following guidelines:

- Locate house/structure on property as well as driveway, garage, fences, etc.
- Locate existing sewer manholes in the sewer main for reference (at least two)
- Locate building sewer at the following connection points: sewer main and building
- Indicate north direction
- Indicate all property lines
- Indicate type of materials used, pipe diameter and length

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All connections shall meet the minimum requirements as listed on the following page.

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Minimum Requirements for Gravity Sewer Connection:

1. Service laterals shall be SDR 35 pipe with a minimum diameter of four inches (4") (commercial connections may require a larger diameter)
2. Sewer line and water lines shall maintain a minimum ten foot (10') separation unless properly sleeved
3. Connection to the Town's sewer main shall be a saddle type connection. Alternative connection types shall be evaluated by the Superintendent
4. Service laterals shall have a minimum slope of two percent (2%) from the building to the sewer main
5. Record service plan showing the location of the service lateral (s) and connection (s) to the sewer main as constructed shall be provide before the final connection is inspected and approved
6. Complex connections (as determined by the Superintendent) shall require design by a registered professional engineer

Minimum Requirements for Low Pressure Sewer Connection:

1. Service laterals from the building to the pump chamber shall be SDR 35 or SCH 40 as required by building code. Service laterals from the pump chamber to the sewer main shall be one and one-half inches (1 1/2") or one and one-quarter inches (1 1/4") SDR 21
2. Sewer line and water lines shall maintain a minimum ten foot (10') separation unless properly sleeved
3. Connection to the Town's sewer main shall be a saddle type connection. Alternative connection types shall be evaluated by the Superintendent
4. The pump chamber shall be installed at least ten feet (10') away from the building foundation. Alarm panel for the pump and pump chamber shall be in line of sight from the pump chamber
5. Pump and chamber shall be Environment One (E-One) progressive cavity, positive displacement type pump, or equal
6. Contractors must have completed approved training course for the installation of specified pump
7. Complex connections (as determined by the Superintendent) shall require design by a registered professional engineer

Other Sewer Connection Requirements

1. For those connections where an existing septic tank exists, the tank must be pumped, crushed, and backfilled once the connection to the sewer system is completed and approved. Applicants are responsible for all work and permits related to decommissioning septic systems.
Contact the Health Department: (413) 528-0680.
Applicants are responsible for providing emergency power generation, if necessary.
2. The connection to the Town's sewer main must be inspected by the Superintendent, or his designee, prior to backfilling. This work must be completed by 3:30 PM.

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3. The trench must be properly backfilled and compacted to prevent road settling.

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Completed Sewer Connection

For Office Use Only

I hereby certify that I have inspected the subject sewer connection, and have received a record service plan which is shown on page 5 of this form and/or attached hereto and thereby approve said connection.

_____ Date _____
Superintendent of Public Works, or Authorized Inspector

I hereby certify that a fee for the sewer system connection in the amount of \$15.00 per gallon of estimated flow for a total of \$_____ has been paid to the Town Collector on this date.

_____ Date _____
Office of the Town Collector

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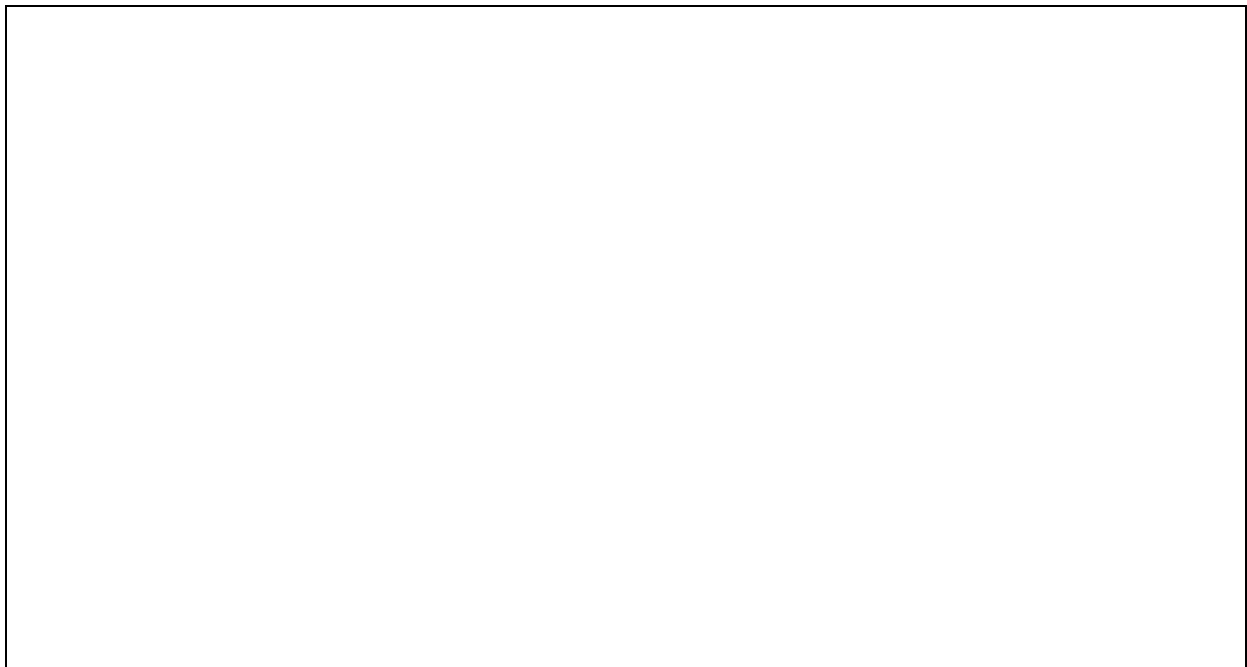
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Sewer Connection Record Plan

In the space below (or in a separate attachment), provide a detailed drawing of the connection to the sewer system as actually installed:

A large, empty rectangular box with a thin black border, intended for a detailed drawing of the sewer connection.

Photograph of the sewer connection:

A large, empty rectangular box with a thin black border, intended for a photograph of the sewer connection.