

# LANCASTER SEWER DISTRICT COMMISSION

## SPECIAL SERVICE APPLICATION REQUIRED FOR BUILDING SEWER CONNECTION

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APPLICATION FEE : \$400.00

In accordance with the Rules and Regulations of the Lancaster Sewer District Commission, the owner shall complete and submit to the Commission a Special Service Application prior to construction of a new building sewer which connects to a Commission sanitary sewer

for LSDC use	
Permit Number:	_____
Service Number:	_____
Customer Number:	_____

### Directions

PLEASE READ CAREFULLY. Fill in all blanks, attach additional paperwork as necessary.

This form is for new connections or for modifications to existing connections which require special permits.

If this connection does not require the use of manholes, multiple connection points, or is for an industrial use please obtain a General or Industrial service application form from the Commission as needed.

Enclose fee, PAYABLE TO THE LANCASTER SEWER DISTRICT with application to ensure processing.

This fee pays for your connection permit which will be issued to your Drainlayer.

Return to: Lancaster Sewer District Commission - PO Box 773 - 94 Main Street - South Lancaster MA, 01561

Be sure to provide contact information, a member of the LSDC will contact you regarding this permit.

Please note that this application is NOT a permit to construct building sewers. Construction Permits will be issued to the Licensed Drainlayer of your choice when a connection is scheduled by the Drainlayer with the Commission's Inspector. A current list of Licensed Drainlayers, approved by the Commission, is attached.

### Applicant Information

Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

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

### Property Information

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*if different from applicant*

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Units: \_\_\_\_\_

*if multifamily dwelling, apartment or condominium*

Water Service Number: \_\_\_\_\_

Map/Parcel: \_\_\_\_\_ / \_\_\_\_\_

*From water bill or meter. If existing connection from sewer bill.*

Billing Address: \_\_\_\_\_

*if different*

### Site Plan

All special service applications require engineered site plans unless explicitly waived by the Superintendent. Please refer to the Commission's Site Plan Guidelines for more information.

Site Plan Date: \_\_\_\_\_ Site Plan Title: \_\_\_\_\_

Prepared By: \_\_\_\_\_

**Connection Information**

Please check as applicable - at least one *must* be checked

**This connection to the Commission's System is replacing a failed septic system.**

*If yes, please complete the attached septic system status form as directed.*

**This connection requires a flow credit issuance.**

*If yes please attach approval letter or Flow Credit Request Form*

Please check all that apply

**This connection will require a Grinder Pump or sewerage lift pump.**

*Pump Specifications must be submitted and approved prior to installation. Inspection of internal plumbing may be required.*

**This is a modification or reconstruction of a pre-existing connection**

*Briefly explain reason for modification or reconstruction:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Terms & Conditions**

To the Lancaster Sewer District Commission:

The undersigned, being the \_\_\_\_\_ of the premises described herein,  
*(Please print "Owner", "Owner's Agent", etc.)*

hereby requests services from the Lancaster Sewer District Commission for a connection made to the Commission's sewer system, herein after, the "System". In consideration of this application the undersigned hereby agrees:

- 1. To accept and abide by all provisions of the Lancaster Sewer District Commission's Rules and Regulations for the installation and connection of building sewers and for the use of public sewers and to accept and abide by all other pertinent rules and regulations that may be adopted in the future.
- 2. To install and maintain the building sewer at no expense to the Lancaster Sewer District Commission
- 3. To allow access to premises by the representatives of the Lancaster Sewer District Commission for the purpose of inspecting connections to the System.
- 4. That this application is not a substitution for a connection permit, nor any other required permits, and that the applicant agrees to acquire all necessary permits and permissions before starting the construction of a new building sewer, or reconstruction, repair, or modification of an existing building sewer which connects to the System.
- 5. To notify the Commission of any changes or additions to this application.

The undersigned accepts full liability and indemnifies the Lancaster Sewer District, the Town of Lancaster, and all respective agents and holds them harmless for all work performed in relation to this application.

I hereby certify under the pains and penalties of perjury that the information as contained herein is true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Approval and Issuance**

The LSDC reserves the right to request additional information if it is determined to be necessary by the Superintendent. Approvals or denials of applications will be made in writing to the Applicant. Average time span for LSDC review and response to applications is one week to ten days. A longer period of time may be necessary if the project is large and complicated or if the submission is inadequate.

Permits will only be issued once all outstanding issues regarding this submission have been satisfied. Permits will only be issued to drainlayers or utility contractors licensed by the Lancaster Sewer District Commission. Inspection costs are in addition to the application fee and are in amount as determined by the Commission.

# LANCASTER SEWER DISTRICT COMMISSION

## SEPTIC SYSTEM STATUS FORM

### Directions

PLEASE READ CAREFULLY.

This form is used to determine the status of your on-site septic system. The Lancaster Sewer District Commission (LSDC), in accordance with Administrative Consent Order (ACO) No. 630, will only allow connections of existing premises when it can be certified that a connection is necessary to abate an imminent hazard to public health by inadequate sewage disposal. All other increases in flow, new connections, and all other connections not satisfying the terms of this septic system form and having no other recourse under the terms of the ACO, may be allowed only after the applicant has secured flow credits through a special permit issued by the LSDC.

Fill in all blanks, attach additional paperwork as necessary. Once you have completed this form please submit it for verification to: the Lancaster Board of Health (BOH), 695 Main Street, Lancaster, MA 01523 - 978-368-4000.

Please call the LSDC if you need additional assistance at 978-365-7016.

Once this form has been verified by the BOH it will be submitted to the LSDC completing your general service application.

for LSDC use
Permit Number: _____

### Property Information

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Units: \_\_\_\_\_

*if multifamily dwelling, apartment or condominium*

### System Status

*Please check all that apply*

This property has been tested by a certified Title 5 Inspector and has Failed.

*Please attach Title 5 Inspection Report*

There is effluent breakout or strong septic odor observed at this property.

*If there is effluent breakout please call the LSDC and the BOH at the above numbers IMMEDIATELY.*

The existing system at the premises was installed prior to 1995

*This must be verified by attaching research documents available from the BOH verifying the age of the system.*

A volume of effluent greater than the septic tank volume has been pumped from the system.

*Please attach pumping records and calculations.*

The system has failed for some other reason.

*Please explain:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify under the pains and penalties of perjury that the information as contained herein is true and correct:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

do not write below this line

### Board of Health

Confirmed by: \_\_\_\_\_

On date: \_\_\_\_\_

### Lancaster Sewer District Commission

Application approved by: \_\_\_\_\_

On date: \_\_\_\_\_