

Application to Connect to the Municipal Sewer System

Town of Pembroke, NH

Pembroke Sewer Commission

Date: _____

Name: _____

Address: _____

Telephone : _____

Address of proposed connection: _____

Tax Map Number: _____ Lot Number: _____

Type of Use Proposed (circle one): Residential Commercial** Industrial*, **

*Requires NPDES discharge permit ** Requires Commercial/Industrial Waste Survey

Number of Units: _____ If Residential Type (circle one): single family Multi-family
Accessory Dwelling

Average Gallons per Day (AGPD) according to Sewer Use Ordinance: _____

Specify types of waste to be discharged: _____

Indicate fixtures to be connected:

Number:	Fixture:	Number:	Fixture:
_____	Kitchen Sinks	_____	Toilets
_____	Bathroom Sinks	_____	Bath Tubs
_____	Shower Units	_____	Garbage Disposal
_____	Bedrooms	_____	Urinals

Specify other fixtures:

Do you have/anticipate municipal water use (circle one) yes No

Upon submitting this application please provide plans and specifications for the proposed building sewer and the Name and Address of the contractor who will do line work at your site.