APPLICATION FOR GRAVITY SEWER SERVICE CONNECTION

TO: Board of Sewer Commissioners
41 Highland Avenue
Cohasset, MA 02025

(To be completed by Homeowner.)

APPLICANT: Name _________________________________ (Must be Owner)

Mailing Address ___________________________________________________

Phone number _____________________________________________________

PROPERTY ADDRESS:
Is this a Condo or Rental unit? Please specify: __________________________

Map ___________          Lot ___________

CURRENT USE: _______________________________________________________

PROPOSED USE: _____________________________________________________

APPLICATION FEE (NOTE: ONE CONNECTION PER APPLICATION):

☐ $300.00 – commercial/industrial       ☐ $200.00 – residential/unit
☐ other (4+ unit residential) (units 1-3 @ $200.00/unit plus units 4+ @ $100.00/unit)

Amount Enclosed: ______________ Check # ___________ Date ___________

EXISTING WATER USE: ___________________________ hundred cubic feet/year
(Records can be obtained from the Water Department. Attach copy of billing and use information)
(Municipal Sewer Charges will be based upon water meter readings.)

BASIS OF FLOWS: _____________________________________________
(Flow is typically based upon 110 gallons/day/bedroom – residential.)
Number of bedrooms: _______     Number of persons: _______________

Other: _________________________________________________________

Do you have a garbage grinder? __________ Do you have a sump pump? ____________

Permit Number
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Are you within the 100 foot buffer zone of a wetland resource area? ______________

Are you within the 50 foot buffer zone of a wetland resource area? ______________

CSC Licensed Drainlayer to be utilized for connection:

Name/Company:_________________________________________________________

Address:________________________________________________________________

Phone Number: ________________________ Fax Number: _____________________

License Number: _____________________ Expiration Date: ____________________

Proposed Installation (To be filled in by Drainlayer.)
(Describe work i.e. pipe, type, size and material, adapter fittings, pipe slope,
manholes, etc...):
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Will the water service also be replaced during construction? ________________

Will a second water meter be installed for outdoor water uses? ________________

Will the septic tank be re-utilized after pumping and sanitizing? ________________

    If yes, for what use?  □ Pump Chamber  □ Emergency Wastewater Storage
    □ Irrigation Water Storage  □ Other_______________________________________

The undersigned agrees to submit an as-built plan of the completed installation within
fourteen (14) days of construction completion with ties, offsets and depths clearly
depicted. “Final Certification and Authorization to Discharge” will not be issued until the
As-Built Plan has been accepted by the Town. The undersigned agrees to abide by all
Rules and Regulations of the Cohasset Sewer Commission and allow full and free access
to work site for inspection purposes by the Town.

Drain Layer Signature: ____________________________ Date: ______
Proposed Sketch of Connection  
(To Be Attached by Drain Layer)

The Licensed Drain Layer must layout the location of the proposed sewer service in consultation with the applicant. The following is a check list of items which must be depicted on the Sketch of the Connection or Service Plan and then checked off as completed. Provide an explanation below of any items not checked or included.

☐ Existing septic tank, leach field and other on-site wastewater disposal facilities
☐ All wastewater pipes exiting the building
☐ Existing Utilities ☐ Existing Septic System ☐ Irrigation/sprinklers
  ☐ Water ☐ Gas ☐ Telephone ☐ Electric ☐ Cable/Internet
  ☐ Existing Drains ☐ Exist sub-surface structures (cisterns, drywells,...)
☐ Proposed gravity piping slope, length and proposed inverts
☐ Site amenities restricting access, fences, walls, structures,...
☐ Ledge outcrops (Refer to Zoning regulations for additional ledge restriction.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

• Attach supportive documentation and calculations as needed.
• Attach building or plumbing plans, if being remodeled or interior plumbing revisions.

Water Consumption:

• Attach Water Department documents listing annual flows for at least five years.
• Attach supportive documentation and calculations.
• Attach building plans, if new or being remodeled.

The undersigned attests to the above and acknowledges and agrees to the following:
1) No work shall commence until the Sewer Commissioners has issued a Permit for the Sewer Service Connection and all required inspections will be coordinated with the Town prior to backfilling trench and pipe. Inspections shall be scheduled with Commission’s office at least 48 hours prior.

2) The Owner shall facilitate through its installer and prior to any extension or connection to the Municipal Sewer Service Stub, the water jetting and/or snaking of the Municipal Sewer Service Stub all the way to the main line as needed to clear any sediment, debris or grease which could have accumulated over time.

3) The Owner shall schedule and facilitate the execution of an interior and exterior inspection by the Sewer Commission’s inspector and/or other Town agents of all water resource protection measures, all proposed gravity piping, the final connection to the stub, the septic system de-commissioning, the basement inspection for plumbing connections all prior to any backfilling of the related excavation and prior to commencing any discharge to the system. The Owner further agrees to conduct pressure testing of the piping system for the installation. The Owner agrees to allow all access to the Town and its agents for purposes of inspection and will hold the Town harmless for any damage or injury incurred as a result of such activities. Please note: Inspection scheduling must be done at least 48 hours prior to actual need.

4) If the service piping or appurtenances fail the pressure test, the owner’s contractor shall repair the system and any additional costs for re-inspection will be paid directly to the Town by the owner. Such fee shall be paid for each re-inspection required until it passes the pressure test. All contractor costs for leak detection, materials, repairs and replacement of failed components and the set-up and scheduling of test will be borne by the Owner.

5) The owner shall comply with all Board of Health requirements relative to septic system decommissioning and shall comply with all other applicable local, State and Federal regulations governing the installation and related construction activity including OSHA and state trench safety regulations.

6) The Owner shall ensure and maintain that only domestic wastewater enters the sewer system and that no drainage water, sump pump discharges, roof drainage or other extraneous flows enter the system. The Owner further agrees to maintain their gravity piping so as not to leak or allow groundwater or surface water from entering the Town’s Sewer System.

7) The Owner agrees to accept and fully comply with all state and local regulations and permitting, including those of the Cohasset Conservation Commission and Cohasset Building Department.

8) If the Sewer Commission deems that an engineering review is required due to the complexity of the connection, the owner agrees to pay all costs up front prior to the processing of this application. In such instances, a written estimated cost will be provided to the owner for said engineering review.

9) We, the undersigned Owners of the above referenced property, may have chosen alternate or non-standard methods of construction or materials as listed below which may or may not expose our property or possessions to increased risk of loss in order to reduce our private construction costs of our sewer service installation. By making a free and independent election to use such methods and/or to connect to the Town’s Sewer System, by submission of this Application, we here-in release the Town, its employees and its agents from liability now and in the future if such methods and/or connection whether properly or improperly applied, should result in any loss, damage, injury or other liability resulting from this election. We further agree to indemnify against any such loss resulting from this election and/or use.

☐ Use of reduced burial depth of service.
☐ Use of pipe slopes less than two (2) percent for the sewer service.
☐ Construction of sewer services and/or plumbing fixtures at lower levels of house which increase potential for sewer back-up and overflow damage to home with or without the use of a back water valve.
☐ Re-use of an existing septic tank for alternate purposes. (Use)______________________________
☐ Other non-standard construction method (stipulate):_______________________________________

Owner/Applicant (Signature): ___________________________ Date: ____________
Owner/Applicant (Signature): ___________________________ Date: ____________

For Board of Sewer Commissioners Use
Application Complete   _____ Yes   _____No

Engineer’s Recommendation:   Reviewer Name: ______________________ Date:________

_____ Approved    _____ Not Approved    _____ Approved as Noted

Permit Number: __________________________Date Permit Issued: _______________

Comments:______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐  Sewer Commission Site Specific Review (attached) (Ref. #__________)

Inspection Complete (date)_________________ Testing Complete (date)_____________
As-Built Plan Submitted (date)_______________

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Town of Cohasset Board of Health Agent or Construction Representative
Certificate of System Decommissioning Site Sign-off

_________________________________________   ______________
Signed          Date

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FINAL CERTIFICATION AND AUTHORIZATION TO DISCHARGE

ISSUER (Signature)______________________________ Date________
