

<u>For NDEQ USE ONLY</u>
Permit Number _____
Reviewed By _____
Date Approved _____



CONSTRUCTION PERMIT APPLICATION FORM WASTEWATER WORKS

A. Owner's Name and Mailing Address:

For Municipalities/SIDs: Board Chairperson, Mayor, Utility Superintendent, or City Administrator
For Commercial or Industrial Facilities: Owner, Designated Company Officer
For Private Developments: Owner, Developer, or Association President

Name and Title	Phone	Fax
Mailing Address	City	State Zip

B. Project Engineer Information:

Name of Project Engineer	Firm	Phone	Fax	Email
Mailing Address	City	State	Zip	

C. Project Information:

Project Name	Project Number
Legal Description: _____	_____
¼ ¼ Sect. Town. Range County	Latitude Longitude

D. Project Types: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Gravity Sewer System | <input type="checkbox"/> New WWTF |
| <input type="checkbox"/> Lift Station and Force Main | <input type="checkbox"/> Modification to WWTF |
| <input type="checkbox"/> Other Collection System | <input type="checkbox"/> Industrial Pretreatment Facility |

E. For Sanitary Sewer Extensions: Name of Receiving WWTF _____

F. Engineering Statement for Sanitary Sewers: Check box if not applicable

I have reviewed the available design data, flow records, and compliance history of the receiving WWTF. In my professional judgment, the WWTF has the hydraulic and treatment capacity to receive the additional wastewater from this sewer addition and remain in compliance with applicable Department regulations. (If unable to sign statement, attach explanation).

Project Engineer's Signature _____	Date _____
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