**Town of Russiaville, Indiana**

**Wastewater Department**

**Application for Connection/Improvements to Russiaville Wastewater System**

Applicant / Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant / Owner Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subdivision (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot No. \_\_\_\_\_\_\_\_\_\_

Contractor / Installer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wastewater Connection Fee --- $1,000.00 (Payable to the Town of Russiaville**

**(All connections/improvements to be completed per Russiaville Sewer Construction Standards)**

Location of Sewer at Connection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size of Sewer at Connection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size of Sewer Lateral (6-inch minimum) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sewer Lateral Pipe Material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cleanout 6” (Yes / No); Check-Valve (Yes / No)

**Sump Pumps, downspouts and floor drains are not allowed to be connected to the sewer. Old connections must be removed or capped and inspected prior to backfilling.**

**Diagram of Proposed / Actual Connection / Improvements**

Show Street Name(s); Show House Number(s); Show Cleanout Location (CO), Show Check-Valve Location (CV); Show Depth of Lateral (4-ft. Min.); Show Length of Lateral; Show Depth at Connection to Main.

Signature of Applicant / Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Fee Paid \_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_Connection Approved by Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*All Connections/Improvements must be inspected prior to backfilling\***