



The Town of Stephenville

P.O. BOX 420, STEPHENVILLE, NEWFOUNDLAND, A2N 2Z5

TEL. (709) 643-8360 : FAX (709) 643-2770

TOWN OF STEPHENVILLE WATER & SEWER SERVICE PRE-PERMIT APPLICATION FORM

Street Address: _____

Property Owner: _____ Date: _____

Contractor: _____ Date: _____

Service to be Installed: () Water () Sanitary () Storm

Does the owner plan to install () basement () crawlspace

Elevation of existing sewer from house where owner wishes to connect:

Main Sewer _____ m; Sewer Lateral _____ m

Proposed elevation of footing (allow 150mm (6") between underside of footings and top of sewer lateral.

Distance from building to existing sewer where owner wishes to connect:
_____m.

Proposed design service grade: Sanitary _____% slope
Storm _____% slope

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Materials: Sewer: () SDR 35 () SDR 28 _____mm Diameter

Water: () Type 'K' copper () Kitec _____ other

NOTE: Kitec is to have stainless steel inserts on all joints.

Bedding: Type 1 bedding applied 150mm (6") below laterals and 300 mm (12") above.

NOTE:

1. Maintenance provided by Town ends at right-of-way.
2. Inspection is required by the Town Public Works Department prior to backfilling.
3. It is the responsibility of the home owner/contractor to verify the inverts of the existing sewer mains, sewer laterals and locations of watermain before the start of any construction or setting any building footing elevations
4. Attached are the drawings of a typical water and sewer laterals.

WATER AND SEWER APPROVAL

I, _____ the undersigned acknowledge that it is my
(home owner/contractor)
responsibility to design the grades and invert elevations for our
building/dwelling.

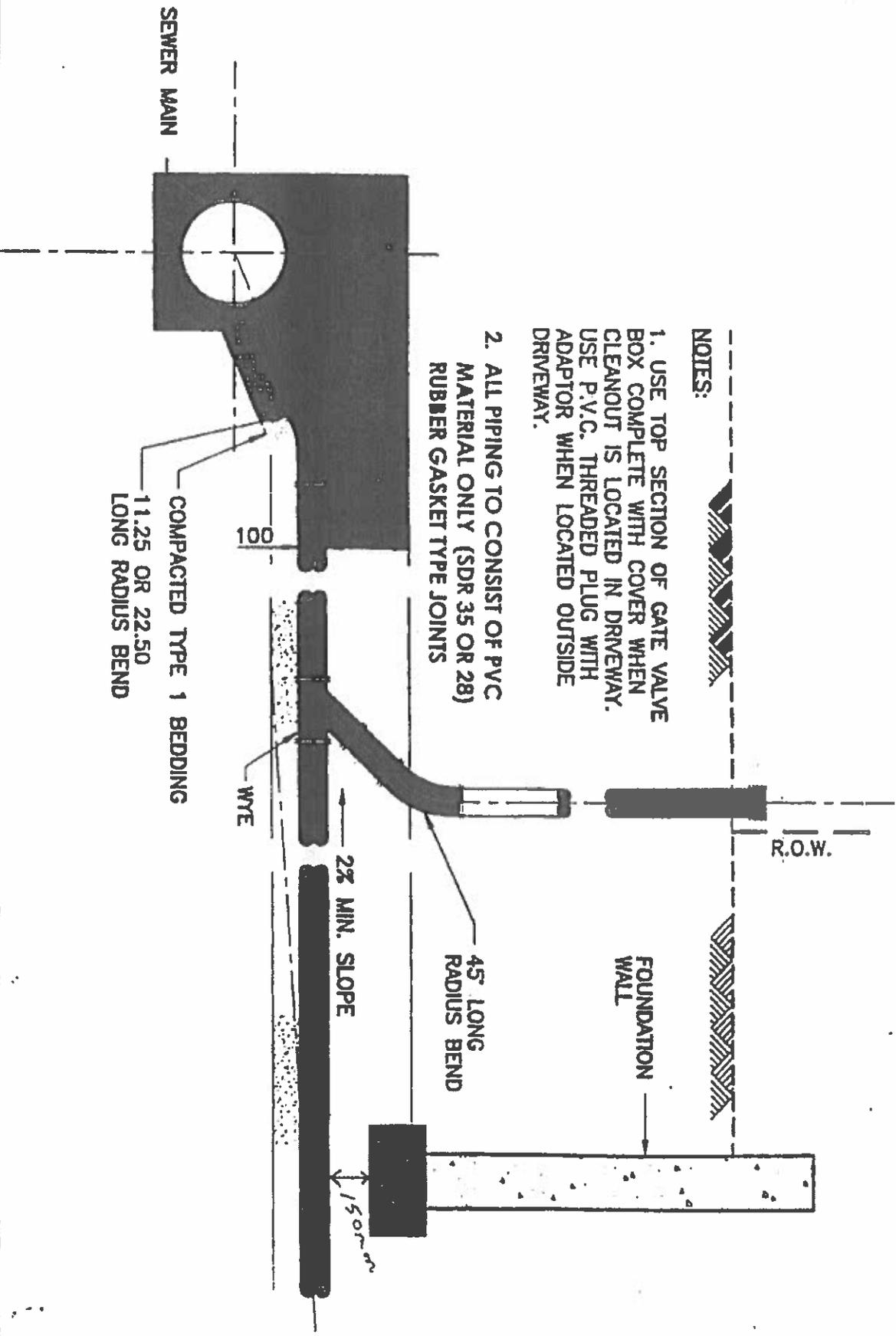
Home Owner: _____ Date: _____

Contractor: _____ Date: _____

Department of Public Works Dept Representative _____

Date: _____

- NOTES:**
1. USE TOP SECTION OF GATE VALVE BOX COMPLETE WITH COVER WHEN CLEANOUT IS LOCATED IN DRIVEWAY. USE P.V.C. THREADED PLUG WITH ADAPTOR WHEN LOCATED OUTSIDE DRIVEWAY.
 2. ALL PIPING TO CONSIST OF PVC MATERIAL ONLY (SDR 35 OR 28) RUBBER GASKET TYPE JOINTS



TYPICAL SEWER LATERAL

IMPORTANT

The following stages of your development **must** be reported to the Town Office prior to proceeding or taking any action regarding same.

1. The footing of the building located at _____
_____ is laid out and ready for checking.

Date Owner's name

Date of inspection Signature of Inspector

2. The water and sewer laterals are installed at _____
_____ and is ready for inspecting prior to
backfilling

Date Owner's name

Date Signature of Inspector

3. The water is required to be turned on at _____

Date Name

Date Signature of Water Plant Operator

4. The building at _____
requires an inspection prior to occupancy, an application for which is
enclosed.

Date Name