

Town of Milton, Vermont, 05468 • Water and Wastewater Department
Application for Water and/or Wastewater Use & Connection
Phone • (802)893-6030 Fax • (802)893-1005 Email • rhunt@town.milton.vt.us

THIS APPLICATION MUST BE SUBMITTED NO LATER THAN 45 CALENDER DAYS PRIOR TO CONSTRUCTION

Owner(s): _____ Applicant(s): _____
Address: _____ Address: _____
Phone Day: _____ Phone Night: _____ Fax #: _____

Location of Work (address, lot or parcel number) : _____
Connection Type: **A Site, sketch or final approved plans for construction must accompany this application.** Indicate # of bedrooms for residential. Calculated design flow for all others. Wastewater Calculations must include infiltration if applicable. Water/Wastewater Allocations must be pre-approved.

This information is mandatory.

Residential: Water/Wastewater connection, # of bedrooms _____
Wastewater connection only, # of bedrooms _____
Water connection only, # of bedrooms _____

Commercial/Industrial/Others: Water/Wastewater connection, design flow gpd _____
Wastewater connection only, design flow gpd _____
Water connection only, design flow gpd _____

Will this property be owner occupied? Yes ____ No ____ . Will this property be rented or leased? Yes ____ No ____ .

Work to be performed by: _____ Phone: _____

The undersigned in consideration of the approval of this permit, having fully read all of the contents herein and attached, expressly agree to the directions, restrictions and conditions on or attached to this application for service.

Signature: _____ Date: _____
Owner/Applicant:

Conditions of Approval: The attached "Instructions and Guidelines for Water & Wastewater Service Connections" are a part of and apply to this application. The "Notice of Completion" form must be filed with the Water & Wastewater Supt. no less than two (2) working days prior to the REQUIRED inspection. Please schedule the meter remote installation at least one (1) week prior to occupancy. This permit is not valid until all connection fees are paid and noted below.

Signed: _____ Title: Superintendent Date: _____ 20____

Dept. Use Only

Permit #: _____ Water Connection Fee: \$ _____ Meter Fee - Water: \$ _____ Meter Fee - WW: \$ _____

Wastewater Connection Fees: \$ _____ Total Due: \$ _____ Date paid: _____ 20____ Rec'd by int: _____

Date Service Inspected: _____ 20____ By int: _____ Accepted: ____ Rejected: ____

Meter Inspected _____ 20____ By initial: _____ Date CO Signed: _____ 20____

Instructions & Guidelines for Water/Wastewater Service Connections

Disclaimer

- 1) Unless waived by the Selectboard, all material, labor and costs incurred related to the installation of water & wastewater mains, appurtenances and services are the sole responsibility of the applicant.
- 2) The Town of Milton, its employees or designees, are not liable for the location of its underground utilities. It is the responsibility of the applicant to verify the location of all utilities, including those owned by the Town of Milton, prior to commencing excavation activities.
- 3) All installations must conform to the Town of Milton Public Works specifications as well as all applicable Local, State and Federal Codes.

General Information

- 1) **Per order of the Select Board - No new Water/Wastewater connections after November 15th of each year.**
- 2) All applications/permits shall be submitted to the Water/Wastewater Department for review and approval. A minimum **2-day notice** shall be required prior to construction activities so affected departments (Police, Fire, Rescue, etc.) can be informed and inspection can be scheduled.
- 3) You are required by Vermont State Law to notify "Dig Safe" (1-888-344-7233) at least 48 hours prior to excavating.
- 4) Water and Wastewater fees are listed on the attached schedule.
- 5) Commercial/Industrial applicants must install a minimum three-conductor telephone cable from the water meter to an exterior location to facilitate the installation of a remote reader.
- 1) Applicants tapping the Champlain Water District (CWD) transmission main on US Route 7 South are subject to connection fees charged by CWD as well as Milton.

Wastewater Service Guidelines (Refer to Town of Milton Public Works Specifications)

- 1) Due to recent instances of sewer gas and odors escaping into buildings connected to the municipal wastewater collection system, the Town of Milton urges all new connections to consider the installation of a house trap on their sanitary sewer service. This should be installed as close as possible to the sewer service exit of the structure.
- 2) Size, Material & Slope – Minimum 4" SDR 35 at ¼" per foot slope, or as specified by The Town Engineer or Wastewater Superintendent.
- 3) Depth - Minimum 4' of cover, uninsulated. Minimum 3' of cover insulated with at least one layer of 2" of polystyrene insulation.
- 4) Bedding – Sand can be used in dry soil conditions, a minimum of 6" below the service and 1' around and above the service. In clay or wet soil conditions and areas having a history of high ground water levels, Class 1 materials (Crushed Stone) shall be used. Backfill shall be compacted in one-foot (1') lifts to 95% of its maximum dry density.
- 5) Bends/Cleanouts – Change of horizontal directions of more than forty-five (45) degrees shall be made with at least two (2) elbows. For example, a bend of ninety (90) degrees shall be made with two (2) forty-five (45) degree elbows. Each change of forty-five (45) degrees or more shall require the installation of a cleanout on the upstream side of the bend. Cleanouts shall be provided for every 100 feet of length. A minimum of one cleanout is required per installation. Pipe Deflection –SDR 35, 14" per 13' length of pipe, or 9%.
- 6) Water Service Crossing – Shall cross a minimum of 18" below and perpendicular to the water service. If 18" cannot be maintained, the water service shall be sleeved in a pressure type pipe and capped (recommend 2" schedule 40 PVC). Public Works Specifications Figure No. 24.

Water Service Guidelines (Public Works Specifications Figure No. 14)

- 1) Size & Material – All services shall be a minimum ¾" type K copper. Services 1" or larger that extends more than

100' may use PVC or HDPE pipe with a minimum pressure rating of 200 PSI. These shall be approved on a case by case basis. All non-metallic water services must be marked with traceable metallic line marking tape.

- 2) Depth – Minimum of 6' of cover, uninsulated. Minimum 4' of cover insulated with at least two inches (2") of polystyrene insulation per foot of extra cover. Installations under driveways and/or parking areas must be insulated regardless of depth.
- 3) Bedding – Sand or clean fill. No large rocks. 1" minus washed stone may be used in areas of high ground water.
- 4) Curb Stop Box – The cover shall be the brass plug type and set flush with the final grade. The Two-Hole Type is no longer allowed.
- 5) Backflow Preventer – Services 1" in size and under shall utilize check valves supplied by the Water Dept. Services larger than 1" shall install an equivalent type backflow preventer at the applicants' expense. Reduced Pressure Zone (RPZ) or double check valve assembly type backflow preventers shall be used in all hazardous applications.
- 6) Meters – The Water Department shall supply all meters, meter stop valves and meter check valves, and the applicant is responsible for installation. Backflow preventers when specified are the responsibility of the applicant.

ATTENTION RESIDENTIAL APPLICANTS AND CONTRACTORS

Please read this statement carefully prior to filling out water connection application

When you connect to the Milton Water System, included in your connection fee is a water meter assembly. This assembly contains a check valve. A check valve is a device plumbed in, on the discharge side of the water meter, to ensure water shall only flow in one direction. These check valves are required by the Milton Water Department to ensure quality control and primarily, to prevent a cross connection between contaminates that may be siphoned from domestic plumbing to the water main upon loss of water main pressure.

A side effect of the installation of these check valves is an occurrence known as thermal expansion. Thermal expansion occurs when a hot water heater or boiler heats water. When water is heated it expands and since water cannot expand back into the water main, a pressure build up occurs within domestic plumbing. This expansion has caused the pressure relief valves located on hot water heaters to release at 150 p. s. i. On occasion, these pressure relief valves have failed, causing severe damage to hot water heaters and in some cases physically bulged the tank.

To alleviate any potentially dangerous condition, the Milton Water Department recommends that an expansion tank and a pressure gauge be installed on the domestic plumbing. If you choose not to install an expansion tank, the signs of thermal expansion are as follows:

1. Pooled water in the area of the hot water heater, specifically around the pressure relief valve discharge.
2. A burst of high pressure from the hot or cold water fixtures after water has been allowed to stand in the domestic plumbing for a period of time.
3. Intermittent water hammer.

The Milton Water Department highly recommends that all new water connections install protection from thermal expansion!

WATER & WASTEWATER SERVICE INSPECTION REQUEST FORM

You must submit this request at least two (2) working days, but not more than two (2) weeks before you connect. A representative of the Town of Milton will confirm the receipt of this request within 24 hours of receipt. Please notify the Town of Milton at least 24 hours prior to requesting a change to the inspection date or time.

Property Owner/Applicant: _____

Daytime Phone # (Required): _____ Daytime Fax #(Optional): _____

Email Address (optional): _____

Property Location: _____

Contractor performing work: _____

I/WE, _____ (Owner/Applicant Signature) Certify that

the Water and/or Wastewater Service Installation(s) at _____, will be completely connected and ready for inspection on:

_____ 20____, at _____ am/pm.

Town of Milton use only

Inspection Results

Date: _____ Time: _____ am/pm

Inspector: _____ Signature: _____

Approved: _____ Disapproved: _____

Deficiencies: _____

Date/Time Deficiencies Corrected: _____

Inspector: _____ Signature: _____

CHAMPLAIN WATER DISTRICT

Wholesale Department
 403 Queen City Park Road
 South Burlington, VT 05403

**APPLICATION
 For
 WATER SERVICE CONNECTION**

Instructions:

- The Member Municipality is to submit this application.
- Complete one (1) through sixteen (16).
- Send to the Champlain Water District office (address above).
- Sections seventeen (17) through twenty (20) will be completed by the Champlain Water District and a copy will be returned to the applicant along with calculated connection charges.

1. Member Municipality Applying:		
2. Member Municipality Contact Person:	Name:	Phone #:
3. Member Municipality Mailing address:		
4. Location of proposed connection:		
5. Name of Property Owner:		
6. Mailing Address of Property Owner:		
7. Number of Sprinkler Systems or Hydrants:		
8. Water Demand (Gallons/Day):		
9. Size and Type of Connection:		
10. Expected Use Type:	Municipal _____ Hydrant _____ Residential _____	Commercial _____ Industrial _____ Other _____
11. Acreage Served By Tap:		
12. Frontage Along CWD Pipeline:		
13. Number of Users on Tap:		
14. Backflow device to be used:		
15. a) Champlain Water District must be notified at least 48 hours prior to the tap. b) Tapping materials and procedure must comply with Champlain Water District, Wholesale Department specifications.	16. I hereby certify that this information is correct to the best of my knowledge and that the connection will be made according to specifications of the Champlain Water District and will be supervised by the Town (City) of: _____ Name: _____ Date: _____	

This area, Champlain Water District Use Only

17. Application Received:	By:	Date:
18. Application Approval:	Approved: _____ Rejected: _____	
19. Comments:		
1) All tapping materials and procedures must comply with CWD Wholesale Specifications. 2) A Tapping fee of _____ Must be received by CWD prior to scheduling of the tap. 3) CWD Must be notified at least 48 hours prior to the tap.		
20. Name:	Title:	Date: