



Cecil County, Maryland
Department of Public Works
Development Services Division
(410)996-5265

APPLICATION FOR COMMERCIAL SEWER
CONNECTION TO COUNTY SYSTEM

FOR COUNTY USE ONLY

Date Received _____

Building Permit No. _____

Hook-up Charge Amount. _____

Date Charge Paid _____

Note: This application should be submitted to the Department of Public Works, Development Services Division, 200 Chesapeake Blvd., Suite 2450, Elkton, Maryland. If any part of this application is not complete, the County will return the entire package to the applicant.

Please print all of the information required on this form.

Checklist for information to be submitted with this application:

- _____ Copy of Site Plan letter approved by Cecil County Department of Planning and Zoning if applicable to this project.
- _____ One (1) set mechanical/plumbing drawings with all interior and exterior fixtures, including any and all specialized water-using equipment, clearly shown.
- _____ One (1) set of on-site water and sewer drawings (minimum scale 1" = 40')
- _____ Complete Fixture Count Value form (provide in this package).
- _____ Completed Pretreatment Division Industrial Discharge Survey Questionnaire form (provided in this package).

PROPERTY AND SERVICE INFORMATION

Address of New Service: _____

Tax Map _____ Parcel _____ Lot _____

Type of Construction (Choose One):

New _____ Retrofit/Addition _____

BUSINESS INFORMATION

Name of Business to Reside at Site of this Application: _____

Name of Business Owner: _____

Address: _____

Telephone: Office: _____ Fax: _____

PROPERTY OWNER INFORMATION

Name of Property Owner: _____

Address: _____

Telephone: Home: _____ Daytime: _____

ENGINEER/ARCHITECT INFORMATION

Company Name: _____

Contact Name: _____

Address: _____

Telephone: Office: _____ Cell: _____

PLUMBER/CONTRACTOR INFORMATION (Complete this information if known)

Company Name: _____

Contact Person: _____

Address: _____

Telephone: Office: _____ Cell: _____

SEWER SERVICE

Size of Sewer Service: _____ (6" service size minimum)

Estimated Sewer Discharge Per Day: _____ (gallons per minute)

Estimated Sewage Peak Discharge Rate (if known): _____ (gallons per minute)

GREASE TRAP

Required: Yes _____ No _____

Use:

Restaurant: Number of seats _____ Carryout Only _____

Hospital, Nursing Home

Other Use with Commercial

Kitchen: _____

No. of Meals per Day _____

Size of Grease Trap: _____ gallons

STATE HIGHWAY UTILITY PERMIT

Is a permit required for this work? _____

If yes, who will apply? Cecil County _____ Engineer _____

CONDITIONS OF AND PROCEDURE FOR APPROVAL/ACCEPTANCE

1. Cecil County shall review and comment on site drawings. One (1) mark-up shall be returned to the engineer as designated above for corrections. When drawing is corrected, Engineer must resubmit to the County four (4) copies of the corrected drawing along with the mark-up.
2. After approval of the Commercial Service Application, the process will be as follows:
 - a. Hook-up charges must be paid in full prior to commencement of work.
 - b. Contractor will:
 - Contact Division of Water and Sewer at 410-996-6260 (Mr. Jeff Coale), a minimum of forty-eight (48) hours in advance to schedule a Pre-Construction Conference. Contractor(s) responsible for work under this commercial application will be in attendance with copy of approved application, site plan and contract drawing. If construction to take place within the County Road Right of Way contact Department of Public Works Development Services Division at 410-996-5265 (Mike Evans).
 - Contact the Division of Water and Sewer at 410-996-6260, a minimum of twenty-four (24) hours before starting work.
 - Contact State Highway Administration 410-545-5600, a minimum of forty-eight (48) hours prior to construction for any work involved in a State Highway Right of Way.
 - Contact Miss Utility at (800)257-7777, a minimum of forty-eight (48) hours prior to construction.
 - c. The work shall be accomplished under the inspection of the Division of Water and Sewer.

- d. The Business/Property Owner(s) agree(s) to reimburse the County for all Inspection cost incurred by the County.
- e. NO WORK SHALL COMMENCE PRIOR TO THE PRE-CONSTRUCTION CONFERENCE.
3. Observation/sampling manholes shall be installed the County Road right-of-way or in an area dedicated as County easement. If a County easement is required, a prepared easement document will be submitted with this application. The applicant shall prepare the easement documents. The manholes shall be dedicated to Cecil County, and the County shall be responsible for maintenance of the manhole and its appurtenances after final acceptance by the County of the facilities installed under this application. **The Business/Property Owner(s) agree(s) to reimburse Cecil County for any maintenance work required during the first year of operation after date of acceptance.**
4. The Business/Property Owner(s) agree(s) that Cecil County shall not be considered, in any manner, an insurer of the serviced property or persons and shall hold harmless the County from any claims for damages for any alleged injury to property or person by reason of fire, water, failure to supply sewer or for any other related matter arising from the providing of the applied for services.
5. The Business/Property Owner(s) agree(s) that the staff of the Division of Water and Sewer shall have the right to enter the premises of the Business/Property Owner(s) at any reasonable time for the purpose of making such inspections to verify the proper installation of the sewer connection(s), grease traps and appurtenances, assure proper use of service fixtures, to verify actual count value, and to make necessary repairs and maintenance of Cecil County owned equipment.
6. The Business/Property Owner(s) will notify the Division of Water and Sewer at 410-996-6260 (Jeff Coale) a minimum of seventy-two (72) hours prior to request for a Use and Occupancy Permit. If additional plumbing fixtures have been installed since issuance of a building permit, the adjusted water and sewer hook-up must be paid prior to issuance of Use and Occupancy Permit.
7. Business/Property Owner(s) agree(s) to obtain approval from Cecil County for any modifications made at any time pertaining to the approved commercial application and/or site plan.
8. The Business/Property Owner(s) agree(s) to pay any charges for service as adopted by Cecil County Board of Commissions and to pay any fees established in the Rules and Regulations of the Division of Water and Sewer for Violation of the above stipulations.
9. Cecil County maintains the right to discontinue the domestic or fire service upon written notice given fifteen (15) days in advance for violation of any of the above stipulations.
10. The Cecil County Code strictly prohibits the discharge of infiltration (groundwater) or inflow (Stormwater) into the sewer system. The County Code provides Cecil County the authority to issue civil fines for any person(s) who discharge or allow such prohibited discharges.

BILLING INFORMATION

The charges for County staff time in the review and approval of this application including, but not limited to, inspection are to be borne by the responsible party at the billing address noted below. Signatures of the responsible party at the billing address authorize Cecil County to bill these cost.

Please complete the following: _____

Name: _____

Company Name: _____

Address: _____

Zip Code: _____

Telephone: Area Code _____ Number _____

Signature of Responsible Party Title

(Print Name): _____

SIGNATURES (both signatures are required)

Business Owners: _____

Property Owner (If different from Business Owner): _____

Date: _____

APPROVED

Chief of Development Services: _____

Date: _____

Chief of Water and Sewer: _____

Date: _____

FIRST DISTRIBUTION:

- Original - Development Services
- Copy - Water & Sewer Inspection
- Copy - Business Owner
- Copy - Property Owner
- Copy - Treasury

Fixture Count Values – Commercial & Public

Name of Business: _____ **Address:** _____
Permit # _____ **Drawings** _____
Field Count _____

	Fixture		Quantity	Value	Total
Bathroom Sink	Commercial			1	
	Public			2	
Water Closet	Commercial	Toilet w/tank		4	
		Flush Valve – no tank		8	
	Public	Toilet w/tank		5	
		Flush Valve – no tank		10	
Urinal	Commercial	Tank		3	
		Wall		4	
		Pedestal		8	
	Public	Tank		5	
		Wall		5	
		Pedestal		10	
Bidet	Commercial			3	
	Public			4	
Bath Tub	Commercial			3	
	Public			4	
Shower	Commercial			3	
	Public			8	
Hand/Kitchen Sink	Commercial			3	
	Public			4	
2 or 3 Compartment Sink	Commercial			3	
	Public			4	
Mop, Service, Hair, Pre-rinse, Dish or Bar Sink				3	
Subtotal					

W/S Form A-14
Revised 3/2011

Fixture	Quantity	Value	Total
Balance			
Bradley Sink		3	
Laundry Tub		3	
Washing Machine		6	
Dish Washer	General	4	
	Pots & Pans	3	
Steam Table		2	
Garbage Disposal		3	
Ice or Soda Machine		1	
Water Fountain	Commercial	1	
	Public	2	
Hose Bib	(Wall Hydrant)	4	
Fire Sprinkler System		30	
Other			
Other			
Other			
Total Fixture Count Values			
30 Fixture Unit Values Equals One Set of Charges (Equivalent Living Unit)			
Total # of Charges Due			

Inspected By: _____ Date: _____

Owner/Representative: _____ Date: _____

Line Size	Value
1/4"	1
3/8"	2
1/2"	4
3/4"	6
1"	10

Fixture Count Values – Residential

Address: _____

Permit # _____

Fixture	Quantity	Value	Total
Bathroom Sink		1	
Water Closet	Toilet w/tank	3	
	Flush Valve – no tank	6	
Urinal	Wall	3	
Bath Tub		2	
Shower		2	
Hand/Kitchen Sink		2	
2 Compartment Sink		2	
Bar Sink		2	
Laundry Tub		2	
Washing Machine		4	
Dish Washer	General	2	
Garbage Disposal		2	
Ice		1	
Hose Bib (Wall Hydrant)		4	
Fire Sprinkler System		30	
Other			
Total Fixture Count Values			
30 Fixture Unit Values Equals One Set of Charges			
Total # of Charges Due			

Inspected By: _____

Date: _____

Owner/Representative: _____

Date: _____

**PRETREATMENT DIVISION
PRE-IDS QUESTIONNAIRE**

Rec'd _____
Initials _____
Pretreatment Review
Date _____
Initials _____
_____ Req. IDS/Permit
_____ Req. NFA

Please complete all questions – type or printed ink

1. Date: _____
2. Company Name: _____
3. Mailing Address: _____

4. Facility Location: _____
5. Name and Title of Signing Official: _____
6. Telephone Number: _____
7. Check ALL activities that are PRESENT at the facility:

<input type="checkbox"/> Electroplating	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Repair shop, Garage
<input type="checkbox"/> Flammable, Explosives	<input type="checkbox"/> Medical Care	<input type="checkbox"/> Research
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Military	<input type="checkbox"/> Residential
<input type="checkbox"/> Food Service	<input type="checkbox"/> Office Unit	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Government	<input type="checkbox"/> Painting, Finishing	<input type="checkbox"/> Vehicle/Equipment Wash down
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Plant Wash Down	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Laundry, All Cleaning	<input type="checkbox"/> Printing, Photo	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Laundry, Dry Cleaning Only	<input type="checkbox"/> Printing Graphics	<input type="checkbox"/> _____
8. Give a brief description of what your firm does including primary products produced:

9. Water Source (check all that apply):

<input type="checkbox"/> Cecil County	<input type="checkbox"/> Private Well	<input type="checkbox"/> Municipal	<input type="checkbox"/> Surface Water
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10. Waste Water Discharge/Treatment

<input type="checkbox"/> Cecil County	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Own System	<input type="checkbox"/> Municipal
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11. Average Water Use (refer to water bill where applicable) _____ gallons/day
12. Does this facility discharge any wastewater other than from restrooms or cafeterias?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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13. Signature _____