

# WALWORTH COUNTY METROPOLITAN SEWERAGE DISTRICT

975 W. Walworth Avenue • Delavan, WI 53115

Telephone (262) 728-4140 • Fax (262) 728-4142

[www.walcomet.org](http://www.walcomet.org)



## **APPLICATION FOR CONNECTION TO DISTRICT SEWERS**

All necessary information must be provided on this form or included in separate attachments.

Failure to complete this form correctly may result in delays.

Please **TYPE** or **CLEARLY PRINT** your answers to all questions.

Owner Information					
Owner Name (Municipality, Company, or Other)				WPDES Permit No.	
Last Name	First Name	MI	Title		
Address		City	State	Zip	
Phone Number (include area code)		Email Address			
Design Engineer/Licensed Plumber Information					
Last Name	First Name			MI	
Title		Company Name			
Address		City	State	Zip	
Phone Number (include area code)		Email Address			
Project Title					
Project Information					
Description					
Location/Proposed Service Area					
Type of Connection <input type="checkbox"/> Sanitary Sewer Extension <input type="checkbox"/> Building Sewer Connection					
Connection Class <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other					
Purpose of Connection <input type="checkbox"/> New <input type="checkbox"/> Rehabilitation or Replacement <input type="checkbox"/> Redevelopment					
Proposed Gallons/Day			BOD (lbs/day) (if known)		
Proposed Timeline					
Special Circumstances for Direct Connection					
Additional Information:					

**FOR SANITARY SEWER EXTENSION REQUESTS ONLY:**

Please include the following information on a separate sheet:

- Total population served
- Population density per acre
- Immediate area served
- Ultimate area served
- Average daily flow per capita
- Peaking factor
- Peak average daily flow for design population

Please also include a full approved construction plan set

**Certification**

I certify that this document and all plans and specifications, to the best of my knowledge and belief, are true, accurate, and complete; and conform to all applicable design requirements contained in the Wisconsin Administrative Code.

Design Engineer/Licensed Plumber Name (print)	Wisconsin P.E. No. / DSPS License No.	
Signature of Design Engineer		Date Signed