

	PERMIT # _____
	DATE _____

WARRINGTON TOWNSHIP WATER AND SEWER DEPARTMENT
852 Easton Road
Warrington, PA 18976
(215) 343-1800
(215) 343-5944 fax

GRINDER PUMP PERMIT APPLICATION

Print Clearly

TYPE OF SYSTEM:

	NEW SYSTEM
	REVISION TO EXISTING SYSTEM

Homeowner Name _____ Phone # _____

Site Address _____

Mailing Address _____
(if different) _____

Is the low pressure force main or lateral shared between Property Owners?

NO _____ YES _____, attach a copy of the recorded Declaration of Easements, Covenants and Restrictions.

Installer _____

Equipment Manufacturer

NAME _____

MODEL _____ TYPE _____

ALARM: VISUAL _____ DIAL OUT _____

Maintenance Contractor: Name _____
Address _____
Phone _____
Contact Name _____
24 Hour Contact Phone # _____

System Contract # _____ Frequency of inspection: _____

Copies of:

- System Contract
- Annual Inspection
- A detailed drawing showing the location, size, material type , and depth of all components of the System
- Annual Maintenance Contract certification

Average daily flow _____ Gallons/day

System Deficiencies

Resolution of Deficiencies

Service or alarm calls:

Revision to system

Date of Revision: - _____ (attach copy of revised drawing)

I, _____, the current owner of the above mentioned property have been informed and understand my responsibility to comply with all applicable requirements of Section 7 of the Warrington Township Ordinance # 2004-0-8. I further understand that Annual grinder pump inspections and renewed maintenance contracts will be submitted to WTWSD annually, in accordance with Section 7 of WT-2004-0-8 Ordinance.

Authorized Signature _____
Applicant (owner/agent)

Title _____
(if Builder)

Typed/Printed _____
(Owner or Builder)

Date _____

(Department Use Only)

Recommended by _____ Date _____
Plant Superintendent

Recommended by _____ Date _____
Consulting Engineer

Approved by _____ Date _____
General Manager