



CECIL COUNTY, MARYLAND
 DEPARTMENT OF PUBLIC WORKS
 DEVELOPMENT SERVICES
 (410)996-5265

APPLICATION FOR COMMERCIAL WATER/SEWER
 AND/OR FIRE SERVICE CONNECTION TO
 COUNTY SYSTEM

FOR COUNTY USE ONLY

Date Rec'd _____ Bldg Permit NO. _____ Hook-up Charge Amt. _____
 Date Charge Paid _____

Note: This application should be submitted to the Department of Public Works, Development Services, 200 Chesapeake Blvd., Suite 2450. 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.
- ___ Detailed drawings of fire service including pipes, valves, hydrants, tanks, openings, sprinklers or other fixtures (minimum scale 1" = 40').
- ___ One (1) set of on-site water and sewer drawings (minimum scale 1" = 40').
- ___ Complete Fixture Count Value form (provided 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: _____

DOMESTIC WATER SERVICE REQUESTED

Size of Water Service Tap: _____

Size of Domestic Service Line: _____

Estimated Normal Operating Flow Rate: _____ (gallons per minute)

Estimated Peak Instantaneous Flow Rate: _____ (gallons per minute)

Size of Water Meter: _____

Meter Setting Location

_____ Outside Vault (All meters should be in a pit in utility easement)

TO BE COMPLETED BY CECIL COUNTY
Size and Type of Domestic Meter: _____ _____
Size and Type of Backflow Prevention (if required): _____ _____
Onsite Utilities Under Plumbing and Joint Inspection (check if Required): <input type="checkbox"/> _____

FIRE SERVICE

Maximum Flow required from fire service (peak instantaneous demand): _____
(gallons per minute)

Total Sprinkler System Demand: _____ (gallons per minute)

Fire Pump Demand (if applicable): _____ (gallons per minute)

Hose Reel Station (if applicable): _____ (gallons per minute)

On-Site Fire Hydrant (if applicable): _____ (gallons per minute)

Note: Applicant/Engineer will be required to provide computations to justify the required flows and Sprinkler System Manufacturer Specifications.

Size of Fire Service Line: _____ (if separate from the domestic water service)

If the fire system contains on site fire hydrants, fire Pumps or hose reel stations, specify the size of the fire meter.

Size of Fire Meter: _____

Fire Meter/Backflow Preventor Location (choose one – if Fire Meter is required)

_____ Inside Building (Inside Meter License Agreement is required)

_____ Outside Vault – to be located in same vault with domestic meter
(All meters must be placed in a Utility Easement)

TO BE COMPLETED BY CECIL COUNTY
Type of Fire Service: <input type="checkbox"/> Combined <input type="checkbox"/> Separate
Size and Type of Fire Meter: _____ _____
Size and Type of Backflow Prevention: _____ _____

IRRIGATION SYSTEM (Please provide Irrigation equipment specifications for review with this form)

Estimated Normal Operating Flow Rate: _____ (gallons per minute)

No. of Zones: _____ Max No. Heads per Zone: _____ gpm per Head: _____

No of Zones that operate simultaneously: _____

Meter Size: _____ (if separate meter is requested for irrigation)

Irrigation Meter setting Location

_____ Outside Vault (All meters must be placed in a Utility Easement)

TO BE COMPLETED BY CECIL COUNTY

Meter Size Approved: _____ Type of Meter: _____

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)

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 will be paid in full.
 - b. Contractor will:
 - Contact 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 Road and Storm Drain at 410-996-5265 (Gary Page).
 - Contact the Water and Sewer at 410-996-6260, a minimum of twenty-four (24) hours before starting work.
 - Contact State Highway Administration at 410-545-5585, 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. Meter vaults shall be installed in an area dedicated as County easement. If a meter vault is used, a prepared easement document will be submitted with this application. The applicant shall prepare the easement documents. The vaults shall be dedicated to Cecil County, and the County shall be responsible for maintenance of the vault 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. Business/Property Owner(s) assure(s) that all fire service fixtures shall be closed, sealed and used only in the event of fire.
 5. The Business/Property Owner(s) agree(s) that Cecil County shall not be considered, in any manner, an insurer of the serviced property of 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 water or pressure inspection or for any other related matter arising from the providing of the applied for services.
 6. The Business/Property Owner(s) agree(s) that the staff of the Water/Wastewater Division 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 water and/or sewer connection(s) and appurtenances, assure proper use of service fixtures, to verify actual count value, and to make necessary repairs and maintenance of the Cecil County owned equipment.
 7. The Business/Property Owner(s) will notify the Department of Public Works at 410-996-6260 (Jeff Coale) a minimum of seventy-two (72) hours prior to the 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 charge must be paid prior to issuance of Use and Occupancy Permit.
 8. 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.
 9. The Business/Property Owner(s) agrees(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 Water/Wastewater Division for Violation of the above stipulations.
 10. 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.
 11. 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 discharges or allows such prohibited discharges.

BILLING INFORMATION

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

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 Owner: _____

Property Owner (if different from Business Owner): _____

Date: _____

APPROVED

Chief Development Services: _____

Date : _____

Chief of Water and Sewer: _____

Date: _____

FIRST DISTRIBUTION:

- Original - Development Services
- Copy - Water and Sewer Inspection
- Copy - Business Owner
- Copy- - Property Owner

FIXTURE COUNT VALUES – COMMERCIAL & PUBLIC

Name of Business: _____

Address: _____

Bldg. 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				

Fixture	Quantity	Value	Total
Balance Forward			
Bradley Sink		3	
Laundry Tub		3	
Washing Machine		6	
Dish Washer <u>General</u>		4	
Pot & Pans		3	
Steam Table		2	
Garbage Disposal		3	
Ice or Soda Machine		1	
Ice Tea or Coffee Machine		1	
Water Fountain <u>Commercial</u>		1	
Public		2	
Hose Bib (wall Hydrant)		4	
Fire Sprinkler System		30	
Other			
Other			
Other			
Other			
Other			
Other			
Other			
Total Fixture Count Values			
30 Fixture Unit Values Equals One Set of Charges			
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	1 1/4"	16	1 1/2"	24	1 3/4"	32	2"	42

PRETREATMENT DIVISION
PRE-IDS QUESTIONNAIRE

Please complete all questions – type or printed ink

Recd _____
Initials _____
Pretreatment Review
Date _____
Initials _____
_____ Req. IDS/Permit
_____ Req. NFA

- 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/Equip Washdown |
| <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):

- Cecil County Private Well Municipal Surface Water

10. Waste water Discharge/ Treatment

- Cecil County Septic Tank Own System Municipal

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?

- Yes NO

13. Signature _____