



Dept. of Public Works

Public Services, Water, Sewer, Engineering,
Refuse & Recycling, and Snow & Ice
39 South Hunt Road
Amesbury, MA 01913

SEWER CONNECTION PERMIT

Applicant Name: _____ Phone Number: _____

Service Address: _____

Map/Lot Number: _____ Number of Bedrooms: _____

Sewer Installation Regulations:

- Pipe: SDR 35 PVC, minimum 4" diameter with water-tight gaskets
- Pipe laid straight with minimum number of bends, slope 1/4" per foot minimum
- Connection to house pipe at property line made with water-tight couplings
- Compacted selected backfill to be used with no stone larger than 3" in diameter
- Pipe depth to be no less than 4' deep
- Abandoned septic tank must be pumped out and filled with sand once connection is complete.
- Inspection completed by Sewer Department (978) 388-1912

I, the undersigned, hereby make application for entrance into the Municipal Sanitary Sewer and agree to comply with the rules and regulations governing the construction and use of sewers as now, or any future time, established by the Department of Public Works Sewer Division. I further agree to pay such sewerage assessments as have been, or shall be, adopted by the City.

NOTE: All entrances into the Municipal Sewer shall be made by a Contractor who is bonded to dig in the City of Amesbury. Owners with artesian wells and who are tying into city sewer must meter their well water. This is to be done by a licensed plumber to install the meter receptacle. The city will install the meter and you will be charged/billed for the meter before any sewer tie-in inspections are completed and signed-off by personnel from the Department of Public Works, before being backfilled. Should this tie-in be due to a failed septic, then the Health Department must witness the crushing and backfill of the septic system. This sewer permit expires one (1) year from the date issued and is non-transferrable.

Applicant's Signature

Date

Flow Rate Waived with Failed Title 5: Title 5 Inspection Received

Administration Fee \$750.00 + \$7.50 x 110 gallons x _____ # of bedrooms = \$ _____
Total to be Paid

Fee Paid: _____ Check # _____ Received By: _____

Approver's Signature

Date

Office Hours:
Monday - Friday:
7:00 a.m. - 3:00 p.m.
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