

**MONROE COUNTY**  
**DIVISION OF PURE WATERS – GATES-CHILI-OGDEN SEWER DISTRICT**

Application for approval of plans for the apartments, industrial and commercial developments.

1. Name of Project: \_\_\_\_\_
2. Type of project: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Name of Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Zoning Classification: \_\_\_\_\_ Area: \_\_\_\_\_
6. Number of Lots: \_\_\_\_\_ Average Lot Size: \_\_\_\_\_
7. Number of Connections: \_\_\_\_\_
8. Estimated SANITARY Sewage flow at full development:  
Average Sanitary Flow (GPD): \_\_\_\_\_ GPD x 2 = Peak San. Flow \_\_\_\_\_ GPD  
Peak Hourly Flow (GPH): \_\_\_\_\_
9. Will property be able to convey all sewage to the existing public sewer by gravity? \_\_\_\_\_
10. Will there be a pump which will discharge to the sanitary sewer? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, provide discharge information (pumping rates and frequency) information below:  
\_\_\_\_\_  
\_\_\_\_\_
11. Type of SAN. Flow: Domestic \_\_\_\_\_ Industrial \_\_\_\_\_ If Industrial sanitary flow, describe use of building(s) and content of waste stream: \_\_\_\_\_  
\_\_\_\_\_
12. a.) Is a Grease Trap(s) required for the building(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
b.) Is an Oil Separator(s) required for the building(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If answered "yes" to 11a and/or 11b, provide plumbing floor plan(s) and calculations for sizing & selection of oil water separator(s) &/or grease trap(s). Also provide cut sheet(s)/detail(s) for oil separator and/or grease trap.**
13. ESTIMATED PEAK STORM WATER DISCHARGE RATES (10-year storm event [3.5 in/hr]):  
Existing Conditions (cfs): \_\_\_\_\_ Proposed Conditions (cfs): \_\_\_\_\_  
**Attach calculations/report for estimated storm water flow for any lot >10,000 SF in area.**
14. What provisions are made for:  
Floor drainage: \_\_\_\_\_ Foundation drainage: \_\_\_\_\_
15. When is it expected that building(s) be built: \_\_\_\_\_
16. Characterize general nature of sanitary discharges from site:  
\_\_\_\_\_  
\_\_\_\_\_
17. Will there be a pool? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide discharge information (backflush rates and frequency, emptying rate and frequency) information below:  
\_\_\_\_\_  
\_\_\_\_\_

The information & plans submitted with this application were prepared by me or under my supervision.

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_, P.E. – OR – \_\_\_\_\_ L.S.  
Signature Signature  
License No.: \_\_\_\_\_ Date: \_\_\_\_\_