

MONROE COUNTY
DIVISION OF PURE WATERS – ROCHESTER PURE WATERS 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. Type of soil material at sewer depths (list test hole location and material encountered):

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: _____