



Duckett Creek Sanitary District

3550 Highway K • O'Fallon, Missouri 63368-8384

Ph: (636) 441-1244
Customer Service Fax: (636)-498-8100
Engineering Fax: (636) 498-8150

APPLICATION FOR PRIVATE LATERAL CONNECTION TO PUBLIC SANITARY SEWER MAIN

Do not attempt to complete this form before reading the accompanying instructions. NOTE: An application/inspection fee must accompany this application

NAME OF PROJECT / LOCATION OF PROJECT

OWNER'S NAME

Address	City	State	Zip Code
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Telephone Number	Email Address
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BRIEF PROJECT DESCRIPTION _____

This completed application including the following must be submitted for review and consideration by the District.

- Provide 1 digital copy of the plans in a pdf format. Plans must be prepared by a engineer licensed in the State of Missouri, and include upstream and downstream manhole top and invert elevations, the location, size and elevations of the existing sanitary sewer to which connections for the project are to be made, the location and type of recorded easements for sanitary sewer lines as required for making connection across property not owned by the property owner requesting connection.
- Provide proof of any recorded easements for private sanitary laterals as required for making connection across property not owned by the owner of the lateral.
- Provide a non-refundable application/inspection fee of \$300.00 .

*** Before signing this application, familiarize yourself with all District procedures and any requirements related to the vacation of public easements and make sure all items above are completed ***



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LATERAL CONNECTION DESIGN INFORMATION

A. Population or number of units to be served by this lateral connection: _____

B. The quality of wastewater is:

- residential quality of wastewater;
- non-residential/non-industrial quality of wastewater; or
- industrial quality of wastewater.

C. Water meter size supplying domestic water to the building served by the lateral _____

D. Receiving Sewer: Size _____

Capacity _____

RECEIVING TREATMENT FACILITY NAME OR TYPE OF TREATMENT PLANT

Location of Treatment Facility _____

Has the continuing authority that operates the treatment facility and/or flow collection system approved or agreed to accept the additional sewage flow? Yes _____ No _____

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE APPLICATION, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE, AND IF GRANTED THIS PERMIT, I AGREE TO ABIDE BY THE DUCKETT CREEK SANITARY DISTRICT RULES, REGULATIONS, ORDERS AND DECISIONS, SUBJECT TO ANY LEGITIMATE APPEAL AVAILABLE TO APPLICANT UNDER THE RULES AND REGULATIONS OF THE DUCKETT CREEK SANITARY DISTRICT.

APPLICANT'S SIGNATURE (see instructions)

DATE

NAME PRINTED

TITLE OR CORPORATE POSITION



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INSTRUCTIONS FOR FILLING OUT APPLICATION FOR PRIVATE LATERAL CONNECTION

Application/Inspection fee shall be submitted with this application. Incomplete applications will be terminated by the District if they are not completed in the timeframe established by the District in a comment letter to the applicant. Application/inspection fees for terminated applications shall be forfeited. Application/inspection fees for applications being processed by the District that are withdrawn by the applicant shall be forfeited.

A different application and fees may be applicable if a wastewater treatment device is to be constructed.

1. Give the name of the project in which the private sanitary lateral connection is being constructed.
2. Describe the location by street name or give the most accurate alternative geographic information.
3. Legal name and address of the owner or applicant.
4. Briefly describe the project by providing the following information:
 - a. Size and material of private sanitary lateral.
 - b. Number of cleanouts proposed.
 - c. Is an oil/water separator required.
5. Provide the name and address of the treatment facility. If the treatment facility has no address provide the most accurate geographic information.
6. If the continuing authority has not agreed to accept the additional flow or in some cases to accept the sewer extension, this application will be considered incomplete.
7. All applications must be signed as follows:
 - a. For a corporation, by an officer of at least the level of plant manager;
 - b. For a partnership or sole proprietorship, by a general partner or the proprietor;
 - c. For a municipal, state, federal, or other public facility, by either a principal executive officer or ranking public official.

This completed form, along with the application/inspection fee should be returned to the address shown at the top of page one of the application form. Direct questions to:

Duckett Creek Sanitary District Engineering Department
3550 Highway K, O'Fallon, MO 63368
(636) 441-1244