

Wastewater Department

Butler, Indiana

Collection System Tap & Capacity Fee Application From The City Of Butler Water Reclamation Facility

Applicant Information

Date of Application _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone ____ / _____

Location of Property Requesting Sewer Tap/Connection

Subdivision _____ Lot # _____ Address _____ Butler, Indiana

Information on Sewer Connection/Tap

Request to connect to sewer main located on _____ Street

Size of Discharge line _____ (Note minimum 6" line with an outside cleanout)

Type of Connection:(Check all applicable) New _____ Replacement _____ Modification _____

Residential _____ Single Family _____ Multi-Family _____ (# of Units _____)

Commercial _____ (# Offices _____ # Employees _____) Fixtures _____ Industrial _____ Desired Capacity (Industrial Only) _____ gpd

(An industrial application must also be accompanied by an industrial questionnaire obtained from the Wastewater Superintendent and drawings depicting location and size of site sewers and where the location of the connection to the Butler sewer main is requested.)

Size of Water Meter: 5/8" _____ 3/4" _____ 1" _____ 1 1/2" _____ 2" _____ > 2" _____

Name of Plumbing/Construction Contractor _____

Address _____ City: _____ State: _____ Phone: ____ / _____

Comments: _____

Terms and Conditions

- I understand and agree that all material and workmanship will be in strict compliance with the standards required by the City. Contact the office for construction standards.
- The Wastewater Department shall be notified at least twenty-four (24) hours prior to any work being performed. I understand that the City inspections will be made during regular working hours (8:00 AM to 3:30 PM, Monday through Friday).
- The Wastewater Superintendent or his duly appointed representative shall approve all work before and after backfilling.
- The appropriate fees must be paid prior to a Construction Permit being issued.
- A copy of this Application and Construction Permit must be present at the time of sewer connection/tap inspection.

I understand and agree to the above Terms and Conditions.

Signature _____ Title _____ Date _____

(Official Use Only)

Approved by: _____ Title _____ Date _____ # Of REUs _____

Denied By: _____ Title _____ Date _____

Reason for Denial _____

Fees

Tap Fee: \$200 _____

Capacity Fee: Single Family - \$600 _____ Multi-Family - # of units _____ x \$600 = \$ _____

Mobile Homes - # sites x \$600 = \$ _____ Hotel/Motel - # of REU's _____ x \$600 = \$ _____

Commercial, Non-industrial & Industrial - # of REU's _____ x \$600 = \$ _____

Total Due and Paid: _____

Received By: _____ Date: _____

Distribution: Clerk's Office _____ WW _____ W _____ P&Z _____ Street _____ Fire _____ Police _____