

Lincolnton Sewer District

P.O. Box 302

Lincolnton, ME 04849

lsd.board.trustees@gmail.com

lincolntonsewer.com

Application for Sewer Service Connection

Residential (pages 1 & 5) Commercial (pages 2-5)

Date _____

Residential

Residential Sewer installation is desired at: Existing building _____ or

New Construction _____

Map/Lot _____

To be Used for: Single Family _____ Multi-Family _____ # of units _____

Owner's Name(s) as recorded on Deed _____

Contact Person(s) _____

Service Address _____

Billing Address _____

E-Mail _____

Phone(s) _____

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Date _____

Commercial

Commercial Sewer installation is desired at: Existing building, DBA _____

New Construction, Proposed Business _____

Map/Lot _____ I, own ___ rent ___ lease ___ manage _____

Owner's Name(s) as recorded on Deed _____

Contact person _____

Service Address _____

Billing Address _____

E-mail _____

Phone(s) _____

Tenant or Manager Name(s) _____

E-mail _____

Phone(s) _____

**Commercial Users Only, fill out accordingly.*

Type of Establishment: If a	Variables	List Variable(s)	<i>For Office Use</i>
Multi-Use Property	Describe:		
Pre-school	# of students		
Motel, Hotel, BB	# of rooms		
Conventional Restaurant 3 meals a day	# of seats. (Please refer to and submit a copy of your commercial license)		
Conventional Restaurant 2 meals a day	# of seats. (Please refer to and submit a copy of your commercial license)		
Disposable Utensil Restaurant - IE Fast Food	# of seats. (Please refer to and submit a copy of your commercial license)		
Church	# of dining seats # of assembly seats		
Club	# of members		
Daycare w/meals	# of children		
Public Meeting or Assembly Hall	# of seats w/out food # of seats w/food		
Library	# of seats		
Governmental Facility	# of employees		
Fire Department	# full-time firefighters		
Dentist office	# of seats		

Type of Establishment: If a	Variables	List Variable(s)	For Office Use
Gas Station	# of pumps		
Theater or Playhouse	# of seats		
Laundromat	# of wash machines		
Cocktail Lounge	# of seats		
Beauty/Barber Shop	# of sinks # of stations		
Dog Grooming	# of tubs		
Hospital or Nursing/Boarding Home	# of beds		
STORE: list all that apply: Food Service: Seating Utensils Public Restrooms With apartment(s)	<input type="checkbox"/> Food Service <input type="checkbox"/> No Food Service <input type="checkbox"/> Without Seating <input type="checkbox"/> With Seating # of seats. (Please refer to and submit a copy of your commercial license) <input type="checkbox"/> With Disposable Utensils <input type="checkbox"/> With hand-washed Utensils <input type="checkbox"/> With <input type="checkbox"/> Without ____ With (# apartments) ____ Without		

The following Rules and Regulations apply to all users:

1. All costs and expenses incident to the installation and connection of the building sewer shall be borne by the owner. The owner shall agree to indemnify the Town from any loss or damage that may directly or indirectly be occasioned by the installation of the building sewer. A fifty-dollar (\$50.00) inspection fee is required in advance from the applicant.
2. The undersigned agrees to indemnify and hold harmless the Lincolnville Sewer District (LSD) and its agents and employees from and against all claims, including attorney's fees, arising out of performance of the work, provided that any such claim (a) is caused in whole or in part by the negligent act or omission of the applicant, its agents or employees, and (b) is not caused solely by the negligent act or omission of the District, its agents or employees.
3. To notify the District or its authorized representative when the Building sewer is ready for inspection and connection to the Public Sewer and allow inspection to be made before any portion of the work is covered.
4. All work and materials will conform to the Sewer Use Ordinance, (found on the LDS website: lincolnvillesewer.com) established by the Lincolnville Sewer District.
5. The sewer user charge will be based on:
 - A. A per year base rate charge of \$635.00 per EDU.
 - B. Billings will be Biannual; January 1 and July 1.

Note: A one time Connection Fee equal to the number of determined Equivalent Dwelling Unit (EDU) will be charged upon initial connection to the sewer.

Owner _____ date ___/___/___

Owner _____ date ___/___/___

Contractor _____ phone _____

Tentative Start-up date ___/___/___

**Sewer rates have been approved by the District Trustees*

Office Use Only

Application submitted ___/___/___ Account # _____

Reviewed by _____

EDU's _____ Connection fee \$ _____ (+) \$50 Inspection fee (=) _____

Invoiced ___/___/___ Paid ___/___/___

HES Approved ___/___/___ Hook-up ___/___/___ Record Drawings ___/___/___