

**DALTON
FIRE
DISTRICT**

(413) 684-6118
(413) 684-0500
(413) 684-6174

20 FLANSBURG AVENUE

DALTON, MA 01226-1409

NEW WATER MAIN CONNECTION PERMIT # _____ **DATE** _____

SUBJECT TO ANY AND ALL LAWS, REGULATIONS, STANDARDS, GUIDELINES, AND POLICIES OF THE DALTON FIRE DISTRICT WATER DEPARTMENT AND ANY TOWN, STATE OR FEDERAL AGENCY, DEPARTMENT OR BODY OTHERWISE HAVING JURISDICTION AND FURTHER SUBJECT TO THE SPECIFIC TERMS, CONDITIONS AND RESTRICTIONS PRINTED OR WRITTEN HEREINBELOW OR ATTACHED, PERMISSION IS HEREBY GRANTED TO:

NAME: _____

DEVELOPMENT: _____

TO CONNECT NEW STREET OR STREETS TO THE EXISTING DISTRICT WATER MAIN DISTRIBUTION SYSTEM LOCATED AT:

SIZE OF NEW WATER MAIN CONNECTION TO DISTRICT DISTRIBUTION WATER MAIN: _____

SIZE AND TYPE OF NEW WATER MAIN IN DEVELOPMENT: _____

NUMBER OF NEW LOTS TO BE DEVELOPMENT: _____

TOWN OF DALTON HIGHWAY DEPARTMENT STREET EXCAVATION PERMIT (FOR OWNER) PERMIT No. _____

WILL NEED 24 HOUR INSPECTION NOTICE FOR ALL TESTING PROCEEDURES CALL 684-6124 FOR INSPECTIONS

MAIN PRESSURE TESTED DATE: _____ TESTED TO WHAT PSI _____ HOURS TESTED _____

BACTERIAL SAMPLE DATE: _____ PASSED: _____ FAILED: _____

FINAL INSPECTION DATE: _____ PASSED: _____ FAILED: _____

THE PERMITTEE SHALL STRICTLY ABIDE BY ALL RULES AND REGULATIONS ADAPTED SEPTEMBER 1985 BY THE DALTON FIRE DISTRICT SEE ATTACHED SHEETS OR HAND BOOKLET. SPECIFICLY SECTIONS 4.0 THROUGH 4.30

DEVELOPER: _____
(NAME) (ADDRESS) (TELEPHONE NUMBER)

CONTRACTOR: _____
(NAME) (ADDRESS) (TELEPHONE NUMBER)

IN CONSIDERATION OF ISSUANCE OF SUCH A PERMIT, I HEREBY AGREE TO COMPLY WITH AND CONFORM TO ALL LAWS, RULES, ORDINANCES, GENERAL CONDITIONS OF PERMITS, REGULATIONS AND POLICIES OF THE DALTON FIRE DISTRICT, TOWN OF DALTON, STATE OR FEDERAL GOVERNMENT CONCERNING THE CONSTRUCTION AND PROPER MAINTENANCE AND OPERATION OF WATER FACILITIES AS MAY APPLY. I FURTHER AGREE TO HOLD HARMLESS THE SAID DALTON FIRE DISTRICT, THE TOWN OF DALTON AND ITS AGENTS FROM ANY AND ALL LOSS, COST, DAMAGE, OR EXPENSES IN CONNECTION WITH OR CONSEQUENT UPON THE PERFORMANCE OF SAID WORK AND TO WAIVE ALL CLAIMS FOR DAMAGE IN CASE OF REVOCATION OF ANY PERMIT ISSUED PIRSUANT TO THIS PERMIT.

(PERMITTEE SIGNATURE) TELEPHONE #: _____

APPROVED BY: _____ DATE: _____
(WATER COMMISSIONER OR APPOINTED AUTHORIZED DELEGATE)

THIS PERMIT EXPIRES AT MIDNIGHT ON: _____ **DIGSAFE NUMBER:** _____

A COPY OF THIS PERMIT MUST BE MADE AVAILABLE AT THE JOB SITE AT ALL TIMES

Cc: () Water Dept. () Highway Dept. () Police Dept. () Fire Dept. () Board of Health () Bld. Insp. () Plumbing Insp. () Other: _____
684-6124 684-6115 684-0300 684-0500 684-6111 Ext 20 684-6111 Ext 27 684-6111 Ext 27