City of Rutland
Department of Public Works

Application for permit to

**Discharge Treated Groundwater to the Sanitary or Combined Sewer**

Proposed date of the start of discharge: ____/____/____

Estimated quantity to be discharged (if known) _____ Gallons

Expected average rate of discharge: _____ GPM Maximum rate of discharge: _____ GPM

Expected duration of the discharge project: _____

Brief description of the treatment process: _____

_____

_____

Name of Property Owner: _____

Property Owner's Address: _____

_____Tel: _____

Location of Project: _____

Name of Applicant: _____

Applicant's Address: _____

_____Tel: _____

I certify that I am the owner of the Property involved or am acting as an authorized agent of the owner

Signature: _____ Date: ____/____/____

Note: The conditions listed on the reverse side of this application shall apply to all permits issued.

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*For DPW Office Use* Permit No. _____ **Code 8199**

Groundwater Tests Results ____ Evidence of State Permit: ____Fee Paid: _____

Water meter installed: ____/____/____ Begin Reading: _____End Reading: _____

Approved by: _____ Date ____/____/____
Commissioner of Public Works