

TOWN OF THOMASTON
WATER POLLUTION CONTROL AUTHORITY
PO BOX 58
THOMASTON, CT 06787

APPROVAL OF DEVELOPMENT APPLICATION (PART A)

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

LOCATION OF DEVELOPMENT: _____

NUMBER OF UNITS: _____

ESTIMATED FLOW: _____ TYPE OF FLOW: _____

THE APPROVAL OF PART A IS TO ACCEPT THE FLOW FROM THE
DEVELOPMENT ONLY. IT DOES NOT GIVE APPROVAL FOR THE
CONSTRUCTION OF SEWERS.

DATE DEVELOPMENT APPROVED: _____ REJECTED: _____

REASON IF REJECTED: _____

SIGNED _____
TOWN OF THOMASTON WATER POLLUTION CONTROL AUTHORITY

SIGNED _____
APPLICANT OF DEVELOPMENT

REVIEW AND APPROVAL OF BLUEPRINTS (PART B)

DATE BLUEPRINTS RECEIVED: _____

DATE BLUEPRINTS APPROVED: _____ REJECTED: _____

REASON IF REJECTED: _____

SIGNED _____
TOWN OF THOMASTON WATER POLLUTION CONTROL AUTHORITY

SIGNED _____
APPLICANT OF DEVELOPMENT

PART A AND PART B MUST BOTH BE APPROVED BY THE WATER
POLLUTION CONTROL AUTHORITY BEFORE CONSTRUCTION BEGINS