



TOWN OF ACTON

Engineering Department
Application for Sewer Connection
Engineering Dept. Phone: 978-929-6630
www.actonma.gov
www.engineering@actonma.gov

No. _____

Fee Total: _____

The undersigned applies for permission to connect to:

Town of Acton Public Sewer (via New Services)

Flow of less the 549 GPD	\$160.00
Flow of 550 – 1,999 GPD	\$220.00
Flow of 2,000 – 5,999 GPD	\$390.00
Flow of 6,000 – 9,999 GPD	\$525.00

Existing Sewer Service or Alteration of Service \$80.00

For Private Sewer System connections contact the Acton Land Use Department, Health Division

All public sewer connections must:

- be conducted by a licensed Drain Layer: <https://www.actonma.gov/DocumentCenter/View/4072/Drain-Layer-License-Application>
- include a permit for Minor Construction within the Right-Of-Way: <https://www.actonma.gov/DocumentCenter/View/4077/Minor-Construction-Right-Of-Way-Permit>

And to construct a particular sewer from the property located at:

_____ (Number/Lot)

_____ (Street Name)

Current Permitted Flow (GPD) _____ Design Flow (GPD) _____

Licensed Drain Layer:

_____ Name

_____ Contact Number

_____ E-Mail Address

Trench Permit: _____ Street Cut/ROW Construction Permit: _____

Abandonment of existing septic system – All abandoned septic systems must be inspected by the Town of Acton, Health Department. For all properties that have previously utilized an on-site septic disposal system, please state how the septic system will be abandoned.

Septic Tank has been removed
 Septic Tank has been crushed on-site

The undersigned agrees to conform with all laws, rules and regulations, relating to sewers, now in force, or which may be adopted by the Town of Acton in relation thereto.

The undersigned further agrees to comply with all plumbing regulations, adopted by the Town of Acton and relating to sewers, and to provide access, at all reasonable hours, for purpose of inspection by authorized agents of the Town of Acton. All new services must be inspected by the Town of Acton, Engineering Department.

Applicant's Signature _____ Date: _____

(or authorized representative)