

	PERMIT # _____
	DATE _____

**WARRINGTON TOWNSHIP WATER AND SEWER DEPARTMENT**  
**852 Easton Road**  
**Warrington, PA 18976**  
**(215) 343-1800**  
**(215) 343-5944 fax**

**GRINDER PUMP PERMIT APPLICATION**

Print Clearly

**TYPE OF SYSTEM:**

	NEW SYSTEM
	REVISION TO EXISTING SYSTEM

Homeowner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Site Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different)

\_\_\_\_\_

Is the low pressure force main or lateral shared between Property Owners?

NO \_\_\_\_\_ YES \_\_\_\_\_, attach a copy of the recorded Declaration of Easements, Covenants and Restrictions.

Installer \_\_\_\_\_

Equipment Manufacturer

NAME \_\_\_\_\_

MODEL \_\_\_\_\_ TYPE \_\_\_\_\_

ALARM: VISUAL \_\_\_\_\_ DIAL OUT \_\_\_\_\_

Maintenance Contractor: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Name \_\_\_\_\_  
24 Hour Contact Phone # \_\_\_\_\_

System Contract # \_\_\_\_\_ Frequency of inspection: \_\_\_\_\_

Copies of:

- System Contract
- Annual Inspection
- A detailed drawing showing the location, size, material type , and depth of all components of the System
- Annual Maintenance Contract certification

Average daily flow \_\_\_\_\_ Gallons/day

System Deficiencies

---

---

---

Resolution of Deficiencies

---

---

---

Service or alarm calls:

---

---

---

Revision to system

---

---

---

Date of Revision: - \_\_\_\_\_ (attach copy of revised drawing)

I, \_\_\_\_\_, the current owner of the above mentioned property have been informed and understand my responsibility to comply with all applicable requirements of Section 7 of the Warrington Township Ordinance # 2004-0-8. I further understand that Annual grinder pump inspections and renewed maintenance contracts will be submitted to WTWSD annually, in accordance with Section 7 of WT-2004-0-8 Ordinance.

Authorized Signature \_\_\_\_\_  
Applicant (owner/agent)

Title \_\_\_\_\_  
(if Builder)

Typed/Printed \_\_\_\_\_  
(Owner or Builder)

Date \_\_\_\_\_

**(Department Use Only)**

---

Recommended by \_\_\_\_\_ Date \_\_\_\_\_  
Plant Superintendent

Recommended by \_\_\_\_\_ Date \_\_\_\_\_  
Consulting Engineer

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
General Manager