

ATTACHMENT E

CAMPBELL COUNTY PUBLIC WORKS
500 S. GILLETTE AVENUE STE 1400
GILLETTE, WYOMING 82716
(307) 685-8061

APPLICATION FOR PERMIT TO CONSTRUCT

1. Name of Project: _____
2. Location of Project: Sec. _____ Township _____ Range _____
or Lot _____ Block _____ Subdivision _____
3. Type of Facility: _____ Small Wastewater (less than 2000 gal/day)
_____ Sewage Collection _____ Water Distribution
4. Brief description of project: _____

5. Does this project include:
 - a. Public water supply well? Yes ___ No ___
If yes, list State Engineer permit number (s) _____
 - b. Potable water supply pumping station? Yes ___ No ___
If yes, what is the design flow? _____ GPM
 - c. Potable water storage facility? Yes ___ No ___
If yes, what is the size? _____ gal
 - d. Sanitary sewage pumping station and force main? Yes ___ No ___
If yes, what is the design flow? _____ gal
 - e. Potable water mains? Yes ___ No ___
If yes, what is the additional peak day demand? _____ gal/day
 - f. Sanitary sewage collection lines? Yes ___ No ___
If yes, what is the additional average
daily volume of wastes? _____ gal/day
 - g. Storm sewer lines? Yes ___ No ___

h. If yes, what is the total lineal feet? _____ L.F.
 Public streets? Yes ___ No ___
 If yes how many miles of: Arterial Street _____ miles
 Collector Street _____ miles
 Local Street _____ miles

i. Earthwork Yes ___ No ___
 If yes how many:
 Cubic yards of cut _____
 Cubic yards of fill _____
 Feet of maximum cut _____
 Feet of maximum fill _____

6. Three sets of design drawings and specifications are attached. I understand that one set will be returned to applicant or applicant's engineering firm with permit to construct.

7. I certify that the above described project has been submitted in accordance with local and state rules and regulations. I have authorized the following engineering and testing firms to act upon my behalf during the design and construction phases of the project. They are authorized upon my behalf to receive and release correspondence regarding this project to the governing body (ies).

Name of Owner of the Project: _____

Mailing Address: _____

City, State, Zip: _____

Business Phone _____

Home Phone _____

 Signature of Owner

 Date

ENGINEERING FIRM

TESTING FIRM*

Name: _____

Name: _____

Address: _____

Address: _____

Business Phone _____

Business Phone _____

Name of Professional Engineer _____

Wyo P.E. Number _____

* If the Engineering firm is responsible for quality control and testing on the project, write "SAME" in this line.