

**COMPREHENSIVE GRAVITY SANITARY SEWER, FORCE MAIN
 AND/OR PUMP STATION PROJECT RECORD**

Project Name: _____

Project Location: _____

Name of Developer: _____ Name of Contractor: _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

Type of Project: Gravity Sanitary Sewer Force Main Pump Station

Provide the requested information upon completion of the following items.

	DATE	AMOUNT
1. Sewer feasibility discussed with Hooksett Sewer Commission (HSC).....	_____	N/A
2. System development fee established.....	_____	_____
3. Escrow account established.....	_____	_____
4. Design approved by Engineer.....	_____	N/A
5. NHDES approval received.....	_____	N/A
6. Design approved by HSC (6 sets).....	_____	N/A
7. Bond for sewer portion of project posted.....	_____	_____
8. System development fee paid.....	_____	_____
9. Pre-construction meeting held.....	_____	N/A
10. Complete project schedule submitted.....	_____	N/A
11. Shop drawings approved.....	_____	N/A
12. Gravity sanitary sewer complete (if applicable).....	_____	N/A
13. Force main complete (if applicable).....	_____	N/A
14. Pump station complete (if applicable).....	_____	N/A
15. Gravity sanitary sewer final inspection (if applicable).....	_____	N/A
16. Force main final inspection (if applicable).....	_____	N/A
17. Pump station final inspection (if applicable).....	_____	N/A
18. As-built plans submitted.....	_____	N/A
19. Operation & maintenance manual(s) submitted (pump station only).....	_____	N/A
20. Transfer of land ownership to Town of Hooksett (if applicable).....	_____	N/A
21. Excess escrow funds released.....	_____	_____

**COMMERCIAL SEWER CONNECTION
INSPECTION CHECKLIST**

Name of Property Owner: _____ Name of Installer: _____
Address: _____ Lot: _____ Address: _____
City: _____ City: _____
Phone Number: _____ Phone Number: _____

Type of Service:
Commercial _____ Gravity _____
Force Main _____ Size _____ Pump Station _____

Sewer Service Inspection Date: _____
Performed By: _____

1. 6" Service Pipe SizeYes/No
2. Saddle-Type Connection Yes/No
3. Existing Sewer Lateral StubYes/No
4. Connection to Sewer Manhole Yes/No
5. 3/4" Stone Yes/No
6. Sand Cover Yes/No
7. Has Pitch Yes/No

Final Sewer Service Inspection Date: _____
Performed By: _____

1. Grease TrapYes/No
2. Correct Grease Trap Cover Yes/No or N/A
3. Correct Inlet and Outlet PipesYes/No or N/A

Note: Check all sinks to make sure they go to grease trap.

**RESIDENTIAL SEWER CONNECTION
INSPECTION CHECKLIST**

Name of Property Owner: _____ Name of Installer: _____
Address: _____ Lot: _____ Address: _____
City: _____ City: _____
Phone Number: _____ Phone Number: _____

Type of Service:
Residential _____ Gravity _____
Pump Station _____

Sewer Service Inspection Date: _____ **Performed By:** _____
Sewer Service Reinspection Date: _____ **Performed By:** _____

1. Service Pipe Size4" / 6"
2. Saddle-Type Connection Yes/No
3. Existing Sewer Lateral StubYes/No
4. 6" x 6" Wye with Cleanout at Property LineYes/No
5. 3/4" Stone Yes/No
6. Sand Cover Yes/No
7. Has Pitch Yes/No
8. Cleanout every 75 feet Yes/No or N/A

Final Sewer Service Inspection Date: _____ **Performed By:** _____

1. Cleanout at Property LineYes/No or N/A
2. Correct Cleanout CoverYes/No or N/A
3. Backflow Preventer InstalledYes/No or N/A
4. Map or Location of Cleanout ProvidedYes/No

Note: New homes need a backflow preventer, cleanout, and map with location of cleanout. **Without these, you can not sign off on the unit.**

**SEWER LATERAL TO PROPERTY LINE
PLANIMETRIC SKETCH**

Project Name: _____

Project Location: _____

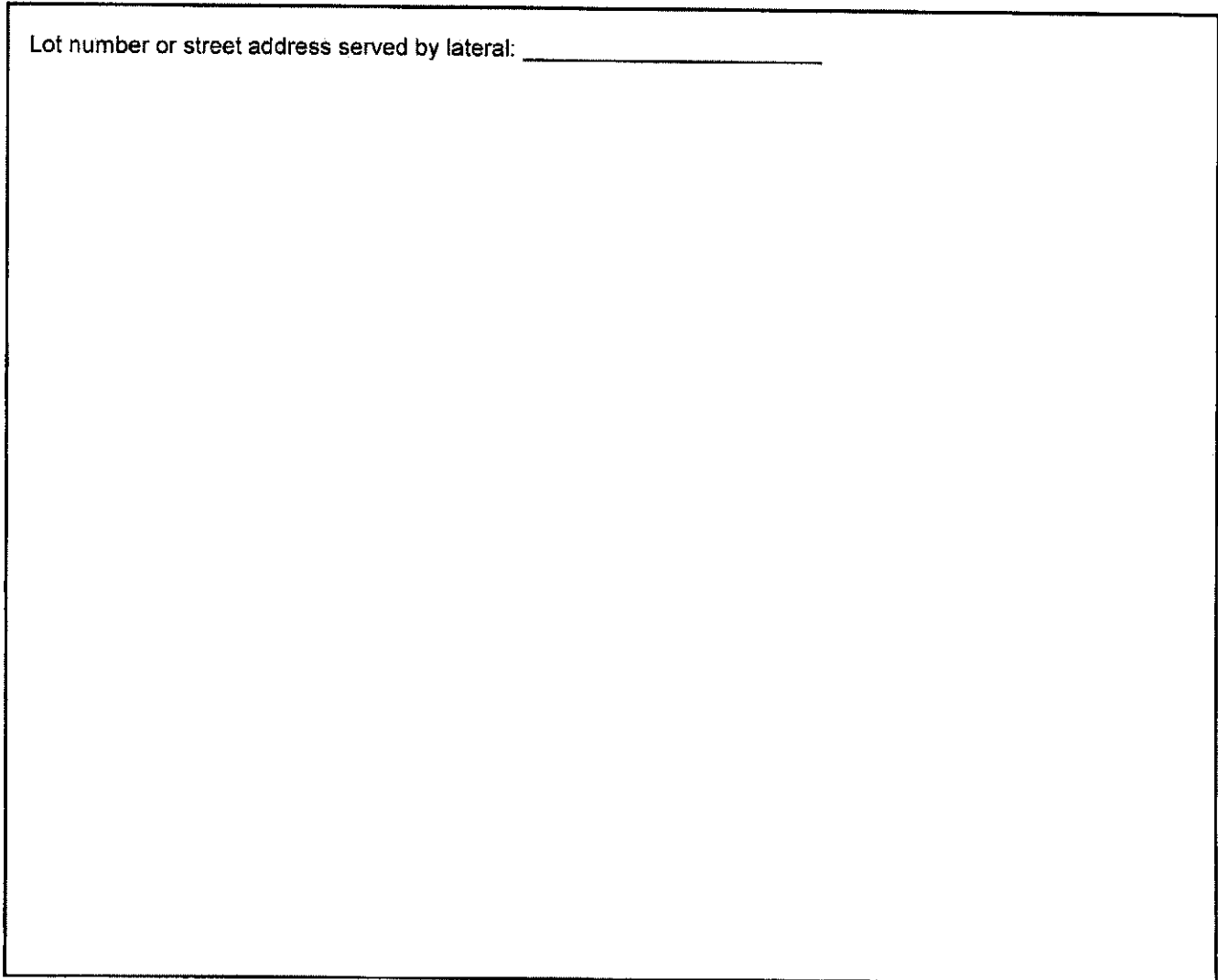
Name of Developer: _____ Name of Contractor: _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

Provide a sketch of the sewer lateral showing the manholes immediately upstream and downstream of the lateral. The manholes shall be identified on the sketch. The distance from the center of each manhole to the lateral wye shall be recorded, along with swing ties to the lateral termination point.

Lot number or street address served by lateral: _____



**FINAL SEWER INSPECTION
CHECKLIST**

Location: _____

Project Name: _____

Date of Inspection: _____ By: _____

<p>A. Check SMH</p> <p>1. SMH Number _____</p> <p>2. 30" Cover..... Yes/No</p> <p>3. Non-Penetrate Cover..... Yes/No</p> <p>4. Need to Raise Cover..... Yes/No</p> <p>5. Need to Lower Cover..... Yes/No</p> <p>6. Frame and Cover Full Bed of Mortar..... Yes/No</p> <p>7. Adjust to Grade with Bricks..... Yes/No</p> <p>8. All Lift Holes Filled with Non-Shrink Grout..... Yes/No</p>
<p>B. Check Brick Invert and Shelf</p> <p>1. Shelf Pitches to Inverts..... Yes/No</p> <p>2. Bricks Laid on Edge in Invert..... Yes/No</p> <p>3. All Joints Filled with Mortar..... Yes/No</p> <p>4. Invert is Smooth..... Yes/No</p> <p>5. Invert is Smooth Going into Pipe..... Yes/No</p> <p>6. Sand or Silts in Invert..... Yes/No</p>
<p>C. Sewer Line</p> <p>1. Size of Pipe _____</p> <p>2. Mirror From SMH _____ to SMH _____</p> <p>3. See Full Moon..... Yes/No</p>
<p>D. SMH and Line Pass Inspection..... Yes/No</p> <p>* If no, must be repaired and or cleaned.</p>

SEWER CONSTRUCTION FEASIBILITY ASSESSMENT

Date of Meeting with Interested Party: _____

Sewer Commissioner(s) Present: _____

Other Attendees: _____
(i.e. Developer, Engineer, etc.) _____

Project Information:

Project Name: _____

Project Location: _____

Contact Person: _____ Phone Number: _____

Project Type: Residential Commercial Industrial

Background Information:

1. What is the total proposed sewage usage (based on HSC Design and Construction Standards)?
Sewage Usage = _____ Gallons/Day
2. Is proposed project location already serviced by sewer? Yes/No
a. If YES, can system handle increased capacity? Yes/No
b. If NO, how does Developer intend to make connection? _____

3. Does the proposed project location abut or could it jointly serve a zone designated for future growth?
Yes/No Comments: _____
4. If proposed project will utilize an existing pump station, can that pump station handle increased capacity? Yes/No/NA
5. Does the site need a sewer pump station to serve it? Yes/No
6. Will the proposed project serve a commercial kitchen or involve food preparation? Yes/No
7. What is the development timeline? _____
8. Will the project be phased?
Yes/No Comments: _____

SEWER CONSTRUCTION FEASIBILITY ASSESSMENT CONTINUED

Project Name: _____

Background Information Cont.:

9. Will any portion of the project (i.e. sewer, pump station, etc.) ultimately be municipally owned?

Yes/No Comments: _____

10. Were any schematic plans provided?.....Yes/No

11. Additional information provided:

Decision:

Is it feasible for Project to connect into sewer system?Yes/No

Comments:

Date of Decision: _____

Commissioner Initials: _____

