



Snyderville Basin Water Reclamation District

2800 Homestead Road • Park City, Utah 84098 • Phone 435-649-7993 • Fax 435-649-8040

IMPACT FEE CALCULATION

Date Paid _____

Owner Name _____ Phone _____ email _____

Subdivision/Project _____ Plat _____ Lot _____

Property Address _____

Tax ID# _____ Receipt # _____ Check # _____

Property Located in City _____ County _____

RESIDENTIAL

____ L.S. + ____ sq. ft. unfin. bsmnt./500 sq. ft. = _____ L.S.

Multiplied by Impact Fee /L.S. \$ 2,342.00 /L.S.

Equals **Gross Impact Fee Amount** \$ _____

Units _____ **Total #REs*** _____

COMMERCIAL/RESTAURANT

Business Name _____

Estimated Wastewater Quantity _____ (avg. gal/day)

Divided by 320 gallons/day (avg. res. contribution)

Equals **Total #REs*** _____

Multiplied by Impact Fee/RE \$ 7,026.00 /RE*

Equals **Gross Impact Fee Amount** \$ _____

Less Reservation of Capacity Fee: \$ _____

(Date _____ Receipt # _____)

Less Interest through _____ \$ _____

Net Impact Fee Amount \$ _____

Administrative Fee Amount \$ _____

TOTAL DUE: \$ _____

*Optional: Payment Service Fee*** \$ _____

Total with Optional Service Fee \$ _____

*RE = Residential Equivalent (1 RE = 3 Living sections)

** 2.5% Service Fee will apply on credit card payments > \$200

Floor Plan Check Required: () Yes () No Comments: _____

Floor Plan Check By: _____ Inspection Date: _____ Comments: _____

I certify that the number of living sections shown on the Impact Fee Calculation form is true and correct and that no more than the stated number of living sections will be built without prior notification and payment of fees to the SBWRD. I authorize SBWRD to complete an inspection of the building prior to issuance of an Authorization to Use form. I will pay additional fees should the number of living sections determined by said inspection exceed the stated number. I concur with the net impact fee stated on the Impact Fee Calculation form. I hereby affirm that I am the owner of the property described herein or that I have authorization from the owner to make this application, and I will give a copy of these documents to the owner of the property.

Signature _____ Print Name _____ Date _____

Floor/Level	# L.S.
Lower	
Main	
Upper	
Total	



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WASTEWATER SERVICE APPLICATION

APPLICATION FOR:

() Single Fam. Res.¹ () Condo/Duplex^{1,2} () Hotel^{1,2,3} () Restaurant^{1,2,3} () Commercial/Industrial^{1,2,3}

Owner Name _____ Phone _____

Mailing Address _____ email _____

Subdivision/Project _____ Plat _____ Lot: _____

Property Address _____

Tax ID# _____

APPLICANT (if different than Owner): () Contractor () Agent () Other _____

Name _____ Phone _____ email _____

Mailing Address _____

- ¹ Floor Plans and Site Plan Required with Application () Attached
- ² Site Plan w/ Private Lateral Connection Information Plumbing Plans Required with Application () Attached
- ³ Pretreatment Questionnaire and Estimate of Water Use Required with Application () Attached

ACKNOWLEDGMENT OF RESPONSIBILITY

I am making application to connect to and use the Public Wastewater System owned and operated by the Snyderville Basin Water Reclamation District (SBWRD), and I understand I am responsible for complying with all SBWRD requirements with regard to this request. I understand that RESOLUTIONS have been adopted by the Board of Trustees of the SBWRD to establish fees and conditions of service. I agree to the provisions of these RESOLUTIONS. I acknowledge this application will be processed in accordance with the provisions of the RESOLUTIONS and that this application will be processed in the name of the owner of the property. The owner of the property is the party who the SBWRD will contact regarding any matters pertaining to this application. I understand that the District will consider information from me that may reduce the gross impact fee and have submitted that information if I want it used in the calculation.

I understand that all collection system main lines serving the property covered by this application must be accepted and/or approved for use by the SBWRD prior to occupancy of any building on said property. I understand that all lateral construction shall be completed in accordance with the Private Lateral Construction Information on page 3 and agree to the responsibilities contained therein. I understand the District is not responsible for ownership, maintenance, or repair of private laterals or private lateral stubs.

AFFIRMATION OF OWNERSHIP INTEREST

I hereby affirm that I am the owner of the property described herein or that I have authorization from the owner to make this application.

Name of Applicant (please print) _____

Signature _____ Date _____



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PRIVATE LATERAL CONSTRUCTION INFORMATION

(This information must be provided to contractor installing lateral)

Subdivision/Project _____ Plat _____ Lot _____

Property Address _____

Owner _____ Phone _____

Mailing Address _____ email _____

Based on a review of the information submitted with the application the following marked items apply to the construction of the private sewer lateral for this lot. Other items may also apply which are not listed.

- All sewer lateral construction, including repairs, must be inspected by SBWRD.
- Inspections must be scheduled a minimum 24 hours prior to needed inspection.
- Contact SBWRD Engineering Dept. Administrative Assistant at (435)214-5228 to schedule appointments.
- It is the responsibility of the applicant and the applicant's contractor to construct the private sewer lateral to meet or exceed SBWRD minimum standards.
- It is the responsibility of the applicant and the applicant's contractor to verify lateral stub and mainline locations, elevations and grades, floor elevations, and building position to determine adequate drainage of the proposed structure to the existing Public Wastewater System, or to determine if pumping is required.
- It is the responsibility of the applicant and applicant's contractor to verify and/or determine bury depths for existing private lateral stubs and new private lateral extensions. Bury depths greater than SBWRD minimum standards may be necessary to protect the private lateral from freezing. Factors such as elevation and surface features over the lateral (driveways vs. landscaping) should be considered.
- The Public Wastewater System serving this property/project has not been approved for use. The SBWRD may not allow a connection to the system nor issue "Authorization to Use" until the Public Wastewater System receives Final Project Approval by the Board of Trustees. Requests to connect to the system prior to Final Project Approval will be considered by the SBWRD only upon submittal of the attached form letters.
- Prior to connecting to or extending existing lateral stub, verify acceptability (i.e., condition, alignment, grade, elevation, bury depth, leakage). Non-functional lateral stubs shall not be used. Notify the SBWRD immediately when this condition is encountered. See attached details for cleanout location and protection requirements. Existing stub record drawing information: Length _____ Bends _____
- No record of a lateral stub for this property exists. Make connection to main line per attached detail.
- Steep uphill lot, lateral may require pipe anchors per attached detail. Existing stub slope: approx. _____%
- Downhill lot, may require a privately owned and maintained ejector pump system. Plumbing Code requires gravity service to all levels of building that can achieve it.
- This area is served by a low pressure sewer system. All lots are required to use an approved, privately owned and maintained low pressure pump system.
- An SBWRD easement is located on this property. See attached letter.
- Connecting to the public wastewater system may require Contractor to enter a sewer manhole that has been determined by SBWRD to be a confined space. Prior to entering the manhole the Contractor shall complete and submit the attached *Notice, Acknowledgment of Compliance with Safety Requirements, Consent and Waiver for Entering SBWRD Confined Spaces*. See attached form and copy of Federal Regulation.
- Other _____

- See SBWRD *Development Procedures, Design Standards and Construction Specifications*, available at www.sbwrld.org, for additional design and construction requirements.
- The attached plans and/or drawings include the record information contained in the SBWRD files for this lot. All data pertinent to collection system locations has been prepared and furnished to the SBWRD by outside sources. Therefore, SBWRD cannot be responsible for the accuracy or completeness of diagrams, drawings, measurements, descriptions, or other information regarding collection system or utility locations.

Source of Data _____

Prepared By _____ Date _____



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AUTHORIZATION TO USE

Property Located in: City _____ County _____

Tax I.D. #: _____ SBWRD Account #: _____

Subdivision/Project: _____ Plat: . Lot: _____

Property Address: _____

Name and address to which billing is to be sent:

Person requesting approval: _____

Phone: _____ email: _____

Address: _____

Wastewater Approval is: Granted _____ Disapproved _____

By: _____ Date: _____
Snyderville Basin Water Reclamation District

Comments: _____

Processed by: _____ Account Activation Date: _____

emailed: _____

Customer File: _____

Mailed: _____

Billing File: _____

Picked up: _____



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FOR DISTRICT USE ONLY

Building Type () Single Fam Res () Condo/Duplex () Hotel () Restaurant () Comm./Ind.

Water Usage _____ # of Units _____ Water Meter # _____

_____ Impact Fees Paid Receipt # _____ Date _____ Water Co. _____

_____ Floor Plan Check Required () No () Yes () Approved

_____ Public Wastewater System Approved

_____ Pretreatment Approved

_____ Private Lateral Construction Approved Date _____

Comments: _____

Title Company: _____

Name: _____

Closing Date: _____

Amount: _____



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WASTEWATER CALCULATION NON-RESIDENTIAL ONLY

APPLICATION FOR: Commercial/Industrial Restaurant Hotel

Owner Name _____ Phone _____

Mailing Address _____ email _____

Subdivision _____ Plat _____ Lot: _____

Type of Business _____

Name of Business _____

Property Address _____

Tax ID# _____ Receipt # _____

APPLICANT (if different than Owner): Contractor Agent Other: _____

Name _____ Phone _____

Mailing Address _____ email _____

NOTICE:

The Impact Fee for non-residential establishments is based on estimated PEAK 30-day demand water usage. Estimated water usage should be calculated by the project engineer or architect. Actual water usage from similar facilities can also be used.

Estimated water usage shall be divided by 320 gallons per day in order to determine the Residential Equivalents (REs). The Impact Fee shall be computed by multiplying the REs times the residential equivalent Impact Fee of a home with three (3) living sections.

If you are the owner of a property that has been or will be leased to others, you the owner are responsible for paying all impact fees for the leased space. In the event the space will be completed, "built-out", remodeled or otherwise changed by the lessee, you the owner are responsible for paying impact fees. In the event impact fees are not paid, the District hereby notifies you that a tax lien will be placed on the property.

I have calculated the estimated daily water usage for this facility as follows: *(Attach additional sheets if necessary)*

AFFIRMATION OF OWNERSHIP INTEREST

I hereby affirm that I am the owner of the property described herein or that I have authorization from the owner to make this application.

Name of Applicant _____

(Please print or type)

Signature _____ Date: _____