

**TOWN OF NARRAGANSETT
SEWER AVAILABILITY INQUIRY**

PLAT: _____ LOT(S): _____ MERGED: _____ DATE OF INQUIRY: _____

LOCATION: _____

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE NO. _____ FAX. NO. _____

INQUIRY MADE BY (IF NOT OWNER): _____

COMPANY: _____

ADDRESS: _____

TELEPHONE NO. _____ FAX. NO. _____

Please return this form to: The Town of Narragansett
Engineering Department
25 Fifth Avenue
Narragansett, RI 02882

DEPARTMENT USE ONLY

	<u>Paid</u>
SLDF _____	<input type="checkbox"/>
Assessment _____	<input type="checkbox"/>

1) Prior Inquiries on file? Yes No
(If yes, attach a copy)

2) Sewer Policy Area? Yes No

3a) Tributary to Regional WWTF? Yes No 3b) Existing Frontage? Yes No

4a) Tributary to Scarborough WWTF? 4b) Existing Frontage/within 350 feet? Yes No

5) Town road reconstructed within the last three (3) years? Yes No Date: _____

6) Existing extension installed and accepted prior to 4/18/95? Yes No
(See Section 3c of Sewer Policy) Name & Date of File: _____

7) Type of available sewer? Gravity
 Low Pressure (Requires grinder Pump)

Information supplied by: _____ Date: _____