

LICENSING AGENCY
UPPER PROVIDENCE TOWNSHIP
SEWER AUTHORITY
DELAWARE COUNTY

Municipal Building, 935 N. Providence Road
MEDIA, PENNSYLVANIA 19063
610-566-5376

APPLICATION & PERMIT FOR DISCHARGE

Permit **Nº 02461**

1. APPLICANT

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

2. DATE OF:

a. Application _____
b. Issue _____
c. Expiration _____

3. LOCATION INFORMATION

a. Facility Address:

Street _____
City _____
State _____ Zip _____

b. Location of Sanitary Connect.(s)

c. Location of Process Connect.(s) and Discharges

4. TYPE OF FACILITY

a. Single Dwelling: _____
b. Multiple Dwelling:
No. of Units _____
c. Commercial:
No. of Employees _____
d. Institutional:
Maximum Occupancy _____
Type _____
e. Industrial:
No. of Employees _____
f. Coin operated Laundry: _____
g. No. of public restrooms: _____
h. Other: _____

5. DISCHARGE LIMITATIONS _____ N/A

6. EXCEPTIONS _____ N/A

7. PRETREATMENT OF WASTEWATER _____ YES _____ NO

IF Yes, describe pretreatment process _____

8. ATTACHMENTS _____ YES _____ NO

If Yes, list attachments: _____

9. TAPPING FEE/E.D.U. _____

THE APPLICANT HEREBY AGREES TO ABIDE BY ALL RULES AND REGULATIONS OF THE UPPER PROVIDENCE TOWNSHIP SEWER AUTHORITY (UPTSA) AS STATED IN THE STANDARDS, RULES, AND REGULATIONS OF 1980, AS AMENDED, TOGETHER WITH ANY AMENDMENTS THERETO ADOPTED BY UPTSA IN THE FUTURE. APPLICANT AGREES TO PAY UPTSA IN ACCORDANCE WITH THE SCHEDULE OF RATES AND CHARGES, FOR THE TREATMENT AND CONVEYANCE OF APPLICANT'S WASTEWATER.

THE APPLICANT HEREBY ACKNOWLEDGES THAT (1) UPTSA RESERVES THE RIGHT TO INSPECT ANY CONNECTION(S) AND/OR FACILITY(IES) ASSOCIATED AND LISTED ON THIS PERMIT, (2) THAT ALL ATTACHMENTS LISTED IN ITEM NUMBER EIGHT (8) OF THE WITHIN APPLICATION ARE A PART OF THIS PERMIT, AND (3) THAT THIS PERMIT IS NOT TRANSFERABLE.

IF TRANSFER OF ALL OR PART OF THE PROVISIONS CONTAINED HEREIN IS DESIRED, THIS PERMIT BECOMES NULL AND VOID, AND A NEW PERMIT OR PERMITS MUST BE ISSUED.

NAME OF APPLICANT: _____

BY: _____
(signature)

FULL NAME OF SIGNER: _____

TITLE OF SIGNER: _____

DATE: _____

AMOUNT PAID	
PERMIT APPLICATION FEE:	_____
TAPPING FEE:	_____
TOTAL:	_____

THIS IS TO CERTIFY THAT THE CONNECTION(S) AND OR ASSOCIATED FACILITY(IES) LISTED ON THIS PERMIT HAVE BEEN INSPECTED AND FOUND TO MEET UPTSA STANDARDS.

INSPECTOR'S SIGNATURE _____
NAME _____
DATE _____

THE UPPER PROVIDENCE TOWNSHIP SEWER AUTHORITY (UPTSA) HEREBY AUTHORIZES THE ISSUANCE OF THIS PERMIT FOR DISCHARGE OF WASTEWATER INTO UPTSA'S CONVEYANCE SYSTEMS SUBJECT TO THE PROVISIONS CONTAINED HEREIN.

AUTHORIZED SIGNATURE _____
NAME _____
TITLE _____
DATE _____