

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 02484**

**1. APPLICANT**

NAME Michael Gibbons  
ADDRESS 600 Park Ave  
CITY Upper Providence STATE PA ZIP 19063  
PHONE 484-410-9474

**2. DATE OF:**

a. Application 4/28/25  
b. Issue \_\_\_\_\_  
c. Expiration \_\_\_\_\_

**3. LOCATION INFORMATION**

a. Facility Address:

Street 600 Park Ave  
City Upper Providence  
State PA Zip 19063

b. Location of Sanitary Connect.(s)

EXIST. STUB-IN @ PVC MANHOLE AT  
SHARY-HILL PARK AVE INV. 165.1

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 2  
f. Coin operated Laundry: \_\_\_\_\_  
g. No. of public restrooms: 2  
h. Other: AUTO STORAGE

**5. DISCHARGE LIMITATIONS** \_\_\_\_\_ N/A

**6. EXCEPTIONS** \_\_\_\_\_ N/A

**7. PRETREATMENT OF WASTEWATER** \_\_\_\_\_ YES X NO

IF Yes, describe pretreatment process \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. ATTACHMENTS** \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, list attachments: \_\_\_\_\_

**9. TAPPING FEE/E.D.U.** \_\_\_\_\_

SIGN DECLARATION ON REVERSE SIDE OF PERMIT