

acct # 461521-1433525

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 02471**

1. APPLICANT

NAME WHITEBRIAR HOMES, LLC
ADDRESS 290 NORTHGATE DRIVE
CITY WARRENDALE STATE PA ZIP 19380
PHONE 412-221-0400

2. DATE OF:

a. Application 10/24/23
b. Issue _____
c. Expiration _____

3. LOCATION INFORMATION : Lot #4

a. Facility Address:
Street 621 S. ORANGE ST
City MEDIA
State PA Zip 19063

b. Location of Sanitary Connect.(s)
Front of home, right of driveway

c. Location of Process Connect.(s) and Discharges
FRONT RIGHT SIDE OF HOME

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. _____

acc+ # 461522-1433545

LICENSING AGENCY
UPPER PROVIDENCE TOWNSHIP
SEWER AUTHORITY
DELAWARE COUNTY

Municipal Building, 935 N. Providence Road
MEDIA, PENNSYLVANIA 19063
610-586-5376

APPLICATION & PERMIT FOR DISCHARGE

Permit **N^o 02468**

1. APPLICANT

NAME WHITEBRIAR HOMES, LLC
ADDRESS 290 NORTHGATE DRIVE
CITY WARRENDALE STATE PA ZIP 19380
PHONE 412-221-0400

2. DATE OF:

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

3. LOCATION INFORMATION

a. Facility Address:

Street 611 S. ORANGE ST # 2
City MEDIA
State PA Zip 19063

b. Location of Sanitary Connect.(s)
front of home, right of driveway

c. Location of Process Connect.(s) and Discharges
Front yard of home, right side

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. _____