

FRANKLIN TOWNSHIP MUNICIPAL SANITARY AUTHORITY

INDUSTRIAL SEWER USE PERMIT APPLICATION

1. Company name, mailing address and telephone number:

Zip Code _____ Telephone No. (____) _____

2. Address of production or manufacturing facility:

Zip Code _____ Telephone No. (____) _____

3. Name, title and telephone number of person authorized to represent this firm in official dealings with Franklin Township Municipal Sanitary Authority (FTMSA):

4. Type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, copper forming, etc.):

5. Standard Industrial Classification Number (SIC code) for your facility:

6. Wastewater constituents and characteristics including but not limited to those stipulated in Article III of the FTMSA's Rules and Regulations Governing Industrial Sewer Use. Results shall be determined by a reliable analytical laboratory with all sampling and analysis performed in accordance with EPA procedures:

7. Time and duration of wastewater contribution to the FTMSA's sewerage system:

8. Average daily and thirty (30) minute peak wastewater flow rates, including daily, monthly, and seasonal variations, if any:

11. Where known, the nature and concentration of any pollutants in the discharge which may or may not be limited by any FTMSA, Municipality, Borough, State or Federal Pretreatment Standards, and a statement regarding whether or not any applicable pretreatment standards or general regulations are being met on a consistent basis and, if not, whether additional operation and maintenance (O&M) and/or additional pretreatment is required for the user to meet applicable Pretreatment Standards or regulations:

If additional pretreatment and/or operation and maintenance procedures will be required to meet the Pretreatment Standards, the user shall submit the shortest schedule by which the user will provide such additional pretreatment. The completion date in this schedule shall not be later than the compliance date established for the applicable Pretreatment Standard.

The following conditions shall apply to this schedule:

- (1) The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment required for the user to meet the applicable Pretreatment Standards (e.g., hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc).
- (2) No increment referred to in paragraph (1) above shall exceed nine months.
- (3) No later than fourteen days following each date in the schedule and the final date for compliance, the user shall submit a progress report to the FTMSA including, as a minimum, whether or not it complied with the increment of progress to be met on such date and, if not, the date on which it expects to comply with this increment of progress, the reason for delay, and the steps being taken by the user to return the construction to the schedule established. In no event shall more than nine months elapse between such progress reports to the FTMSA.

12. Type and amount of raw materials processed (average and maximum per day):

13. Each product produced by type, amount, process or processes and rate of production:

14. Number of employees and hours of operation of plant and proposed or actual hours of operation and pretreatment system:

15. Any other information as may be deemed by the FTMSA to be necessary to evaluate the application:

I, the undersigned, hereby make application to tap-in and connect to the Franklin Township Municipal Sanitary Authority:

Signature: _____

Date: _____

P E R M I T

Applicant _____ Telephone No. _____

Address: _____ Contact Person _____

The above applicant for tap-in to the Franklin Township Municipal Sanitary Authority system has satisfied the financial obligation in the amount of \$ _____ on the _____ day of _____, 19____.

Account No. _____
Franklin Township Municipal Sanitary Authority

I N S P E C T I O N R E P O R T

IMPORTANT: THE REQUEST FOR TAP-IN INSPECTION MUST BE MADE AT LEAST 24 HOURS IN ADVANCE OF ACTUAL DATE OF SUCH INSPECTION.

REJECTION: (State Reason) _____

APPROVAL: I, the undersigned, having been duly notified, personally made the necessary inspection on this _____ day of _____, 19____. The tap-in at the above location complies to all rules and regulations of the Township.

Signed _____
for The Franklin Township Municipal Sanitary Authority