

APPLICATION FOR SEWER SERVICE CONNECTION AND/OR SEWAGE SERVICE

SPRINGFIELD TOWNSHIP MUNICIPAL SANITARY SEWER SYSTEM

I, _____, hereby make application for sanitary sewer
(name of property owner)

service at _____ to be
(location- street / number)

occupied as a _____
(Primary use - home, apartment, store, etc.)

(Property owner - Name)

Occupant (if other than Owner)

(Address)

(City, State, Zip Code)

(Telephone Number)

Note: If bills are to be sent to an individual other than the owner or to an address other than the service address, answer these questions.

(Name of Billee)

(Address - Number/ Street)

(City, State, Zip Code)

(Telephone Number)

Note: Provide only when a new service connection is required. If the applicant is doing his own work indicate "SELF". All contractors must provide proof of liability insurance to the Township.

(Name of Contractor)

(Address - Number/ Street)

(Telephone Number)

(City, State, Zip Code)

Attach a plot plan of your property showing (in feet) property lines, structures, building sewer and connection to the public sewage system.

A plot plan MUST BE INCLUDED FOR CONNECTION PERMIT ISSUANCE.

Questions/Certifications

1. Is this application for **Sanitary Sewage Service** only? _____ **YES** _____ **NO**
Answer **YES** if the property is already connected to the public sanitary sewer system and a new service connection is not required. If the answer is **YES** indicate the date that service is to be provided. _____ (Date)
2. Is this application for a **Sanitary Service Connection**? _____ **YES** _____ **NO**
Answer **YES** if this is a new property which has not had service in the past or for some other reason requires the installation of a new service connection. If the answer is **YES**, indicate the approximate date that your facilities will be ready to connect to the public sanitary sewer system.
_____ (Date)

Indicate the date that service is to be provided, if different than the date of connection. _____ (Date)

3. Is the property to be served a single family dwelling? _____ **YES** _____ **NO**
4. If the answer to No. 3 above is **NO**, the applicant should complete **FORM B: "INFORMATION REQUIRED FROM NON-DOMESTIC DISCHARGERS"**. The applicant further agrees to provide the Township Engineer, Enforcement Officer, and /or other authorized Township representative, without charge, any construction drawings or additional information he/she may require in evaluating this application.

Township Ordinance 3-1994 requires a service initiation fee or service connection fee of _____.
Payment in this amount must accompany this application.

The applicant agrees to comply with all the terms and conditions outlined in the Township's Sewer Ordinances (1-1994, 3-1994, 5-1994) and any all other ordinances or regulations which set forth the rules and regulations governing sewage service.

The applicant agrees to be responsible for the sewage service charges at this location until a proper request for termination of service is received and accepted by the Township or a new application for sewage service is filed for this location transferring the responsibility for the charges to another party. The applicant also agrees to promptly notify the Township of any changes in his/her billing address.

(Signature of Applicant) (Date) Name and Title

Inspected by Springfield Township

Permit issued by Springfield Township

Signature Date

Title

Signature Date

Title

Form B

Information Required from Non-Domestic Users

Instructions: Please answer all appropriate questions. Multi-family dwellings, apartments, institutional users (schools, hospitals, rest homes, etc.) or commercial users (stores, restaurants, etc.) that generate only wastewaters similar in character to that discharged by single-family residential dwellings need only answer Items 1 and 2.

ITEM 1 - Describe the nature of activity or business at this location. If an industrial user, indicate your SIC code and/or your products and production processes.

ITEM 2 - Identify the extent of activity at this location by indicating the number of apartments, number of students, number of bed, number of employees, water consumption, etc.

ITEM 3 - Peak Daily wastewater generated: _____.

ITEM 4 - Provide a complete schedule of process wastewaters generated or to be generated at this location. Identify the average and maximum rates of discharge for each waste stream and describe it's source. Characterize the water streams by providing data on the following parameters:

pH
Biochemical Oxygen Demand
Suspended Solids
Dissolved Solids
Ammonia Nitrogen
Oil/Grease
Total Kjeldahl Nitrogen

If any of the one hundred and twenty nine (129) pollutants on the attached list, or zinc or copper, are present in concentrations above that in normal domestic sewage, please provide complete information on the extent of their presence.

The applicant hereby certifies that the above information is to the best of his knowledge correct and agrees to supply supplementary information that the Township may require in evaluating this application.

Signature of Applicant

Date

Print Name and Title