APPLICATION FOR SEWER SERVICE

SPRINGFIELD TOWNSHIP MUNICIPAL SANITARY SEWER SYSTEM

l <u>,</u>	, hereby make application for sanitary sewer
(name of property owner)	
sarvica at	to be
service at(location- street / number)	to be
,	
occupied as a(Primary use - home, a	
(Primary use - nome, a	apartment, store, etc.)
(Property owner - Name)	Occupant (if other than Owner)
(Address)	
(Address)	
(City, State, Zip Code)	
(Telephone Number)	
	other than the owner or to an address other than the service address, answer
these questions.	
(Name of Billee)	
(Address - Number/ Street)	
(riddroso Tramson Choot)	
(Other Otate 7th Onde)	
(City, State, Zip Code)	
(Telephone Number)	
Note: Dustide autorides a service au	
note: Provide only when a new service col contractors must provide proof of liability ir	nnection is required. If the applicant is doing his own work indicate "SELF". All
contractors must provide proof of liability if	isdiance to the Township.
T	A 40 44
(Name Cor Factor)	(Address - I imber/ treet)
NIAT	
(Telepion V.m er)	((y, at 7 700de)
(1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1	
	wing (iii fee) p sperty iilies, structures, building sewer and connection to
the public sewage system.	

Questions/Certifications

 Is this application for Sanitary Sewage Service Answer YES if the property is already connected to not required. If the answer is YES indicate the date 	the publ			
2. Is this application for a Sanitary Service Conne Answer YES if this is a new property which has no installation of a new service connection.			NO me other reason req	uires the
Indicate the date that service is to be provided	(Date)			
3. Is the property to be served a single family dwell		YES	NO	
4. If the answer to No. 3 above is NO , the applicant NON-DOMESTIC DISCHARGERS" . The applicant Officer, and /or other authorized Township represent information he/she may require in evaluating this applicant.	it further a ntative, w	agrees to provide the To rithout charge, any cons	wnship Engineer, Ei	nforcement
Township Ordinance 3-1994 requires a service init this amount must accompany this application.	tiation fee	e or service connection for	ee of <u>NONE</u> .	Payment in
The applicant agrees to comply with all the terms a 1994, 3-1994, 5-1994) and any all other ordinances sewage service.				
The applicant agrees to be responsible for the sew termination of service is received and accepted by this location transferring the responsibility for the chapter than the transferring the Township of any changes in his/her billing	the Towr narges to	ship or a new applicatio another party. The app	n for sewage service	e is filed for
(Signature of Applicant)	(Date)	Name a	nd Title	
Inspected by Springfield Township		Permit issued by Sprin	gfield Township	
Signature Date			Signature	Date
Title	<u> </u>	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 Kjedahl 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