

# PRIVATE SOURCE DISCHARGE PERMIT APPLICATION

Site Name: \_\_\_\_\_

Site Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Description of Site/Activities:** \_\_\_\_\_

**Source(s) of water** (check all that apply):

City Water                      Private Well                      Surface Water                      Storm Water

**Source(s) of discharge** (check all that apply):

Restrooms    Sump Pumps  
Kitchen/Cafeteria                                      Downspouts  
Laundry Units    Storm Drains  
Water Softeners/Conditioners                      Other: \_\_\_\_\_

**Pretreatment equipment or systems for treating wastewater or residuals** (check all that apply):

Biological Treatment: \_\_\_\_\_  
Chemical Treatment: \_\_\_\_\_  
Grease Trap or Interceptor  
Screening/Filtration  
Septic Tank  
Other: \_\_\_\_\_

**Size and Location of Lift Station** (if applicable): \_\_\_\_\_

**Description and Location of Flow Meter:** \_\_\_\_\_

**Certification Statement: I certify that the information contained in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\*Application must be signed by the owner or by an official designee of the business.