

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 & Location of Lift Station: (if applicable)

Description & Location of Flow Meter: (if applicable)

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

Date

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

