



# Sewer Connection Request Form

## The Borough of Hollidaysburg

Incorporated 1836

401 Blair Street Hollidaysburg, PA 16648  
www.hollidaysburgpa.org

(814) 695-7543  
TTY (814) 696-0300

<b>INSTRUCTIONS:</b>	Please complete all sections. The completed and signed questionnaire should be mailed to:
	Hollidaysburg Pretreatment Coordinator
	401 Blair Street
	Hollidaysburg, PA 16648
	Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

### I. APPLICANT INFORMATION

COMPANY NAME \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

RESPONSIBLE OFFICIAL \_\_\_\_\_

PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES AT FACILITY: \_\_\_\_\_

Provide an expanded description of each business activity to be conducted at this facility:

### II. WATER USAGE

1. Water Sources: (check as many as apply)

Private well     Surface Water     Water Utility (Specify): \_\_\_\_\_

2. List Estimated average water usage at facility (gallons per day): \_\_\_\_\_

3. List estimated average wastewater discharge from facility (gallons per day): \_\_\_\_\_

4. If water and wastewater do not balance, please explain difference:

**III. PROCESS AND WASTE INFORMATION**

1. Provide a narrative description of any manufacturing, production, or service activity your firm conducts. Identify those activities producing process waste (Wastes other than those derived from restrooms or cafeterias):

2. For each process waste identified above, indicate the method of disposal (i.e. discharged to sewer, landfilled, etc.):

3. For any of the liquid wastes, other than domestic wastes, which are discharged to the sanitary sewer system, identify any liquid, chemical, or solid substances which are added to the water during its use:

4. Will your facility use industrial solvents (other than sanitary cleaners)?  Yes  No

If yes, please specify type, usage rate (gal/month), storage location (proximity to drains), and destination of spent solvent.

5. Will your facility use any dyes, paints, or inks?  Yes  No

If yes, please specify type, usage rate (gal/month), storage location (proximity to drains), and destination of waste material, overspray, or cleanup.

**IV CERTIFICATION**

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Seal if applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date