

**CITY OF FARRELL  
SEWER TAP APPLICATION/PERMIT**

Property Owner: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Occupant:  
(If Different) \_\_\_\_\_  
\_\_\_\_\_

Billing Address:  
(If Different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Usage**

**General Description**

Residential \_\_\_\_\_  
No. of Units \_\_\_\_\_  
Commercial \_\_\_\_\_  
Institutional \_\_\_\_\_  
Industrial \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Non-residential, annual water usage:

(As per owner locations)

Name and address of contractor chosen to make connection to the City's sanitary sewer system, the construction of the service lateral and date scheduled for connection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant agrees to comply with all terms and conditions outlined in the City of Farrell Rules and Regulations Governing Sewer Use, and appropriate ordinances. The applicant further agrees to be responsible for the sewage service charges at this location until the new property owner files a new application with the City for this location. The applicant also agrees to notify the City within ten (10) days of a change in the billing address for this location.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Required Tap-in Fee:

\$1,000 x \_\_\_ EDU's = \$ \_\_\_\_\_

City Approval:

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

\_\_\_\_\_  
**Date**

Lateral Inspection:

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

\_\_\_\_\_  
**Date**

**INFORMATION REQUIRED FROM NON-DOMESTIC DISCHARGERS  
CITY OF FARRELL**

**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 wastewater similar in character to that discharged by single-family dwellings, need only answer Item Nos. 1 and 2.

Item No. 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 No. 2 - Identify the extent of activity at this location by indicating the number of apartments, number of students, number of beds, number of employees, water consumption, etc.

Item No. 3 - Provide a complete schedule of process wastewater generated or to be generated at this location. Identify the average and maximum rates of discharge for each waste stream and describe its source. Characterize the waste streams by providing data on the following parameters:

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

If any of the one hundred twenty-nine (129) pollutants on the attached list (Attachment "A"), or zinc or copper are present, please provide complete information on the extent of their presence, along with analytical results of the stream.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

City Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date