

LEHIGH COUNTY AUTHORITY
APPLICATION FOR WASTEWATER TREATMENT ALLOCATION

PLEASE BE AWARE THAT THE FACILITY ADDRESS DESIGNATED BELOW MUST COMPLY WITH THE APPLICABLE MILESTONE STATED IN SECTION 4 OF THE ATTACHED WASTEWATER ALLOCATION PROCEDURES OR THE ALLOCATION MAY BE LOST WITH NO REIMBURSEMENT OF FEES.

SECTION 1 - Applicant Information

Date: _____

Owner: _____
Address: _____
Contact Person: _____
Phone: _____

Fees: (cost per gallon per day)
Treatment Allocation \$ 6.43
W. Lehigh Interceptor 4.22
L. Lehigh Relief Interceptor 1.59
Total Fees \$ 12.24

Total Allocation Requested: _____ gpd @ \$ 12.24 = \$ _____
(Residential - 223 gpd; Commercial/Industrial as required - make check payable to Lehigh County Authority)

UMT Total Allocation Requested: _____ gpd @ \$ 5.81 = \$ _____
(Residential - 223 gpd; Commercial/Industrial as required - make check payable to Upper Macungie Twp)

Proposed Use:

- New Facility
Residential
Non-Residential
Existing Facility - Additional Use
Residential
Non-Residential

Facility Address: _____
Development: _____
Tax Map No. _____
Pin No. (if available) _____

Signed: _____ Title: _____

(Owner or Agent only) - By signing this document Owner or Agent acknowledges receipt of Wastewater Allocation Procedures effective 01/01/21

Note: Discharge shall not exceed : (a) the purchased allocation volume; (b) the equivalent number of total pounds based on the purchased allocation volume at 210 ppm BOD, 230 ppm TSS, or 35 ppm TKN; or (c) strength of 300 ppm BOD, 360 ppm TSS, or 85 ppm TKN. For users whose flow exceeds 50,000 gpd and the systems can handle the excessive strength, part (c) may be exceeded with the payment of pretreatment surcharges. Industrial applicants should contact their municipality for other applicable discharge limitations.

SECTION 2 - Municipality Information

Date: _____

Proposed Use:

- Existing Development - Municipal Construction of Sanitary Sewer Facilities
Residential
Non-Residential

Subdivision Final Approval Given Yes No Not Applicable

DEP Connection Management Plan
Exempt (grandfathered: SPM either not required or obtained prior to 01.01.09)
Not exempt (not grandfathered)
Date of DEP approval of SPM

We certify the information given in Sections 1 and 2 is correct.

(Municipality) Signed: _____ Title: _____

SECTION 3 - LCA Review & Approval

Date: _____

Certificate of Occupancy Issuance Deadline/Allocation Expiration Date: _____
(Deadline is based on Proposed Use)

Allocation Number: _____
Allocation Amount: _____ gpd

LCA Interceptor Connection Manhole No: _____ Signed: _____ Title: _____

SECTION 4 - Municipality Certificate of Occupancy Certification

Date: _____

Certificate of Occupancy Issued: _____ Yes No

Signed: _____ Title: _____