

**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		\$ 7.13
W. Lehigh Interceptor		4.80
L. Lehigh Relief Interceptor		1.83
Total Fees		\$ 13.76

Total Allocation Requested: _____ gpd @ \$ 13.76 = \$ _____
 (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:

<input type="checkbox"/>	New Facility
<input type="checkbox"/>	Residential
<input type="checkbox"/>	Non-Residential
<input type="checkbox"/>	Existing Facility - Additional Use
<input type="checkbox"/>	Residential
<input type="checkbox"/>	Non-Residential

Facility Address: _____
 Development: _____
 Tax Map No. _____
 (map-block-lot)

Signed: _____ Title: _____ Pin No. (if available) _____

(Owner or Agent only) - By signing this document Owner or Agent acknowledges receipt of Wastewater Allocation Procedures effective 01/01/22

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:

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial

Subdivision Final Approval Given _____ Yes _____ No _____ Not Applicable

DEP Connection Management Plan - Date of DEP approval of SPM _____ Grandfathered _____

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

UPPER MACUNGIE TOWNSHIP
 (Municipality)

Signed: _____
 Title: _____

SECTION 3 - LCA Review & Approval

Date: _____

Certificate of Occupancy Issuance Deadline/Allocation Expiration Date: _____

Allocation Number: _____ (Deadline is based on Proposed Use)

Allocation Amount: _____ gpd Signed: _____

LCA Interceptor Connection Manhole No: _____ Title: _____

SECTION 4 - Municipality Certificate of Occupancy Certification

Date: _____

Certificate of Occupancy Issued: _____ Yes _____ No Signed: _____
 Title: _____