



UNIVERSITY AREA JOINT AUTHORITY

1576 Spring Valley Road
State College, PA 16801

PROPOSED SANITARY SEWAGE DISCHARGE QUESTIONNAIRE

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Name of Business: _____

Service Address: _____ Township: _____

Contact Person: _____ Telephone No.: _____

Design Engineer: _____

Nature of Business: _____

1. Does your business engage in any manufacturing, production, or service activities? Yes No

2. Do you have a Spill Prevention Control and Countermeasure Plan? Yes No

3. Do you anticipate any discharge to the sanitary sewer other than domestic sewage? Yes No

4. Projected discharge to the sanitary sewer (gallons per day). _____ gallons

5. What is the source of your potable water supply? _____

6. Total Square Footage of Proposed Building. _____ sq ft

7. If entire building will not initially be occupied, indicate total unoccupied square footage. _____ sq ft

Expected Date of Occupancy : _____

8. Please list each business/tenant that will occupy proposed building indicating type of business along with total number of full time and part time employees listed on payroll.

<u>Name/Type of Business</u>	<u>Square Ft</u>	<u>Full Time</u>	<u>Part Time</u>
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9. Miscellaneous information:

Hotel/Motel _____ number of rooms? Restaurant _____ seating capacity?

Conference/Meeting _____ number of rooms? _____ number of seats?

Auto Mechanics/Repair and/or Car Wash _____ number of bays connected?

Swimming Pool YES NO _____ number of filters connected?

Beauty/Barber Shop _____ number of chairs?

Office Use Only:

Tap Fee EDU Allocation _____ Billing EDU Allocation _____

Approved _____ Date _____ Classification 1 2 3