

NEW GARDEN TOWNSHIP SEWER AUTHORITY

**Township Building
299 Starr Road
Landenberg, PA 19350**

02/12/08 601169

APPLICATION FOR SEWER CONNECTION AND SERVICE

The undersigned, being the Owner, Owner's Agent or Lessee of the property known as:

(Number) (Street/Road/Lane) (Unit Number)

owned by : _____, does hereby apply for authorization to connect to and be served by the New Garden Township sewer system. The connection is associated with the following uses (note all that apply): ___ residential, ___ commercial, ___ industrial, ___ institutional, ___ mixed or ___ other. The number of gallons of effluent discharged per day for each such use is expected to be: _____ residential, _____ commercial, _____ industrial, _____ institutional, _____ mixed or _____ other: FOR OTHER THAN RESIDENTIAL, APPLICANT MUST SUBMIT CALCULATIONS TO SUPPORT THE INDICTED FLOW.

In conjunction with obtaining authorization to connect to and be served by the New Garden Township Sewer Authority sewer system and as an explicit condition of the granting of such authorization, the undersigned agrees:

- To accept and abide by all provisions of Ordinances No. 46, 51 and 96 as amended, Ordinances No. 172, 173 and 174 and by Resolutions No. 385 and 130 of the Township of New Garden and all other pertinent ordinances, regulations or amendments thereto adopted by the Board of Supervisors of the Township of New Garden and/or by the New Garden Township Sewer Authority with respect to the discharge of wastes, storm water, ground water, sub-surface drainage, cooling water and industrial process water and other effluent into the said sewer system; and*
- To pay all lawful charges for sewer service as and when due.*

Signature of Applicant and Title

Printed Name of Applicant

Address of Applicant

Address of Applicant

Telephone Number of Applicant

Owner's Billing Address:

Owner's Permanent Address:

Telephone Number of Owner

Chester County Tax Parcel Number

Structures Served: Number _____

Type _____

Source of Water: CWA Well

Number of CWA Meters/Bills: _____

(For NGTSA Use)
Application Fee: \$ 75.00 Date Payment Received: _____ Received By: _____

Tapping Fee: \$8,112.59 for each EDU X _____ Number of EDUs = \$ _____

Date Payment Received: _____ Received By: _____

Application Approved: _____ Date: _____ Verified By: _____

(For NGTSA Use)
CONNECTED AND APPROVED: Date: _____ Inspected By: _____

Occupancy for periods of less than a full quarter will result in the minimum quarterly sewer user fee being billed plus a fee for discharge in excess, if any, of the minimum allocation.