

CAPACITY REVIEW & REQUEST APPLICATION

A. Required of All Applicants

The Capacity Review & Request Application must be completed and submitted to the Authority for both new construction projects and for the expansion, change, or intensification of the use of an existing improved property as defined by the Authority's Rates, Rules, and Regulations. In all cases, the Applicant shall be responsible for obtaining the additional water and/or sanitary sewer capacity and payment of all fees.

1. Property Owner or Legally Authorized Official: _____
2. Mailing Address: _____
3. Phone Number: (_____) _____
4. Fax Number: (_____) _____
5. Email Address: _____
6. Project Name: _____
7. Project Location Address: _____
8. Tax Parcel or Tax Account Identification Number: _____
9. Check one: ☐ Existing Improved Property ☐ New Construction
10. Provide Project Description (Attach Separate Sheet)
11. Check one: ☐ Individual Single-Family Residential..... **Go to Part B**
 ☐ Multi-Residential..... **Go to Part C**
 ☐ Non-Residential..... **Go to Part D**
12. Do you have a private well on your property? ☐ Yes ☐ No
13. What is the Maximum and Minimum Flow Rate along with percentages of total flows for all domestic use?
 Maximum Rate: _____ Percent of Total Flow: _____
 Minimum Rate: _____ Percent of Total Flow: _____
14. Maximum flow rate for fire protection? _____

<u>For ECTA Use Only – Administrative Review Fees Paid</u>		Original: Project File
Water: \$ _____	Sewer: \$ _____	Copies to: Applicant
Received By: _____		ECTA Accountant
Date Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		

B. For an Individual Single-Family Residential Unit

1. Will the project require construction of a new water and/or sanitary sewer lateral connection to the Authority's main? ☐ Yes ☐ No
 - a. **If yes**, the Applicant must submit two (2) copies of a sketch plan indicating the approximate location of water and wastewater facilities, the respective points of connection to the Authority's system and include a location map and North arrow. Applicant must also submit the appropriate Water and Sewer Administrative Review Fees as determined from Part E of this application.
 - b. **If no**, the Applicant must complete and submit an Existing Residential and Non-Residential Building Modification Application, Attachment A. This application requires a description of the proposed addition or alteration to the existing structure and plumbing facilities. Attachment A must be accompanied by the appropriate Water and Sewer Administrative Review Fees as determined from Part E of this application.

Go to Part E

C. For Multi-Residential Projects

1. Applicant/Developer must provide a schedule of use, setting forth the uses to which EDUs will be applied and the dates of each expected use, as required in the Sanitary Sewer and Water Rates, Rules and Regulations of the East Cocalico Township Authority. The schedule must be attached and made a part of the application.
2. Indicate the date which plans were or will be filed with East Cocalico Township:

3. Is the project in conformity with the most recent Act 537 Plan for East Cocalico Township?
☐ Yes ☐ No
 - a. **If no**, provide a letter stating the plan and schedule to achieve compliance.
4. Will the project require construction of a new water and/or sanitary sewer lateral connection to the Authority's main? ☐ Yes ☐ No
 - a. **If yes**, the Applicant must submit two (2) copies of a sketch plan indicating the approximate location of water and wastewater facilities, the respective points of connection to the Authority's system and include a location map and North arrow. Applicant must also submit the appropriate Water and Sewer Administrative Review Fees as determined from Part E of this application.
 - b. **If no**, the Applicant must complete and submit an Existing Residential and Non-Residential Building Modification Form, Attachment A. This application requires a description of the proposed addition or alteration to the existing structure and plumbing facilities. Attachment A must be accompanied by the appropriate Water and Sewer Administrative Review Fees as determined from Part E of this application.

Go to Part E

D. For Non-Residential Development Projects

1. Applicant/Developer must provide a schedule of use, setting forth the uses to which gallons per day (GPD) will be applied and the dates of each expected use, as required in the Sanitary Sewer and Water Rates, Rules and Regulations of the East Cocalico Township Authority. The schedule must be attached and made a part of the application.

2. Indicate the date which plans were or will be filed with East Cocalico Township:

3. Is the project in conformity with the most recent Act 537 Plan for East Cocalico Township?

☐ Yes ☐ No

- a. **If no**, provide a letter stating the plan and schedule to achieve compliance.

4. Will the project require construction of a new water and/or sanitary sewer lateral connection to the Authority's main? ☐ Yes ☐ No

- a. **If yes**, the Applicant must submit two (2) copies of a sketch plan indicating the approximate location of water and wastewater facilities, the respective points of connection to the Authority's system and include a location map and North arrow. Applicant must also submit the appropriate Water and Sewer Administrative Review Fees as determined from Part E of this application.

Applicant/Developer must also complete and submit the Authority's Non-Residential Water Usage and Wastewater Discharge Form, included as Attachment B to this document. The Non-Residential Water Usage and Wastewater Discharge Form requires information relative to the estimated GPD of water usage and wastewater flows expected from the proposed development or use including the estimated average daily flow and the estimated peak usage, for both water and sanitary sewer, as defined in the Authority's Rates, Rules, and Regulations. The Non-Residential Water Usage and Wastewater Discharge Form also requires the expected biological and chemical properties of the wastewater flows from the proposed development or use and addresses the proposed discharge of cooling water to the Authority's sewerage system.

Following review of the Non-Residential Water Usage and Wastewater Discharge Form by the Authority, the Applicant/Developer may be required to complete the full Industrial Wastewater Discharge Application to determine if an Industrial Wastewater Discharge Permit will be required for the proposed discharge.

- b. **If no**, the Applicant must complete and submit an Existing Residential and Non-Residential Building Modification Form, Attachment A. This application requires a description of the proposed addition or alteration to the existing structure and plumbing facilities. Attachment A must be accompanied by the appropriate Water and Sewer Administrative Review Fees as determined from Part E of this application.

Go to Part E

E. Required of all Applicants

1. Number of Existing Lateral Connections to Authority Mains:

Water: _____ Sewer: _____

2. Number of Additional Proposed Lateral Connections to Authority Mains:

Water: _____ Sewer: _____

3. Amount of capacity currently allocated to this facility (to be provided by Authority):

Capacity for residential projects shall be provided in terms of EDUs. Capacity for non-residential projects shall be provided in terms of gallons per day (GPD). Please circle EDUs or GPD as appropriate.

Water: _____ EDUs GPD Sewer: _____ EDUs GPD

4. Additional capacity being requested:

Water: _____ EDUs GPD Sewer: _____ EDUs GPD

5. Total amount of capacity to be allocated to this facility based on this request for additional allocation (sum of lines 3 and 4):

Water: _____ EDUs GPD Sewer: _____ EDUs GPD

	<u>Water</u>	<u>Sewer</u>	<u>TOTAL</u>
6. Administrative Review Fees*:	\$ _____	\$ _____	\$ _____

<i>* Projects requesting water and/or sewer usage greater than 2 EDUs (for residential) or 366 water GPD and/or 506 sewer GPD (for non-residential), projects requesting additional lateral connections to the Authority's mains, and non-residential projects required to complete Attachment B of this document:</i>	<i>Water: \$425.00 Sewer: \$425.00</i>
<i>* All other projects:</i>	<i>Water: \$300.00 Sewer: \$300.00 OR Combined: \$500.00</i>

7. If a new or additional lateral connection to the Authority's system is proposed, Applicant must submit two (2) copies of the Deed to the property, or a fully executed Agreement of Sale, or other acceptable legal documentation evidencing Applicant's ownership interest in the property. Acceptability is to be determined by ECTA solicitor.

8. Upon approval of the Applicant's capacity request, the water and/or sanitary sewer capacity will be reserved for Applicant's use upon purchase of tapping fees and any applicable capital contribution fees. All fees are due no later than at time of issuance of building permit from the Township Zoning Officer.

NOTE: The approval of capacity by the Authority is not in any way a form of guarantee or approval of the proposed project or use. Approvals for development and land use are regulated by municipalities pursuant to various zoning, subdivision, and land development ordinances. Approval for wastewater service may be regulated or restricted by the Authority, the wastewater treatment plant owner or other state and federal agencies. Laws, regulations, restrictions, and court decisions beyond the control of the Authority may prohibit or delay the Applicant from receiving final approval to use all or a portion of the approved water and/or wastewater capacity.

9. I verify that all the statements made in the foregoing are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities. I understand that the Authority reserves the right to limit water usage and/or wastewater discharge for this project to the capacity approved by the Authority.

Furthermore, I acknowledge that all water and sanitary sewer construction must be performed in accordance with the Authority's specifications for construction. Copies of the Authority's specifications are available at the Authority office.

Property Owner or Legally Authorized Official:

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Applicant's Engineer (if applicable):

Name: _____

Firm: _____

Address: _____

Telephone: (_____) _____

Fax: (_____) _____

Email: _____

**EAST COCALICO TOWNSHIP AUTHORITY
CAPACITY REVIEW & REQUEST APPLICATION
ATTACHMENT A**

EXISTING RESIDENTIAL & NON-RESIDENTIAL BUILDING MODIFICATION APPLICATION

SECTION A – GENERAL INFORMATION

1. Applicant Name: _____
2. Mailing Address: _____
_____ Municipality: _____
3. Building or Facility Address (If different from mailing address): _____

4. Owner or Legally Authorized Official Name and Title: _____
_____ Telephone No.: (____) _____
Email Address: _____ Fax No.: (____) _____

SECTION B – DESCRIPTION OF PROPOSED BUILDING ADDITION OR ALTERATION

1. Will the proposed project involve any changes to the existing structure(s)? ☐ Yes ☐ No
2. Will the proposed project involve any changes to the existing plumbing facilities? ☐ Yes ☐ No
3. Will the proposed project utilize a sprinkler or fire suppression system? ☐ Yes ☐ No
4. Will the proposed project involve any changes in the use of the existing facility? ☐ Yes ☐ No
5. If a residential project, will the project result in an increase in water/sewer usage? ☐ Yes ☐ No

For residential projects, if “yes” was selected for Question 5, please attach to this application supporting documentation for the increase in water usage and/or wastewater discharge.

6. If a non-residential project, will new employees be added? ☐ Yes ☐ No

For non-residential projects resulting in water and/or wastewater usage greater than 506 GPD: If “yes” was selected for Questions 2, 3, 4 or 6, or if it is known that the proposed project will result in a change in water usage or wastewater discharge (volume or quality), the applicant must also complete Attachment B to the Capacity Review and Request Application: Non-Residential Water Usage and Wastewater Discharge Application.

For any other non-residential project, the Authority reserves the right to require the completion of the Non-Residential Water Usage and Wastewater Discharge Application should the Authority or the Authority Engineer determine that additional detail is required.

CONTINUED →

7. Briefly describe the proposed building addition or alteration to the existing residential unit or non-residential facility. The description should include proposed structural changes to the building, any proposed modifications to the existing plumbing facilities, and any proposed changes in the use of the building. (Attach additional sheets and diagrams as necessary).

SECTION C – CERTIFICATION

(By the Owner or Legally Authorized Representative named in SECTION A, Part 4)

I have personally examined and am familiar with the information submitted in this document and any attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I understand that there may be penalties, including the possibility of criminal prosecution, for providing false information.

Property Owner or Legally Authorized Official:

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Applicant's Engineer (if applicable):

Name: _____

Firm: _____

Address: _____

Telephone: (_____) _____

Fax: (_____) _____

Email: _____

** A copy of this form must be provided to the Township Zoning Officer.*

**EAST COCALICO TOWNSHIP AUTHORITY
CAPACITY REVIEW & REQUEST APPLICATION
ATTACHMENT B**

NON-RESIDENTIAL WATER USAGE & WASTEWATER DISCHARGE APPLICATION

SECTION A – GENERAL INFORMATION

1. Company Name: _____
2. Mailing Address: _____
_____ Municipality: _____
3. Facility Address (If different from mailing address): _____

4. Owner or Legally Authorized Official Name and Title: _____
_____ Telephone No.: (____) _____
Email Address: _____ Fax No.: (____) _____
5. This form provides information about (check one):
- ☐ An existing usage and/or discharge
- ☐ A proposed usage and/or discharge. Anticipated date of connection: _____

SECTION B – PRODUCT OR SERVICE INFORMATION

1. Briefly describe the manufacturing, production, or service activities your firm conducts and the related cooling and heating processes. Indicate which of these activities require water usage or produce non-residential waste: Describe individual processes at the facility as Process A, B, C, etc. (Attach additional sheets and diagrams as necessary).

SECTION C – PLANT OPERATIONAL CHARACTERISTICS

1. Shift Information:
 - a. Number of shifts per work day: ☐ 1 ☐ 2 ☐ 3
 - b. Work days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday
 - c. Number of employees per shift: 1st _____ 2nd _____ 3rd _____
 - d. Shift start times: 1st _____ 2nd _____ 3rd _____
 - e. Shift end times: 1st _____ 2nd _____ 3rd _____
2. Is facility operation subject to seasonal or other variation: ☐ Yes ☐ No
 If Yes, indicate: Months of peak operation: _____
 Other periods of peak operation: _____
3. Does facility operation shutdown for vacation, maintenance, or other reasons? ☐ Yes ☐ No
 If Yes, indicate period of when shutdown occurs: _____
4. Are any utility additions, process changes or expansions planned during the next three years that would alter water usage and/or wastewater volumes or characteristics? Consider both production processes and air or water pollution control processes.
☐ Yes ☐ No (If yes, attach a separate sheet to this form describing the nature of the planned changes or expansions and their effects on the water usage and/or wastewater volume and characteristics.)

SECTION D – WATER USAGE

1. List estimated average and peak water usage on premises. Peak quarterly usage to be based on the highest volume of water usage that occurs during a year as determined through actual or projected estimated usage. In most instances, and at a minimum, the peak quarterly usage will be the highest total volume of water usage in any consecutive three (3) month period divided by the number of days in that period.

<u>TYPE</u>	<u>ESTIMATED AVG ANNUAL WATER USAGE</u> (gallons per day)	<u>ESTIMATED PEAK DAILY WATER USAGE</u> (gallons per day)	<u>ESTIMATED PEAK QTRLY WATER USAGE</u> (gallons per day)
a. Process	_____	_____	_____
b. Cooling Systems:			
- Makeup	_____	_____	_____
- Evaporation	_____	_____	_____
- Bleedoff	_____	_____	_____
c. Boiler Systems:			
<u>Steam Boiler</u>			
- Makeup	_____	_____	_____
- System Losses	_____	_____	_____
- Boiler Blowdown	_____	_____	_____
<u>Hot Water Boiler</u>			
- Makeup	_____	_____	_____
- System Losses	_____	_____	_____
- Boiler Blowdown	_____	_____	_____

<u>TYPE</u>	<u>ESTIMATED AVG ANNUAL WATER USAGE</u> (gallons per day)	<u>ESTIMATED PEAK DAILY WATER USAGE</u> (gallons per day)	<u>ESTIMATED PEAK QTRLY WATER USAGE</u> (gallons per day)
d. Sanitary	_____	_____	_____
e. Equipment Washdown	_____	_____	_____
f. Irrigation	_____	_____	_____
g. Fireline maintenance flushing	_____	_____	_____
h. Other (Specify) e.g., Fountains	_____	_____	_____
i. TOTAL of a thru h	=====	=====	=====

2. List average annual, peak daily and peak quarterly water usage for each process at the facility. Processes A, B, C are the same as those in Section B.1. (Attach additional sheets if necessary.)

	<u>PROCESS A</u>	<u>PROCESS B</u>	<u>PROCESS C</u>
a. Process Description	_____	_____	_____
b. Is Process (check which applies)	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
c. If batch, number per day	_____	_____	_____
d. Avg. annual water use (gal/day)	_____	_____	_____
e. Peak daily water use (gal/day)	_____	_____	_____
f. Peak quarterly water use (gal/day)	_____	_____	_____

SECTION E – WASTEWATER DISCHARGE

1. Does this facility discharge OR HAVE THE POTENTIAL TO DISCHARGE any wastewater OTHER THAN from restrooms?

☐ Yes If the answer to this question is “Yes,” continue to complete this form.

☐ No If the answer to this question is “No,” skip to Section H and sign the certification statement on the last page of this form.

2. Does this facility operate evaporative cooling water systems? ☐ Yes ☐ No

If Yes, system rating in terms of refrigeration: _____

Will cooling bleedoff water be discharged via an NPDES Permit? ☐ Yes ☐ No

If Yes, NPDES Permit No.: _____

If No, proceed with remainder of form.

3. List average and peak volume of wastewater discharge and other water losses. Peak quarterly flow to be based on the highest volume of sanitary sewer flow that occurs during a year as determined through actual or projected usage. In most instances, and at a minimum, the Peak Quarterly Flow will be the highest total volume of sanitary sewer flow in any consecutive three (3) month period divided by the number of days in that period. All discharges must comply with all permits and requirements; Rates, Rules and Regulations; Specifications; and codes set forth by DEP, ECTA, IMG, Adamstown WWTP, or other governing agencies.

<u>TYPE</u>	<u>EST AVG ANNUAL WW DISCHARGE</u> (gallons per day)	<u>EST PEAK DAILY WW DISCHARGE</u> (gallons per day)	<u>EST PEAK QTRLY WW DISCHARGE</u> (gallons per day)
a. Municipal Sewer	_____	_____	_____
b. Watercourse, Storm Drain	_____	_____	_____
c. Waste Haulers	_____	_____	_____
d. On Lot Sewage System	_____	_____	_____
Must comply with East Cocalico Township guidelines and specifications			
e. Evaporation:			
- System Losses	_____	_____	_____
- Steam Generation	_____	_____	_____
f. Contained in Product	_____	_____	_____
g. Other (Specify)	_____	_____	_____
h. TOTAL of a thru g (Should equal TOTAL in item D.1 above)	=====	=====	=====

4. List average and peak wastewater discharge for each process at the facility. Processes A, B, C are the same as those in Section B.1. (Attach additional sheets if necessary.)

	<u>PROCESS A</u>	<u>PROCESS B</u>	<u>PROCESS C</u>
a. Process Description	_____	_____	_____
b. Is wastewater discharge (check which applies)	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
c. If batch, number per day	_____	_____	_____
d. Avg. annual wastewater discharge (gal/day)	_____	_____	_____
e. Peak daily wastewater discharge (gal/day)	_____	_____	_____
f. Peak quarterly wastewater discharge (gal/day)	_____	_____	_____

5. Attach a schematic water and wastewater flow diagram or scaled drawing, and show all possible sources of water and wastewater flow, including overflows. The diagram should include a water balance so that all water sources and discharges are accounted for.

SECTION F – SEWER METER

1. Will the non-residential wastewater discharge to the municipal sewer system be continuously metered?

☐ Yes ☐ No **If Yes**, please describe the metering facilities: _____

SECTION G – CHARACTERISTICS OF DISCHARGES

1. Provide the information requested below for the existing or proposed wastewater discharge.

CHARACTERISTIC CHEMICAL COMPOUND	ESTIMATED MAXIMUM DISCHARGE CONCENTRATION (Indicate units – mg/L, etc.)		
	BEFORE PRETREATMENT	AFTER PRETREATMENT (IF APPLICABLE)	BASED UPON SAMPLING? (YES/NO)
5-Day Biochemical Oxygen Demand			
pH			
Total Suspended Solids			
Total Kjeldahl Nitrogen			
Ammonia Nitrogen			
Nitrate/Nitrite			
Total Phosphorus			
Copper			
Mercury			
Silver			
Oil and Grease			
Other Pollutant Loadings			

If applicable, attach information on sampling procedures related to the compounds listed above, such as sample type (grab or composite), estimated flow during sample collection, etc.

SECTION H – CERTIFICATION

(By the Owner or Legally Authorized Representative named in SECTION A, Part 4)

I have personally examined and am familiar with the information submitted in this document and any attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I understand that there may be penalties, including the possibility of criminal prosecution, for providing false information.

Property Owner or Legally Authorized Official:

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Applicant's Engineer (if applicable):

Name: _____

Firm: _____

Address: _____

Telephone: (_____) _____

Fax: (_____) _____

Email: _____