

PROCESSING/TREATMENT: If sewerage is processed by another facility, identify the name and address of that plant.

If sewerage is processed by the applicant, identify the type of waste treatment utilized. (i.e., aerated lagoons, chlorination, ultra-violet disinfection...)

Identify the number and size of storage tanks on premises for the following:

Chemical	Size	No.	Chemical	Size	No.
Ferric Chloride			Potassium Permanganate		
Chlorine			Sodium Hypochlorite		
Sodium Hydroxide			Sodium Bisulfate		

Identify the method of sludge disposal.

Is sludge processed for use in any other product such as road fill or fertilizers? (Please specify.)

Are digesters enclosed or outdoors? _____

What is the approximate percent of sewage processed from industrial sources?

Are any industrial sources required to pre-treat their discharge for particular contaminants such as heavy metals?

Identify if the Authority utilizes trickle filters or rotating biological contactors. _____

LANDFILLS: If the authority owns (either active or closed) or operates any landfills complete the Supplemental Application for landfills.

PIPELINES: Identify the total miles of pipe owned and operated by the authority.

Identify the ages of the pipe.

Identify the material(s) that the pipe consists of _____
Identify any construction, repair or capital improvement projects anticipated for the upcoming policy period.

ADDITIONAL INFORMATION:

Identify the waterways into which effluents are discharged. _____

Have there been any claims against the Entity alleging pollution or contamination? (If so, provide details) _____

Identify the approximate number of sewer line backups or blockages experienced each year.

Identify the number of claims annually, related to sewer line backups or blockages. _____

Are any of the entity's properties located in watersheds or flood plains?

If the workers compensation policy declarations are not attached, identify payrolls as follows:

Officers and supervisors		Maintenance and repair	
Clerical staff		Drivers	
Chemists & samplers		Operations	

Signed by: _____ Date _____

Title _____