

UPPER ALLEGHENY JOINT SANITARY AUTHORITY

P. O. BOX 431

TARENTUM, PA 15084

Phone: (724) 224-2245

Fax: (724) 226-3696

SEWER CONNECTION PERMIT APPLICATION

Date: _____

Applicant's Name: _____

Address: _____

City, State & Zip: _____

Property Address to be connected to Authority Sewage System:

The party to whom this permit is issued agrees to perform all work in accordance with the Rules and Regulations of the Authority and all local, state and federal laws and regulations, including the requirement that all backfill must be mechanically tamped in 6" layers and all road and sidewalk areas restored as may be required by ordinance and/or the regulations of any other governmental agency with jurisdiction over same.

The Tapping Fee to be paid at time of submitting this application is:

For each EDU based on 208 GPD
Capacity Component \$1,500.00

Number of EDUs: _____

Amount Submitted: _____