

An Equal Opportunity Employer 124 Park and Pool Road
 New Stanton, PA 15672
 Phone: 724.755.5800
 1.800.442.6829



"Regional Water Wastewater Service"

Mailing Address
 P.O. Box 730
 Greensburg, PA 15601

www.mawc.org
 mawc@mawc.org

<u>IN-HOUSE USE ONLY</u>
Application Number:
Date:

APPLICATION FOR COMMERCIAL SEWER TAP

APPLICANT			
Company Name:			
Contact Person:		Title:	
Phone:	Email:	Fax:	
Mailing address:			
City:		State:	ZIP Code:
PROPERTY OWNER			
<input type="checkbox"/> Same as above			
Name:			
Phone:	Email:	Fax:	
Mailing address:			
City:		State:	ZIP Code:
PROPERTY INFORMATION			
Service Address:			
City:		State:	ZIP Code:
Municipality:	Tax Map Number:		Lot Number:
PROJECT INFORMATION			
Type of Project: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Subdivision			
Type of Building: <input type="checkbox"/> Residential Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Garage/Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other			
Building Description:			
Contractor Name:		Contractor Phone:	
Development:			
Previously Paid Tap Fee Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No		TFE Receipt Number:	
Existing Taps: <input type="checkbox"/> Yes <input type="checkbox"/> No		Existing Tap Number:	
Existing Water Account: <input type="checkbox"/> Yes <input type="checkbox"/> No		Existing Water Account Number:	
SIGNATURE			
Signature of Applicant:			Date:
The tap connection fee is listed in the Wastewater Service Rate Schedule, which is available at www.mawc.org			

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PLANNING			
Project:		Plan:	
Flows to Treatment Plant:			
Must Submit: <input type="checkbox"/> DEP Planning Module <input type="checkbox"/> DEP Planning Module Exemption			
Fee:	Date Paid:	Check Number:	Receipt Number:
DEP Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		DEP Code Number:	
Building Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Municipality:	
Number of Buildings:		Number of Laterals Per Building:	
Wye Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Oil/Water Separator: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grease Trap: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grinder Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Comments:			
TAP CONNECTION FEE			
Source of Information Used to Calculate Tap Fee:	<input type="checkbox"/> Water Usage History		<input type="checkbox"/> Number of Employees
	<input type="checkbox"/> Description of Facilities		<input type="checkbox"/> DEP Code 73 Flow Calculation
	<input type="checkbox"/> Planning Modules		<input type="checkbox"/> Estimated Discharge
Tap Fee Escrow (TFE) Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of EDUs:	Total TFE Due:
Name of Person TFE Quote Given To:			Date TFE Quote Given:
Date Deposited:		Amount Deposited:	
Check Number:		Receipt Number:	
Tap Allocation Date:			
Transfer Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
TFE Agreement Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Signed:	
Approved By:		Date of Approval:	
Tap Fee Payment: <input type="checkbox"/> Check		<input type="checkbox"/> From a Previously Paid TFE	
Check Number:		TFE Name:	TFE Receipt Number:
Receipt Number:		Date Deposited:	Allocation Date:
BILLING			
Date Billing to Begin:			
Number of Water Meters:			
Number of Tap Permits to be Issued:			
Number of EDUs Per Tap:			
Other Comments:			
Reviewed By:		Date Submitted for Processing:	