ERIE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES

INSTRUCTION TO APPLY FOR AN ERIE COUNTY SANITARY SEWER.

SANITARY SEWER

SERVICE CONNECTION PERMIT APPLICATION FOR

SINGLE-FAMILY/DUPLEX RESIDENTIAL
MULTI-FAMILY/RESIDENTIAL
INSTITUTIONAL, COMMERCIAL, INDUSTRIAL

***PLEASE PLAN AHEAD.* - Sewer taps may be delayed due to sewer capacity problems, potential pretreatment issues, inclement weather or governmental agreements.**

Prior to connecting a sanitary sewer service to an Erie County sanitary sewer line, a new customer needs to apply for and receive a SANITARY SEWER SERVICE CONNECTION PERMIT. Please complete the attached application.

THE FOLLOWING STEPS SHOULD BE TAKEN TO APPLY FOR A PERMIT:

1. There must be a sanitary sewer owned by Erie County available for public use at the service address.
2. **If you are applying for an INSTITUTIONAL, COMMERCIAL, or INDUSTRIAL SEWER PERMIT,** you must submit two (2) sets of detailed drawings (including plan and profile, proposed and existing topography and all buried utilities) and specifications of all proposed sanitary sewer lines on 24"x36" sheets and in PDF format for plan approval.
3. **ALL QUESTIONS** on the attached application ***MUST BE COMPLETED.***
4. **APPLICATIONS *WILL NOT BE PROCESSED*** until construction improvements have been completed.
5. **CONTRACTOR INSTALLING SERVICE LINE *MUST BE REGISTERED*** with D.O.E.S. Administration Division Office prior to the processing of this application.
6. If an existing on-site wastewater system will become obsolete after the new sewer service is installed, you will need to obtain a Sewer System Abandonment Permit from the Erie County Health Department (419)626-5623.
7. Drop off the application or mail it to: ERIE COUNTY
   DEPARTMENT OF ENVIRONMENTAL SERVICES
   P.O. Box 469, 554 River Road, Huron, OH 44839
   Office:(419) 433-7303 Fax:(419) 433-6214
8. The application will be reviewed and an invoice mailed to the "Applicant" within ten (10) working days from project acceptance and receipt of application.
9. **THE PERMIT WILL BE ISSUED UPON PAYMENT OF APPLICABLE FEES. PERMITS MUST BE ON-SITE DURING CONSTRUCTION.**
10. **CALL ERIE COUNTY ENGINEERING DIVISION TO SCHEDULE TAP A MINIMUM OF 2 WORKING DAYS PRIOR TO DIGGING.**
11. Review Sanitary Sewer Rule 23 – **BASEMENT FLOODING PROCEDURES**
12. You can view the Rules for the Maintenance, Protection, Use and Operation of the Erie County Sewerage System by going to Erie County's website at www.eriecounty.oh.gov/does.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

CONTACT	QUESTIONS CONCERNING:	TELEPHONE NUMBER
DOES - Administration Division	- Contractor Registration Procedures - List of Registered Contractors	(419) 433-7303
DOES - Billing Division	- Payment of fees	(419) 627-7638
DOES – Engineering Division	- Procedures - Calculation of fees - Scheduling of sewer service installation - Size of sewer main - Type of fittings - Location of service lateral	(419) 656-0577 B. Fleck cell
Erie County Health Department	- Sewage Treatment System Abandonment Permits	(419) 626-5623

Revised 01/26/13

ERIE COUNTY
DEPARTMENT OF ENVIRONMENTAL SERVICES

SANITARY SEWER
SERVICE CONNECTION PERMIT APPLICATION

FOR ERIE COUNTY USE ONLY

Date Appl. Recvd: _____
Contractor Appvd: _____
Invoice Mailed/Fax'd: _____
Fee Amount Paid: _____
Permit #: _____
Date Permit Issued: _____
Date Tap Completed: _____
Application Scanned _____

PERMIT FEES INCREASES PAID

DATE	AMOUNT

1. **SELECT TYPE OF APPLICATION YOU ARE APPLYING FOR:**

☐ SINGLE-FAMILY / DUPLEX RESIDENTIAL

☐ MULTI-FAMILY / RESIDENTIAL

☐ INSTITUTIONAL, COMMERCIAL, INDUSTRIAL

2. **APPLICANT'S NAME AND ADDRESS IS WHERE THE INVOICE WILL BE MAILED.**

APPLICANT'S NAME: _____
PLEASE PRINT

APPLICANT'S ADDRESS: _____
STREET

_____
CITY, STATE ZIP CODE

TELEPHONE NO: (____) _____ (_____) _____

3. **PROPERTY OWNER'S NAME AND ADDRESS:**

PROPERTY OWNER'S NAME (if different from 1): _____
PLEASE PRINT

PROPERTY OWNER'S ADDRESS: _____
STREET

_____
CITY, STATE ZIP CODE

TELEPHONE NO: (____) _____ (_____) _____
AREA CODE / RESIDENCE AREA CODE / OTHER

EMAIL ADDRESS: _____

4. **ADDRESS WHERE SEWER SERVICE CONNECTION WILL BE INSTALLED:**

LOT NO. HOUSE NO. STREET NAME

CITY OR VILLAGE STATE ZIP CODE

TOWNSHIP, if applicable PARCEL NO., if assigned

BUSINESS NAME (Store / Plaza Name)

SUB-DIVISION NAME BLDG # UNIT # (s) PHASE #

APPLICATION FOR

SANITARY SEWER SERVICE CONECTION PERMIT

5. PLEASE MARK ONE OF THE FOLLOWING:

_____ News home/business being constructed

_____ Existing home/business

6A. COMPLETE THIS BOX **ONLY** IF APPLYING FOR **SINGLE FAMILY / DUPLEX RESIDENTIAL SERVICE:**

TYPE OF PREMISES TO BE CONNECTED TO SANITARY SEWER (check one):

a. _____ Single Family Residence

b. _____ Duplex Residence

_____ Number of One (1) Bedroom Units

_____ Number of Two (2) Bedroom Units

_____ Number of Three (3) Bedroom Units

c. _____ Condominium (individually owned unit)

NOTE: Applicants requesting sewer service to condominium property are subject to the provisions of Rule 1, Section 7 and Section 8 of the Rules. No permit for a connection to the Sewerage System will be issued until the requirements of said Rule have been complied with.

6B. COMPLETE THIS BOX **ONLY** IF APPLYING FOR **MULTI-FAMILY/RESIDENTIAL SERVICE:**

TYPE OF PREMISES TO BE CONNECTED TO SANITARY SEWER (check one):

a. _____ Multi-Family Residence (apartments)

_____ Number of One (1) Bedroom Units

_____ Number of Two (2) Bedroom Units

_____ Number of Three (3) Bedroom Units

b. _____ Condominium (multi-level "stacked" units)

_____ Number of One (1) Bedroom Units

_____ Number of Two (2) Bedroom Units

_____ Number of Three (3) Bedroom Units

NOTE: Applicants requesting sewer service to condominium property are subject to the provisions of Rule 1, Section 7 and Section 8 of the Rules. No permit for a connection to the Sewerage System will be issued until the requirements of said Rule have been complied with.

6C. COMPLETE THIS BOX **ONLY** IF APPLYING FOR **INSTITUTIONAL, COMMERICAL, INDUSTRIAL SERVICE:**

TYPE OF PREMISES TO BE CONNECTED TO SANITARY SEWER (check one):

a. **IF INSTITUTIONAL**, list type of institution (i.e school, medical, dentist, nursing home, church, etc.)

_____

_____ Number of residents, students, inmates, etc.
_____ Number of employees

Attach a copy of site plan signed by a licensed Professional Engineer of Ohio detailing sewer service line, grease trap/oil interceptor (if required), building dimensions, location of County sewer line to which connection will be made, and all pertinent details. Include floor and plumbing plans showing all plumbing fixtures.

b. **IF COMMERCIAL**, list type of business (i.e. restaurant, motel/hotel, store, car wash, greenhouse, other office, etc.)

_____

_____ Seating capacity
_____ Number of employees
_____ Number of units (if motel/hotel)
_____ Will there be a commercial kitchen? (Yes/No)

Attach a copy of site plan signed by a licensed Professional Engineer of Ohio detailing sewer service line, grease trap/oil interceptor (if required), building dimensions, location of County sewer line to which connection will be made, and all pertinent details. Include floor and plumbing plans showing all plumbing fixtures.

c. **IF INDUSTRIAL**, list type of business (i.e. manufacturing, processing, assembling, etc.)

_____

_____ Number of employees
_____ This business will have Industrial Process Water Discharge. (Yes / No)

1. If YES, what type: _____
2. If YES, you will also need to complete the Ohio EPA Indirect Discharge Permit Application Form before the permit is issued.

The "Ohio EPA Indirect Discharge Permit Application" can be found at:
http://www.epa.state.oh.us/dsw/pretreatment/IDPapplication_fis.pdf or Erie County's web site.
Submit completed forms to both the Ohio EPA and Erie County D.O.E.S.

Attach a copy of site plan signed by a licensed Professional Engineer of Ohio detailing sewer service line, grease trap/oil interceptor (if required), building dimensions, location of County sewer line to which connection will be made, and all pertinent details. Include floor and plumbing plans showing all plumbing fixtures.

d. Engineer's estimated average water usage: _____ gpd.

APPLICATION FOR

SANITARY SEWER SERVICE CONECTION PERMIT

7. **INSTALLMENT PAYMENT OPTION:** Connection/Permit Fees which total in excess of $1,500.00 may be paid in installments over a five (5) year period. 20% down is required prior to the permit being issued. This option will include 60 monthly installment payments based on the Star Ohio Interest Rate, plus 2% given to the County Treasurer on its investments from the previous month. (See Rule 3 – Connection/Permit Fees, Section 4 of the Rules for the Maintenance, Protection, Use and Operation of the Erie County Sewerage System.)

☐ YES, I am interested in applying for the Installment Payment option.

☐ NO, I will pay 100% of the amount owed before the Service Connection Permit is issued.

8. **CONTRACTOR INSTALLING SERVICE LINE:**
Please select a Contractor from the current "Registered Contractors" list. You should call the Contractor prior to completing this application to ensure they are available to install your line. Erie County's Registered Contractors receive a monthly notice of Tap Applications submitted using their name as the Registered Contractor.

Contractor must be registered with the Erie County Department of Environmental Services in accordance with the requirements set forth in Rule 24-Section 1: Any Contractor who constructs, installs, improves or modifies County sanitary sewer lines or private service connections and building drains which are ultimately connected to a County sanitary sewer must be registered annually with the Department of Environmental Services in the same year and prior to such tasks being performed. **(APPLICATION FOR A SERVICE CONNECTION WILL NOT BE PROCESSED UNTIL THIS REQUIREMENT HAS BEEN COMPLETED.)**

CONTRACTOR NAME _____

STREET _____ POST OFFICE BOX NO. _____

CITY _____ STATE _____ ZIP CODE _____

( ) AREA CODE / BUSINESS _____ AREA CODE / FAX _____

9. The undersigned hereby applies to Erie County for a service connection permit and agrees to pay all permit fees within thirty (30) days of invoice date or will be subject to fee increases and to comply with all requirements of the Rules for the Maintenance, Protection, Use and Operation and all Standards and Rules and Regulations now or hereafter established by Erie County, Ohio.

SIGNATURE: _____ DATE: _____
PROPERTY OWNER OR AUTHORIZED AGENT

DO NOT SEND PAYMENT WITH THE APPLICATION. YOU WILL BE INVOICED AFTER THE APPLICATION HAS BEEN PROCESSED.

OhioEPA

INDIRECT DISCHARGE PERMIT APPLICATION FORM

Office Use Only

Date Received: ____ /____ /____
Application Fee Rec.? Y N
Check # _____ Date: ____ /____ /____
Permit Fee Rec.: ____ /____ /____
Check # _____ Date: ____ /____ /____
Amount $ _____ P R F

PLEASE DO NOT ATTEMPT TO COMPLETE THIS FORM WITHOUT READING THE INSTRUCTIONS

1. Permit Action Applying for: ☐ New ☐ Renewal ☐ Modification

   If renewal, current permit number: ☐☐☐☐☐☐☐☐☐☐☐

2. Waste Water Source is: ☐ Proposed ☐ Existing

3. Company Name: _____

4. Contact Name/Title: _____

5. Mailing Address: _____

   City: _____ State: _____ Zip: _____

6. Billing Address: _____

   City: _____ State: _____ Zip: _____

   Contact Person/Title: _____

7. Facility Name: _____

8. Facility Address: _____

   City: _____ State: _____ Zip: _____

   County: _____ Latitude: _____ Longitude: _____

9. Facility Contact Name/Title: _____

   Telephone Number: _____ FAX: _____

10. POTW Receiving Wastewater Discharge: _____

11. Describe Products Made, Services Performed and Materials Used:

    _____

    _____

12. Number of Production Days per Week: _____ Shifts/Day: _____ Hours/Shift: _____

13. Number of Employees per Shift: 1st _____ 2nd _____ 3rd _____

14. Description of Wastewater Treatment System: _____

    _____

    _____

Click to clear all entered information (on all 6 pages of this form) CLEAR

15. Description of Discharge Location: _____

Manufacturing Process (Tributary to discharge location described in 15)

		Flow (gpd) Average	Flow (gpd) Maximum	(C)ontinuous or (B)atch	Frequency of Batch Discharge	Production Rate	Date Installed (month/year)
A)							
B)							
C)							
	Total Flow:						

Dilution Water Sources (Tributary to discharge location described in 15)

A)					
B)					
C)					
	Total Flow:				

Sludge/Residual

16. Are residuals/sludges generated? ☐ Yes ☐ No

If 'Yes':

	Source of Sludge/Residual	Hazardous Waste	Name of Hauler	Disposal Method	Frequency	Amount
A)						
B)						
C)						

17. If this is a new permit or modification, was a Permit to Install obtained? ☐ Yes ☐ No PTI #: _____

18. If this is a modification request, describe the modification in detail. Attach extra sheets if necessary.

19. Is the facility regulated by any other environmental permits? ☐ Yes ☐ No

If 'Yes', list them here: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature _____ Date _____

Name (typed or printed) _____ Title _____

INDIRECT DISCHARGE PERMIT SAMPLING REPORT FORM

SAMPLING LOCATION: _____

_____

_____

GROUP A: DISCHARGE CHARACTERISTICS AND POLLUTANTS REQUIRED TO BE REPORTED BY ALL APPLICANTS

Parameter	Results	Units
Biological Oxygen Demand (BOD - 5 day)		
Chemical Oxygen Demand (COD)		
Total Organic Carbon (TOC)		
Total Suspended Solids (TSS)		
Ammonia (as N)		
Temperature (maximum)		
Temperature (average)		
pH		

GROUP B: TOXIC POLLUTANTS REQUIRED TO BE TESTED BY ALL APPLICANTS IF REGULATED BY CATEGORICAL STANDARDS OR IF KNOWN OR BELIEVED TO BE PRESENT

Parameter	CAS	Believed Absent	Believed Present	Results	Units
Bromide	24959-67-9	[ ]	[ ]		
Fluoride	16984-48-8	[ ]	[ ]		
Oil and Grease		[ ]	[ ]		
Phosphorus, Total	7723-14-0	[ ]	[ ]		
Radioactivity		[ ]	[ ]		
Alpha, Total		[ ]	[ ]		
Beta, Total		[ ]	[ ]		
Radium, Total		[ ]	[ ]		
Sulfate	14808-79-8	[ ]	[ ]		
Sulfide		[ ]	[ ]		
Sulfite	14265-45-3	[ ]	[ ]		
Surfactants		[ ]	[ ]		
Aluminum, Total	7429-90-5	[ ]	[ ]		
Barium, Total	7440-39-3	[ ]	[ ]		
Boron, Total	7440-42-8	[ ]	[ ]		
Cobalt, Total	7440-48-4	[ ]	[ ]		
Iron, Total	7439-89-4	[ ]	[ ]		
Magnesium, Total	7439-95-4	[ ]	[ ]		
Molybdenum, Total	7439-98-7	[ ]	[ ]		
Manganese, Total	7439-96-5	[ ]	[ ]		
Tin, Total	7440-31-5	[ ]	[ ]		
Titanium, Total	7440-32-6	[ ]	[ ]		
Phenols, Total		[ ]	[ ]		

GROUP C: METALS, DIOXIN AND GC/MS FRACTION

Parameter	CAS	Believed Absent	Believed Present	Testing Required	Results	Units
METALS						
Antimony, Total	7440-36-0	[ ]	[ ]	[ ]	_____	_____
Arsenic, Total	7440-38-2	[ ]	[ ]	[ ]	_____	_____
Beryllium, Total	7440-41-7	[ ]	[ ]	[ ]	_____	_____
Cadmium, Total	7440-43-9	[ ]	[ ]	[ ]	_____	_____
Chromium, Total	7440-43-3	[ ]	[ ]	[ ]	_____	_____
Copper, Total	7440-50-8	[ ]	[ ]	[ ]	_____	_____
Lead, Total	7439-92-1	[ ]	[ ]	[ ]	_____	_____
Mercury, Total	7439-97-6	[ ]	[ ]	[ ]	_____	_____
Nickel, Total	7440-02-0	[ ]	[ ]	[ ]	_____	_____
Selenium, Total	7782-49-2	[ ]	[ ]	[ ]	_____	_____
Silver, Total	7440-22-4	[ ]	[ ]	[ ]	_____	_____
Thallium, Total	7440-28-0	[ ]	[ ]	[ ]	_____	_____
Zinc, Total	7440-66-6	[ ]	[ ]	[ ]	_____	_____
Cyanide, Total	57-12-5	[ ]	[ ]	[ ]	_____	_____
DIOXIN						
2,3,7,8-Tetrachloro-dibenzo-P-Dioxin	1764-01-6	[ ]	[ ]	[ ]	_____	_____
GC/MS FRACTION - Volatile Compounds						
Acrolein	107-02-8	[ ]	[ ]	[ ]	_____	_____
Acrylonitrile	107-13-1	[ ]	[ ]	[ ]	_____	_____
Benzene	71-43-2	[ ]	[ ]	[ ]	_____	_____
Bromoform	75-25-2	[ ]	[ ]	[ ]	_____	_____
Carbon Tetrachloride	56-23-5	[ ]	[ ]	[ ]	_____	_____
Chlorobenzene	108-90-7	[ ]	[ ]	[ ]	_____	_____
Chlorodibromomethane	124-48-1	[ ]	[ ]	[ ]	_____	_____
Chloroethane	75-00-3	[ ]	[ ]	[ ]	_____	_____
2-Chloroethylvinyl Ether	110-75-8	[ ]	[ ]	[ ]	_____	_____
Chloroform	67-66-3	[ ]	[ ]	[ ]	_____	_____
Dichlorobromomethane	75-27-4	[ ]	[ ]	[ ]	_____	_____
1,1-Dichloroethane	75-34-3	[ ]	[ ]	[ ]	_____	_____
1,2-Dichloroethane	107-06-2	[ ]	[ ]	[ ]	_____	_____
1,1-dichloroethylene	75-35-4	[ ]	[ ]	[ ]	_____	_____
1,2-Dichloropropane	78-87-5	[ ]	[ ]	[ ]	_____	_____
1,3-Dichloropropylene	542-75-6	[ ]	[ ]	[ ]	_____	_____
Ethylbenzene	100-41-4	[ ]	[ ]	[ ]	_____	_____
Methyl Bromide	74-83-9	[ ]	[ ]	[ ]	_____	_____
Methyl Chloride	74-87-3	[ ]	[ ]	[ ]	_____	_____
Methylene Chloride	75-09-2	[ ]	[ ]	[ ]	_____	_____
1,1,2,2-Tetrachloroethane	79-34-5	[ ]	[ ]	[ ]	_____	_____
Tetrachloroethylene	127-18-4	[ ]	[ ]	[ ]	_____	_____
Toluene	108-88-3	[ ]	[ ]	[ ]	_____	_____
1,2-Trans-Dichloroethylene	156-60-5	[ ]	[ ]	[ ]	_____	_____
1,1,1-Trichloroethane	71-55-6	[ ]	[ ]	[ ]	_____	_____
1,1,2-Trichloroethane	79-00-5	[ ]	[ ]	[ ]	_____	_____
Trichloroethylene	79-01-6	[ ]	[ ]	[ ]	_____	_____
Vinyl Chloride	75-01-4	[ ]	[ ]	[ ]	_____	_____

GROUP C: METALS, DIOXIN AND GC/MS FRACTION, CON'T.

Parameter	CAS	Believed Absent	Believed Present	Testing Required	Results	Units
GC/MS FRACTION - Acid Compounds						
2-Chlorophenol	95-57-8	[ ]	[ ]	[ ]	_____	_____
2,4-Dichlorophenol	120-83-2	[ ]	[ ]	[ ]	_____	_____
2,4-Dimethylphenol	105-67-9	[ ]	[ ]	[ ]	_____	_____
4,6-Dinitro-O-Cresol	534-52-1	[ ]	[ ]	[ ]	_____	_____
2,4-Dinitrophenol	51-28-5	[ ]	[ ]	[ ]	_____	_____
2-Nitrophenol	88-75-5	[ ]	[ ]	[ ]	_____	_____
4-Nitrophenol	100-02-7	[ ]	[ ]	[ ]	_____	_____
P-Chloro-M-Cresol	59-50-7	[ ]	[ ]	[ ]	_____	_____
Pentachlorophenol	87-86-5	[ ]	[ ]	[ ]	_____	_____
Phenol	108-95-2	[ ]	[ ]	[ ]	_____	_____
2,4,6-Trichlorophenol	88-06-2	[ ]	[ ]	[ ]	_____	_____
GC/MS FRACTION - Base/Neutral Compounds						
Acenaphthene	83-32-9	[ ]	[ ]	[ ]	_____	_____
Acenaphthylene	208-96-8	[ ]	[ ]	[ ]	_____	_____
Anthracene	120-12-7	[ ]	[ ]	[ ]	_____	_____
Benzidine	92-87-5	[ ]	[ ]	[ ]	_____	_____
Benzo (a) Antracene	56-55-3	[ ]	[ ]	[ ]	_____	_____
Benzo (a) Pyrene	50-32-8	[ ]	[ ]	[ ]	_____	_____
3,4-Benzofluoranthene	205-99-2	[ ]	[ ]	[ ]	_____	_____
Benzo (ghi) Perylene	191-24-2	[ ]	[ ]	[ ]	_____	_____
Benzo (k) Fluoranthene	207-08-9	[ ]	[ ]	[ ]	_____	_____
Bis (2-Chloroethoxy) Methane	111-91-1	[ ]	[ ]	[ ]	_____	_____
Bis (2-Chloroethyl) Ether	111-44-4	[ ]	[ ]	[ ]	_____	_____
Bis (2-Chloroisopropyl) Ether	102-60-1	[ ]	[ ]	[ ]	_____	_____
Bis (2-Ethylhexyl) Phthalate	117-81-7	[ ]	[ ]	[ ]	_____	_____
4-Bromophenyl Phenyl Ether	101-55-3	[ ]	[ ]	[ ]	_____	_____
Butyl Benzyl Phthalate	85-68-7	[ ]	[ ]	[ ]	_____	_____
2-Chloronaphthalene	91-58-7	[ ]	[ ]	[ ]	_____	_____
4-Chlorophenyl Phenyl Ether	7005-72-3	[ ]	[ ]	[ ]	_____	_____
Chrysene	218-01-9	[ ]	[ ]	[ ]	_____	_____
Dibenzo (a,h) Anthracene	53-70-3	[ ]	[ ]	[ ]	_____	_____
1,2-Dichlorobenzene	95-50-1	[ ]	[ ]	[ ]	_____	_____
1,3-Dichlorobenzene	541-73-1	[ ]	[ ]	[ ]	_____	_____
1,4-Dichlorobenzene	106-46-7	[ ]	[ ]	[ ]	_____	_____
3,3'-Dichlorobenzidine	91-94-1	[ ]	[ ]	[ ]	_____	_____
Diethyl Phthalate	84-66-2	[ ]	[ ]	[ ]	_____	_____
Dimethyl Phthalate	131-11-3	[ ]	[ ]	[ ]	_____	_____
Di-N-Butyl Phthalate	84-74-2	[ ]	[ ]	[ ]	_____	_____
2,4-Dinitrotoluene	121-14-2	[ ]	[ ]	[ ]	_____	_____
2,6-Dinitrotoluene	606-20-2	[ ]	[ ]	[ ]	_____	_____
Di-N-Octyl-Phthalate	117-84-0	[ ]	[ ]	[ ]	_____	_____
1,2-Diphenylhydrazine	122-66-7	[ ]	[ ]	[ ]	_____	_____
Fluoranthene	206-44-0	[ ]	[ ]	[ ]	_____	_____
Fluorene	86-73-7	[ ]	[ ]	[ ]	_____	_____
Hexachlorobenzene	118-74-1	[ ]	[ ]	[ ]	_____	_____
Hexachlorobutadiene	87-68-3	[ ]	[ ]	[ ]	_____	_____
Hexachlorocyclopentadiene	77-47-4	[ ]	[ ]	[ ]	_____	_____
Hexachloroethane	67-72-1	[ ]	[ ]	[ ]	_____	_____
Indeno (1,2,3-cd) Pyrene	193-39-5	[ ]	[ ]	[ ]	_____	_____

GROUP C: METALS, DIOXIN AND GC/MS FRACTION, CON'T.

Parameter	CAS	Believed Absent	Believed Present	Testing Required	Results	Units
GC/MS FRACTION - Base/Neutral Compounds, con't						
Isophorone	78-59-1	[ ]	[ ]	[ ]	_____	_____
Naphthalene	91-20-3	[ ]	[ ]	[ ]	_____	_____
Nitrobenzene	98-95-3	[ ]	[ ]	[ ]	_____	_____
N-Nitrosodimethylamine	62-75-9	[ ]	[ ]	[ ]	_____	_____
N-Nitrosodi-N-Propylamine	621-64-7	[ ]	[ ]	[ ]	_____	_____
N-Nitrosodiphenylamine	86-30-6	[ ]	[ ]	[ ]	_____	_____
Phenanthrene	85-01-8	[ ]	[ ]	[ ]	_____	_____
Pyrene	129-00-0	[ ]	[ ]	[ ]	_____	_____
1,2,3-Trichlorobenzene	120-82-1	[ ]	[ ]	[ ]	_____	_____
GC/MS FRACTION - Pesticides						
Aldrin	309-00-2	[ ]	[ ]	[ ]	_____	_____
alpha-BHC	319-84-6	[ ]	[ ]	[ ]	_____	_____
beta-BHC	319-85-7	[ ]	[ ]	[ ]	_____	_____
gamma-BHC	58-89-9	[ ]	[ ]	[ ]	_____	_____
delta-BHC	319-86-8	[ ]	[ ]	[ ]	_____	_____
Chlordane	87-74-9	[ ]	[ ]	[ ]	_____	_____
4,4'-DDT	50-29-3	[ ]	[ ]	[ ]	_____	_____
4,4'-DDE	72-55-9	[ ]	[ ]	[ ]	_____	_____
4,4'-DDD	72-54-8	[ ]	[ ]	[ ]	_____	_____
Dieldrin	60-57-1	[ ]	[ ]	[ ]	_____	_____
alpha-Endosulfan	115-29-7	[ ]	[ ]	[ ]	_____	_____
beta-Endosulfan	115-29-7	[ ]	[ ]	[ ]	_____	_____
Endosulfan Sulfate	1031-07-8	[ ]	[ ]	[ ]	_____	_____
Endrin	72-20-8	[ ]	[ ]	[ ]	_____	_____
Endrin Aldehyde	7421-93-4	[ ]	[ ]	[ ]	_____	_____
Heptachlor	76-44-8	[ ]	[ ]	[ ]	_____	_____
Heptachlor Epoxide	1024-57-3	[ ]	[ ]	[ ]	_____	_____
PCB-1242	53469-21-9	[ ]	[ ]	[ ]	_____	_____
PCB-1254	11097-69-1	[ ]	[ ]	[ ]	_____	_____
PCB-1221	11104-28-2	[ ]	[ ]	[ ]	_____	_____
PCB-1232	11141-16-5	[ ]	[ ]	[ ]	_____	_____
PCB-1248	12672-29-6	[ ]	[ ]	[ ]	_____	_____
PCB-1260	11096-82-5	[ ]	[ ]	[ ]	_____	_____
PCB-1016	12674-11-2	[ ]	[ ]	[ ]	_____	_____
Toxaphene	8001-35-2	[ ]	[ ]	[ ]	_____	_____

APPLICATION FOR

SANITARY SEWER SERVICE CONECTION PERMIT

7. **INSTALLMENT PAYMENT OPTION:** Connection/Permit Fees which total in excess of $1,500.00 may be paid in installments over a five (5) year period. 20% down is required prior to the permit being issued. This option will include 60 monthly installment payments based on the Star Ohio Interest Rate, plus 2% given to the County Treasurer on its investments from the previous month. (See Rule 3 – Connection/Permit Fees, Section 4 of the Rules for the Maintenance, Protection, Use and Operation of the Erie County Sewerage System.)

☐ YES, I am interested in applying for the Installment Payment option.

☐ NO, I will pay 100% of the amount owed before the Service Connection Permit is issued.

8. **CONTRACTOR INSTALLING SERVICE LINE:**
Please select a Contractor from the current "Registered Contractors" list. You should call the Contractor prior to completing this application to ensure they are available to install your line. Erie County's Registered Contractors receive a monthly notice of Tap Applications submitted using their name as the Registered Contractor.

Contractor must be registered with the Erie County Department of Environmental Services in accordance with the requirements set forth in Rule 24-Section 1: Any Contractor who constructs, installs, improves or modifies County sanitary sewer lines or private service connections and building drains which are ultimately connected to a County sanitary sewer must be registered annually with the Department of Environmental Services in the same year and prior to such tasks being performed. **(APPLICATION FOR A SERVICE CONNECTION WILL NOT BE PROCESSED UNTIL THIS REQUIREMENT HAS BEEN COMPLETED.)**

CONTRACTOR NAME _____

STREET _____ POST OFFICE BOX NO. _____

CITY _____ STATE _____ ZIP CODE _____

( ) _____ AREA CODE / BUSINESS

AREA CODE / FAX _____

9. The undersigned hereby applies to Erie County for a service connection permit and agrees to pay all permit fees within thirty (30) days of invoice date or will be subject to fee increases and to comply with all requirements of the Rules for the Maintenance, Protection, Use and Operation and all Standards and Rules and Regulations now or hereafter established by Erie County, Ohio.

SIGNATURE: _____ DATE: _____
PROPERTY OWNER OR AUTHORIZED AGENT

DO NOT SEND PAYMENT WITH THE APPLICATION. YOU WILL BE INVOICED AFTER THE APPLICATION HAS BEEN PROCESSED.