

# New I/A System Permit Summary Sheet

## Site Information

Town:	_____	Town Permit #	_____
Assessor Map/Parcel:	_____	Unique Town ID #	_____
Site Address:	_____		
Owner Name:	_____		
Altername Name:	_____		
Home Phone:	_____	Mailing Address:	_____
Work Phone:	_____		_____

## Title 5 Information

Building Type/Use:	_____			Design Flow:	_____
Seasonal:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Bedrooms:	_____
Title V N.S.A.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Lot Size:	_____

## Non-standard components:

Please list all components e.g. I/A treatment unit, pump chamber, pre- and post equalization tanks, pressure distribution SAS, effluent filter, UV unit, etc., **and maintenance schedule for each component** e.g. quarterly, 2x/yr, annual, etc.

## I/A Treatment Unit

Make and Model:	_____			DEP Permit Type:	<input type="checkbox"/> General
Inspection Frequency:	_____				<input type="checkbox"/> Provisional
Approval Date:	_____	COC Date:	_____		<input type="checkbox"/> Remedial
Contract Entity:	_____				<input type="checkbox"/> Pilot
Contract Start Date:	_____	Contract Duration:	_____	DEP Permit ID #	_____
Installation Date:	_____	Unit Startup Date:	_____		

## Influent/Effluent Monitoring Requirements and Water Quality Limits

Please indicate water quality parameters that must be monitored and any town mandated water quality limits; if no limits are shown, we will assume parameters and effluent limits specified in the system's DEP approval will apply.

### Effluent

pH <input type="checkbox"/>	BOD <sub>5</sub> <input type="checkbox"/>	CBOD <input type="checkbox"/>	TSS <input type="checkbox"/>	TN <input type="checkbox"/>
Nitrate <input type="checkbox"/>	Nitrite <input type="checkbox"/>	Organic N <input type="checkbox"/>	Ammonia <input type="checkbox"/>	TKN <input type="checkbox"/>
Fecal Coliform <input type="checkbox"/>	Total P <input type="checkbox"/>	Organic P <input type="checkbox"/>	TDS <input type="checkbox"/>	Oil/Grease <input type="checkbox"/>
Conductance <input type="checkbox"/>	Alkalinity <input type="checkbox"/>	Water Usage <input type="checkbox"/>	Temp. <input type="checkbox"/>	
Monitoring Schedule:	_____			
Other Applicable Limits:	_____			

### Influent

pH <input type="checkbox"/>	BOD <sub>5</sub> <input type="checkbox"/>	CBOD <input type="checkbox"/>	TSS <input type="checkbox"/>	TN <input type="checkbox"/>
Nitrate <input type="checkbox"/>	Nitrite <input type="checkbox"/>	Organic N <input type="checkbox"/>	Ammonia <input type="checkbox"/>	TKN <input type="checkbox"/>
Fecal Coliform <input type="checkbox"/>	Total P <input type="checkbox"/>	Organic P <input type="checkbox"/>	TDS <input type="checkbox"/>	Oil/Grease <input type="checkbox"/>
Conductance <input type="checkbox"/>	Alkalinity <input type="checkbox"/>	Water Usage <input type="checkbox"/>	Temp. <input type="checkbox"/>	
Monitoring Schedule:	_____			
Other Applicable Limits:	_____			