

New I/A System Permit Summary Sheet

Site Information

Town:	_____	Town Permit #	_____
Assessor Map/Parcel:	_____	Unique Town ID #	_____
Site Address:	_____		
Owner Name:	_____		
Alternate Name:	_____		
Phone:	_____	Mailing Address:	_____
Email:	_____		_____

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.:	No <input type="checkbox"/> Zone II/ <input type="checkbox"/> On-site Well <input type="checkbox"/> IWPA	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:	_____
Inspection Frequency:	_____

Approval Date:	_____	COC Date	_____	Startup Date:	_____	Installation Date:	_____
Contract Entity:	_____						
Contract Start Date:	_____	Contract Duration:	_____				

DEP Approval:	<input type="checkbox"/> General	<input type="checkbox"/> General with Nitrogen Reduction	
	<input type="checkbox"/> Remedial	<input type="checkbox"/> Provisional	<input type="checkbox"/> Pilot
			DEP Permit ID # _____

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 ₅ _____	CBOD _____	TSS _____	TN _____
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 ₅ _____	CBOD _____	TSS _____	TN _____
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: _____			