

**MOUNT PLEASANT TOWNSHIP
BOARD OF SUPERVISORS**

31 McCarrell Road
Hickory, PA 15340

(724) 356-7974 • (724) 356-7510
Fax: (724) 356-7751

E-Mail: mpt@mpt-pa.com
www.mpt-pa.com

SMALL- FLOW TREATMENT FACILITIES APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

PARCEL ID #: _____

LOCATION ON PROPERTY OF SYSTEM: _____

1. ATTACH A COPY OF THE DEP APPROVAL OF THE SMALL-FLOW TREATMENT FACILITY
2. ATTACH A COPY OF THE AGREEMENT BETWEEN THE PROPERTY OWNER AND THE TOWNSHIP WHEREBY THE PROPERTY OWNER AGREES TO ASUME ALL MAINTENANCE, PERFORMANCE AND TESTING REQUIREMENTS REQUIRED BY THE PENNSYLVANIA DEP.
3. INCLUDE A CHECK FOR MADE PAYABLE TO MOUNT PLEASANT TOWNSHIP TO COVER ADMINISTRATION COSTS AS PER CHAPTER 162 AND THE CURRENT FEE SCHEDULE. **CHECK NO.** _____ **AMT** \$100.00 **DATE** _____
4. ATTACH A COPY OF THE COST ESTIMATE FOR THE SYSTEM AND INSTALLATION.
5. INCLUDE A SEPARATE CHECK MADE PAYABLE TO MOUNT PLEASANT
6. TOWNSHIP IN THE AMOUNT OF 10% OF THE TOTAL COST OF THE SYSTEM INCLUDING INSTALLATION OR \$2,000.00 WHICHEVER IS GREATER TO GUARANTEE THAT THE TOWNSHIP WILL BE REIMBURSED AND INDEMNIFIED FOR ANY LIABILITY, COSTS AND EXPENSES WHICH SHALL OR MAY BE INCURRED BY THE MUNICIPALITY IN ACTIONS TO ENFORCE COMPLIANCE BY THE LANDOWNER WITH THE SYSTEM ORDINANCE AND ANY PROPERLY ENACTED AMENDMENT THEREOF. LIABILITY OF THE TOWNSHIP ALSO INCLUDES ANY FINES, SANCTIONS OR ACTS BY A THIRD PARTY BY REASON OF THE LANDOWNER'S FAILURE TO COMPLY WITH THE SMALL FLOW TREATMENT FACILITY ORDINANCE OR ANY LAWS AND REGULATIONS OF THE COMMONWEALTH OF PENNSYLVANIA AND IT'S ENTITIES.
CHECK NO. _____ **AMT** _____ **DATE** _____

7. I HEREBY AGREE TO ABIDE BY THE SMALL-FLOW TREATMENT FACILITY ORDINANCE, RULES AND REGULATIONS OF THE TOWNSHIP OF MOUNT PLEASANT AND ALL OTHER APPLICABLE ORDINANCES AND REGULATIONS OF THE MUNICIPALITY AND THE LAWS OF THE STATE OF PENNSYLVANIA.

SIGNATURE: _____ DATE: _____
OWNER

SIGNATURE: _____ DATE: _____
OWNER

APPLICATION APPROVED BY: _____

SUPERVISOR MEETING DATE: _____

RESOLUTION #: _____