

**LANDIS SEWERAGE AUTHORITY
PROCEDURES AND ALLOCATION MANUAL
1776 South Mill Road, Vineland, New Jersey 08360
(856) 691-0551**

XL FORM

PUBLIC FACILITY/PUBLIC HEALTH APPLICATION

1. REQUIREMENTS:

- A. Application to be filed in duplicate.
- B. The review fee is waived.
- C. Application must be submitted at least 15 calendar days prior to the next regularly scheduled meeting of the Authority.
- D. If an approval is granted to this application, the list of conditions will be reported. Said list of conditions must be satisfied in order to achieve a final approval.

2. APPLICANT:

- A. Name: _____
- B. Address: _____

- C. Telephone #: _____
- D. Affiliation with Project: _____

3. DESCRIPTION OF PROJECT:

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4. ENGINEER DESIGNING PROJECT

A. Name of Firm: _____

B. Contact: _____

C. Address: _____

D. Telephone #: _____

5. PROJECT

A. Name: _____

B. Blk(s) _____ Lot(s) _____

C. Tax Map Sheet(s) _____

D. Street Address: _____

E. Total Acreage: _____

F. Buildable Acreage: _____

6. NO OF UNITS TO BE SERVICED OR SQUARE FOOTAGE OF BUILDING PROPOSED: _____

7. TOTAL ESTIMATE OF GALLONAGE REQUIRED: _____

(Provide calculations to support estimate based on the Manual of Wastewater Engineering Collection and Pumping of Wastewater, Metcalf & Eddy, Inc. or NJDEP regulations)

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8.	<u>LIST OF ALL OTHER APPROVALS</u>	<u>DATE APPROVED</u>
	A. _____	_____
	B. _____	_____
	C. _____	_____
	D. _____	_____
	E. _____	_____
	G. _____	_____

9.	<u>DESIGN CHARACTERISTICS</u>	
	A. Can connection occur to an adequate existing facility?	Y____N____
	B. Where will project connect?	_____
	C. Are on-site sewer improvements necessary?	Y____N____
	D. Will the on-site improvements be gravity or force main/pump station or both?	G____F____B____
	E. Are off-site sewer improvements necessary?	Y____N____
	F. Will the off-site improvements be gravity or force main/pump station or both?	G____F____B____

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ACTION BY LSA: Date: _____ Approved _____ Disapproved _____

COMMENTS: _____

SIGNATURE OF AUTHORITY REPRESENTATIVE: _____