

LEHIGH COUNTY AUTHORITY
APPLICATION FOR WASTEWATER TREATMENT ALLOCATION

PLEASE BE AWARE THAT THE FACILITY ADDRESS DESIGNATED BELOW MUST COMPLY WITH THE APPLICABLE MILESTONE STATED IN SECTION 4 OF THE ATTACHED WASTEWATER ALLOCATION PROCEDURES OR THE ALLOCATION MAY BE LOST WITH NO REIMBURSEMENT OF FEES.

SECTION 1 - Applicant Information

Date: _____

Owner: _____
Address: _____
Contact Person: _____
Phone: _____

Fees: (cost per gallon per day)
Treatment Allocation \$ 7.84
W. Lehigh Interceptor 6.05
L. Lehigh Relief Interceptor 2.17
Total Fees \$ 16.06

Total Allocation Requested: _____ gpd @ \$ 16.06 = \$ _____
(Residential - 223 gpd; Commercial/Industrial as required - make check payable to Lehigh County Authority)
UMT Total Allocation Requested: _____ gpd @ \$ 5.81 = \$ _____
(Residential - 223 gpd; Commercial/Industrial as required - make check payable to Upper Macungie Twp)

Facility Address: _____

Proposed Use:

[] New Facility
[] Residential
[] Non-Residential
[] Existing Facility - Additional Use
[] Residential
[] Non-Residential

Development: _____

Tax Map No. _____
(map-block-lot)

Signed: _____ Title: _____ Pin No. (if available) _____

(Owner or Agent only) - By signing this document Owner or Agent acknowledges receipt of Wastewater Allocation Procedures effective 08/15/25

Note: Discharge shall not exceed : (a) the purchased allocation volume; (b) the equivalent number of total pounds based on the purchased allocation volume at 210 ppm BOD, 230 ppm TSS, or 35 ppm TKN; or (c) strength of 300 ppm BOD, 360 ppm TSS, or 85 ppm TKN. For users whose flow exceeds 50,000 gpd and the systems can handle the excessive strength, part (c) may be exceeded with the payment of pretreatment surcharges. Industrial applicants should contact their municipality for other applicable discharge limitations.

SECTION 2 - Municipality Information

Date: _____

Proposed Use:

[] Residential
[] Commercial
[] Industrial

Subdivision Final Approval Given _____ Yes _____ No _____ Not Applicable

DEP Connection Management Plan
_____ Exempt: (no SPM required)
_____ Not exempt
Date of DEP approval of SPM _____ Grandfathered _____

We certify the information given in Sections 1 and 2 is correct. Signed: _____

UPPER MACUNGIE TOWNSHIP
(Municipality)

Title: _____

SECTION 3 - LCA Review & Approval

Date: _____

Certificate of Occupancy Issuance Deadline/Allocation Expiration Date: _____
(Deadline is based on Proposed Use)

Allocation Number: _____
Allocation Amount: _____ gpd
General Pool : Part A (2020 DEP CMP) _____ Part B (SPMs approved prior to DEP CMP) _____
Part C (Municipal Reserve) _____ Part D (Interim 537 + "DEP Direction") _____

LCA Interceptor Connection Manhole No: _____ Signed: _____
Title: _____

SECTION 4 - Municipality Certificate of Occupancy Certification

Date: _____

Certificate of Occupancy Issued: _____ Yes _____ No Signed: _____
Title: _____