

BOROUGH OF CONSHOHOCKEN AUTHORITY (BCA)
601 EAST ELM STREET, CONSHOHOCKEN, PA 19428-1914
PHONE: (610) 828-0979
FAX: (610) 828-7720

**MUNICIPAL INDUSTRIAL PRETREATMENT PROGRAM
PRELIMINARY QUESTIONNAIRE
FORM MIPP-PQ**

PURPOSE: Preliminary screening method to identify potential users whose discharge requires the user to be included into the BCA's Municipal Industrial Treatment Program.

FILING FEES: No Fee

PROFESSIONAL REVIEW FEES: No Fee (costs paid out of escrow)

1. **APPLICANT NAME:** _____

Address: _____

Telephone: _____

2. **CONTACT NAME:**

Address: _____

Telephone: _____

3. **FACILITY TO BE SERVICED:** _____

Name: _____

Address: _____

Type of Business: _____

Projected Date of Initiating Flow: _____

Is any non-domestic flow to be discharged? Yes___ No___

If non-domestic flow to be discharged, what is general nature of discharge:

Does structure contain floor drains connected to the sanitary sewer?
Yes___ No___ Unknown___

(If unknown, a dye test or other method of determination shall be conducted by Applicant in the presence of BCA or local representatives)

Does business prepare food? Yes___ No___

Does business possess a:

Greasetrap:	Yes___	No___
Oil Separator:	Yes___	No___

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Furthermore, I certify that these following were prepared in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true and accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Signature: _____

Applicant: _____

Title: _____

Dated: _____

NOTE: If business is located in either West Conshohocken or Plymouth Township, a copy of this preliminary application to be provided to West Conshohocken Municipal Authority or Plymouth Township, as applicable.

APPLICANT DO NOT WRITE BELOW LINE: BCA USE ONLY

Date Application Received: _____

BCA Processor: _____