



For DEC Use:  
 Application #: \_\_\_\_\_ PIN: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Receive date: \_\_\_\_\_ Title 3: Y N  
 Check #: Amount: \$ \_\_\_\_\_ Paid By: \_\_\_\_\_

<b>Application For:</b> (Check one)	<b>Attach Schedule:</b>	<b>Action Requested:</b> (Check one)
Municipal Discharge Permit	A	Original Permit
Industrial Discharge Permit	B	Renewal
Pretreatment Discharge Permit	B	Amendment
Emergency Pollution Permit	E	Transfer Permit # _____

<b>Status of Discharge:</b> (Check one)	<b>Nature of Waste:</b> (Check one)
Proposed	Sanitary (domestic sewage only)
Existing	Non-Sewage/Industrial

**A. Applicant**

1a. Name: \_\_\_\_\_  
 1b. Legal Entity (Individual, corporation, partnership, firm, state agency, municipality, etc.): \_\_\_\_\_  
 2a. Mailing Address: \_\_\_\_\_  
 2b. Town: \_\_\_\_\_ 2c. State: \_\_\_\_\_ 2d. Zip: \_\_\_\_\_  
 3. Phone: \_\_\_\_\_ 4. Email: \_\_\_\_\_

**B. Project Activity**

1. Name of Activity: \_\_\_\_\_  
 2. Description of waste: \_\_\_\_\_  
 3. Type of Activity: (Residential subdivision, paper mill, state park, motel, etc.) \_\_\_\_\_  
 4. Name of Landowner: \_\_\_\_\_  
 5. Location: \_\_\_\_\_ 6. Town: \_\_\_\_\_

**C. Discharge Schedule**

Using a separate serial number (S/N), identify each independent discharge which will result from the activity described above. Attach a separate schedule for each discharge identified below.  
*Use an attached sheet for additional discharges.*

Discharge	Receiving Water	Latitude (optional)	Longitude (optional)
S/N 001			
S/N 002			
S/N 003			
S/N 004			
S/N 005			

