

**APPLICATION FOR NON-DISCHARGE PERMIT
GRAVITY SEWER SYSTEM EXTENSION
METROPOLITAN SEWERAGE DISTRICT OF BUNCOMBE COUNTY, NORTH CAROLINA**

Project Name _____

MSD Project Number _____

Project Type: ☐ New Construction ☐ Relocation ☐ Modification of Permit

Wastewater Allocation Approval Number _____ Approved G.P.D. _____

Wastewater Treatment Plant receiving wastewater:

☐ Metropolitan Sewerage District Of Buncombe County, North Carolina (NC0024911)

Nature of wastewater _____ % Domestic _____ % Industrial
 _____ % Commercial _____ % Other _____

Origin of wastewater ☐ Subdivision ☐ Commercial ☐ School
 ☐ Apartments/Condo(s) ☐ Industrial ☐ Other _____

List any parameter and it's concentration that will be greater than normal domestic levels: _____

If wastewater is non-domestic, describe level of pretreatment: _____

If a pretreatment permit is required, has one been issued? ☐ YES ☐ NO

Has Engineer determined N.C.D.W.Q. and M.S.D. minimum design standards are met by this project? ☐ YES ☐ NO

Complete name and address of Engineering Design Firm: _____

Telephone _____ - _____ - _____

Professional Engineer's Certification:

I, _____, attest this application for _____
_____ has been reviewed by me and is accurate and complete to the best of my knowledge. I further attest to the best of my knowledge the proposed design has been prepared in accordance with the applicable regulations. Although certain portions of this submittal package may have been developed by other professionals, inclusion of these materials under my signature and seal signifies I have reviewed this material and have judged it all to be consistent with the proposed design.

North Carolina Professional Engineer's Seal, Signature, and Date:

Owner's Name (print) _____

Owner's signature: _____ Date: _____

MSD will accept ownership of this system upon acceptance by the MSD Board of Directors