



**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
STORMWATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
WAIVER APPLICATION**

Type of Waiver: New Waiver Renewal of Waiver Waiver No.: PA_____

Do you have existing NPDES permit coverage? Yes Permit No.: PAG133618 No

MS4 CLIENT/OPERATOR INFORMATION

Organization Name or Registered Fictitious Name

Providence Township

Mailing Address Line 1

Mailing Address Line 2

200 Mount Airy Road

Address Last Line – City

State

ZIP+4

Country

New Providence

PA

17560

United States of America

WAIVER ELIGIBILITY INFORMATION

1.	Does the MS4 serve a population of less than 1,000 within the urbanized area? Population in UA: 1,610 Source: American Factfinder Website	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	Does the MS4 serve a population under 10,000 within the municipality seeking a waiver? Population in Municipality: 6,897 Source: American Factfinder Website	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the MS4 have at least one outfall that discharges stormwater to surface waters with an approved TMDL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the MS4 discharge to any local surface water that is impaired for BOD (organic enrichment), sediment (siltation), pathogens, oil and grease and/or nutrients?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is advanced written approval of a waiver attached to this application?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION

I certify under penalty of law and subject to the penalties of 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities) that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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, 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.

Name (type or print legibly)

Official Title

Signature

Date Signed