

Exhibit M
Information Normally Required for
EPA/State Certification as to Adequacy of Treatment

Applicant: _____ EDA Award No.: _____

Contact: _____ Telephone: _____

Project Description:

Sanitary Sewage Contribution

Estimate of flows: _____

Type of sewage: _____

Storm Sewer Contribution

Estimate of flows: _____

Projection of Type of Tenants for Industrial Developments

Type of Tenants: _____

Quantity of flows: _____

Strength of flows: _____

Receiving Sewage Treatment Plant

Name of Receiving Plant: _____

NPDES Number: _____

Design Capacity: _____

Effluent Disposal Capacity: _____

Current Flows: _____