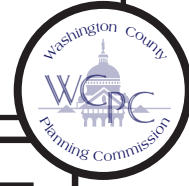


Update/Correction Form



Sewage Provider Name: _____

Correction Date: _____

Address: _____

Phone Number: _____

Narrative:

- Please update existing narrative
- Please see the Planning Commission webpage on the Washington County website for a fillable PDF: www.co.washington.pa.us
- Planning
- Sewage Assessment
- Update/Correction Form



Service Area Map

General Information: (By Yearly Update)

Authority Membership:

Service Areas (Municipalities)*

Number of Customers/EDU:

Average Monthly Rate per EDU:

O & M _____
Dept. Service _____

Authority Information:

No. of Employees _____
Annual Budget _____
Total Debt _____

Sewer System:

Treatment _____
Collection/Conveyance _____

Treatment Plant:

Type of Treatment _____
Rate Capacity-New Plant _____
Available Capacity _____
Overload issues _____
Tap Restriction _____