

GLOUCESTER COUNTY UTILITIES AUTHORITY

DRY SEWER AFFIDAVIT

County of _____ Date: _____

State of _____

RE:

Name and Location of Subdivision or Property As Identified on Accompanying Plans

I, _____, of full age, being duly sworn according to law, upon my oath, depose and say:

- 1) I am familiar with all the conditions of the Allocation of Capacity Program adopted by the Gloucester County Utilities Authority (G.C.U.A.) on June 12, 1979, and subsequent revisions thereto, and approved by the New Jersey Department of Environmental Protection (NJDEP) on May 17, 1985.
- 2) I hereby certify and fully understand and voluntarily agree that no sewage flow will be introduced into the sanitary sewers which are being submitted to the NJDEP for a Treatment Works Approval (TWA) until such time as adequate capacity is allocated by the Gloucester County Utilities Authority.

Signature

Name typed

Title or Position

Subscribed and sworn to before me this
_____ day of _____, 20 ____.

Instructions: This affidavit must accompany all applications for NJDEP Treatment Works Approvals (TWAs) in areas serviced by the Gloucester County Utilities Authority and is to be signed by the person bearing financial responsibility for the proposed construction.