



# MIDDLESEX COUNTY UTILITIES AUTHORITY

## MAIN OFFICE:

2571 MAIN STREET EXTENSION • P.O. BOX 159 • SAYREVILLE, NJ 08872-0159  
(732) 721-3800 FAX: (732) 721-0206

## MIDDLESEX COUNTY LANDFILL OFFICE:

53 EDGEBORO ROAD • EAST BRUNSWICK, NJ 08816-1636  
(732) 246-4313 FAX: (732) 246-8846

### REQUEST FOR WILL SERVE LETTER - WASTEWATER SERVICE

\*\*\* Pages 1 and 2 are to be completed by the Applicant \*\*\*

#### **PROPERTY LOCATION**

Street Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Block(s):

_____	_____
_____	_____
_____	_____

Lot(s):

_____	_____
_____	_____
_____	_____

Municipality<sup>1</sup>:

\_\_\_\_\_

County:

\_\_\_\_\_

Description of Existing Use (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Proposed Use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE UTILITY PLAN AND TAX MAP WITH THIS FORM**

#### **APPLICANT**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone No:

\_\_\_\_\_

Mobile No:

\_\_\_\_\_

Email:

\_\_\_\_\_

#### **PROPERTY OWNER**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone No:

\_\_\_\_\_

Mobile No:

\_\_\_\_\_

Email:

\_\_\_\_\_

**PROJECT WASTEWATER USE TO BE SERVED (Mark an [X] where applicable)**

\_\_\_\_\_ Domestic only  
 \_\_\_\_\_ Mixed use | Restaurant | Warehouse  
 \_\_\_\_\_ Other (Describe): \_\_\_\_\_

**FLOW CONTRIBUTION (Average Daily Flow)**

**(A.) Domestic only**

Existing Flow: \_\_\_\_\_ GPD  
 Proposed Flow: \_\_\_\_\_ GPD

**(B.) Mixed use | Restaurant | Warehouse**

Existing Flow: \_\_\_\_\_ GPD  
 Proposed Flow: \_\_\_\_\_ GPD

**(C.) Other**

Existing Flow: \_\_\_\_\_ GPD  
 Proposed Flow: \_\_\_\_\_ GPD

**Total Existing Flow:** \_\_\_\_\_ GPD  
**Total Proposed Flow:** \_\_\_\_\_ GPD

*Be advised, there are municipalities within the MCUA Service Area that wastewater is conveyed through more than one municipal and/or Authority conveyance system. Appropriate approvals must be included with this request from each applicable municipality and/or Authority for capacity assurance through their conveyance system. Refer to the below for municipality and wastewater conveyance to assist with this approval request.*

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (PRINT NAME)

**PROJECT MUNICIPALITY**

- Bound Brook
- Bridgewater
- Carteret
- Cranbury
- Dunellen
- East Brunswick
- Edison
- Fanwood
- Franklin
- Green Brook
- Helmetta
- Highland Park
- Jamesburg
- Metuchen
- Middlesex
- Milltown
- Monroe
- New Brunswick
- North Brunswick
- North Plainfield
- Old Bridge
- Perth Amboy
- Piscataway
- Plainfield
- Plainsboro
- Sayreville
- Scotch Plains
- South Amboy
- South Bound Brook
- South Brunswick
- South Plainfield
- South River
- Spotswood
- Warren
- Watchung
- Woodbridge

**PROJECT CONVEYANCE SYSTEM**

- New Jersey American Water (NJAW)
- Bridgewater
- Carteret
- Cranbury
- Dunellen
- East Brunswick
- Edison
- Fanwood
- Franklin
- Green Brook
- Helmetta
- Highland Park
- Jamesburg
- Metuchen
- Middlesex
- Milltown
- Monroe
- New Brunswick
- North Brunswick
- North Plainfield
- Old Bridge
- Perth Amboy
- Piscataway
- Plainfield
- Plainsboro
- Sayreville
- Scotch Plains
- South Amboy
- South Bound Brook
- South Brunswick
- South Plainfield
- South River
- Spotswood
- Warren
- Watchung
- Woodbridge

**OTHER PROJECT CONVEYANCE SYSTEM**

- 
- PARSA (portion) or NJAW (portion)
- Woodbridge
- South Brunswick
- PARSA
- 
- PARSA (small portion)
- PARSA
- New Brunswick (small portion)
- PARSA
- Monroe
- Edison (portion)
- Monroe
- Edison (portion)
- Piscataway (small portion)
- New Brunswick
- Old Bridge (portion)
- 
- New Brunswick
- PARSA
- 
- Woodbridge
- Edison (portion)
- PARSA
- South Brunswick (small portion)
- 
- PARSA
- 
- 
- 
- PARSA
- 
- 
- PARSA (small portion)
- PARSA (portion)
-

**\*\*\* FOR MCUA OFFICIAL USE ONLY \*\*\***

**ADMINISTRATIVE REVIEW**

**Circle One**

Date Received: _____	1.) Form completed in its entirety?	Yes	No	N/A
Received by: _____	2.) Form signed by applicant?	Yes	No	N/A
Date Reviewed: _____	3.) Conveyance approvals included?	Yes	No	N/A
Reviewed by: _____	4.) Utility plan/tax map included?	Yes	No	N/A
CAP Approval No.: _____				

**Circle One**

Administratively Complete      Yes      No      (If no, please explain below)

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**TECHNICAL REVIEW**

Date Received: _____	1.) Receiving Meter Chamber	_____
Received by: _____	1a.) Receiving Meter Chamber	_____
Date Reviewed: _____	2.) Total Project Flow	_____ GPD
Reviewed by: _____	3.) Total Approved Flow (Net)	_____ GPD

Additional Comments

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**APPROVAL**

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_