

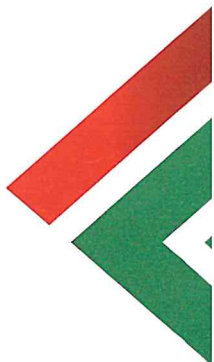
**APPLICATION FOR EFFLUENT DISCHARGE/CONNECTION INTO
 EPZA SEWER LINE**

SERIAL No. _____

PART A: DETAILS OF APPLICANT

Full Name of Applicant			
Physical Address			
Postal Address			
Postal Code			
Telephone Numbers	Mobile	Home	Work
Email			
Plot location (Attach sketch map)			
Zone /			
Estate & House No.			

(This document is not for sale. All Sewer connections are payable to our Export Processing Zones Authority Bank account).



DETAILS OF NEXT OF KIN			
Name	Mobile	Home	Work
Physical Address			
Postal Address			
Postal Code			

Requirements (to be attached to the application form)

- (a) Copy of ID/No. (b) Copy of PIN Certificate.
(c) Copy of Approved Plan (d) Copy of Title Deed/Letter of allotment

Signature of Applicant:

Date.....

PART B: DETAILS OF DISCHARGING FACILITY

1. Location of discharging facility:

.....
.....

2. Activity of discharging facility (e.g. Commercial, Residential-Single, Flat or Estate, Factory, Construction Site)

.....
.....

3. Nature and composition of effluent:

.....

4. Does the facility have effluent pre-treatment plant (Yes or No)

.....

5. Maximum quantity of effluent which is proposed to discharge on any one day (in M³/day)

.....
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6. The highest rate at which it proposes to discharge the effluent (approx. in M³/hr.)

.....
.....

7. Source of water to the facility (groundwater, tap, etc)

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8. What is the total quantity of water received into the facility for your consumption?

a) From County Council (m³/month)

b) From borehole (m³/month)

c) Any other source (m³/month)

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9. Does the facility have access to a Laboratory for monitoring the quality of discharged effluent?

(Yes or No).....If Yes, explain and attach copy of latest results
.....

10. Description of the activities of the facility

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.....
.....

11. Point of discharge:

.....
.....

PART C: DECLARATION BY APPLICANT(S) (Attach list if group in Block letters)

I hereby certify that the information given above is correct and true to the best of my knowledge:

Full Names of Applicant Signature of Applicant.....

Full Names of Applicant Signature of Applicant.....

Full Names of Applicant Signature of Applicant.....

Position:

On behalf of:

(Firm name and seal)

Date:

PART D: FOR OFFICIAL USE

Approved/Not Approved

.....

COMMENTS.....

.....

Official Signature & designation.....

Date

Important Notes: Please submit the application form to;

**The Chief Executive Officer
Export Processing Zones Authority (EPZA)
Administration Building- Viwanda Road
Off Nairobi- Namanga Highway
P.O. Box 50563-00200
NAIROBI**