



## Wastewater Technical Assistance Request Form

Facility Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Type of Plant: \_\_\_\_\_ Discharge in GPD: \_\_\_\_\_ MGD: \_\_\_\_\_

Are you in the process of upgrading your facility? \_\_\_\_\_

If yes to upgrade, will it change the treatment type? \_\_\_\_\_ New Treatment Type: \_\_\_\_\_

If yes to upgrade, date upgrade is scheduled to begin or began? \_\_\_\_\_

If yes to upgrade, have you borrowed or do you plan to borrow SRF monies to fund this project? \_\_\_\_\_

**Brief Description of Technical Assistance (TA) Needed:** \_\_\_\_\_

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

**Check the Areas Listed Below for TA Needs:**

- |  |  |
|--|--|
| <input type="checkbox"/> Activated Sludge Process            | <input type="checkbox"/> Sludge Digestion / Dewater / Stabilization / Disposal           |
| <input type="checkbox"/> Trickling Filter / RBC              | <input type="checkbox"/> Collection System O&M   |
| <input type="checkbox"/> Aerated and Facultative Lagoons     | <input type="checkbox"/> Management and Financial Planning                               |
| <input type="checkbox"/> Nitrogen / Phosphorus Removal (BNR) | <input type="checkbox"/> Collection Systems / Inflows                                    |
| <input type="checkbox"/> Other, Please Specify: _____        | <input type="checkbox"/> Security / Emergency Response Plans / Vulnerability Assessments |

**HOLD HARMLESS AGREEMENT:**

"The owner covenants to save, defend, keep harmless and indemnify the College of Southern Maryland/MCET and all of its agents and employees from and against any and all claims, losses, damages, injuries, costs (including court costs and attorney's fees), charges or liabilities, however caused, resulting from, arising out of or in any way connected with the owner's maintenances, use or condition of the property."

I, \_\_\_\_\_ am requesting assistance from MCET. Date: \_\_\_\_\_  
*(please print)*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

This form must be completed and signed by an authorized representative of the system.