

Non-Residential Sanitary Service Request

Loudoun Water Project Number:

Facility Name:

Property Address:

Developer/Owner:

Authorized Representative:

Title:

Telephone Number:

Email Address:

Business/Company Activities:

Standard Industrial Classification (SIC) Codes:

Does/Will this facility operate under any local, state, or federal environmental permits? If yes, please list and attach with this form. No Yes

Type(s) of wastewater discharges by the facility: Check all that are applicable and estimated volumes

- | | |
|------------------------------------|--------------------------------|
| Commercial Kitchen | Cooling Water Blow-Down |
| Boiler Water Blowdown | Process Water |
| Equipment/Facility Washdown | (Manufacturing) Dry Shop |
| Washdown Water (floor drains) | Metal Finishing/Electroplating |
| Paint Spray Booths /w floor drains | Other: |

Describe the types of wastewater treatment if any, prior to your facility discharging to the sanitary sewer (grease trap, oil/water separators, metal recovery process, etc.)

Print Name:

Signature:

Date