



## Non Residential Sanitary Sewer Service Request

NEW PROJECT

EXISTING LOUDOUN WATER CUSTOMER

Project ID/Property Address:

Parcel Location:

Loudoun Water Customer Number:

Estimated Number of Site Employees:

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:

Please check the days of the week, that this business/facility will operate:

Sunday              Monday              Tuesday              Wednesday              Thursday              Friday              Saturday

Daily Hours of Operation:

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, cooling water piping network passivation, etc.)

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

- |                                    |                                |
|------------------------------------|--------------------------------|
| Commercial Kitchen                 | Cooling Water Blow-Down        |
| Boiler Water Blowdown              | Process Water (Manufacturing)  |
| Equipment/Facility Washdown        | Dry Shop (No Floor Drains)     |
| Washdown Water (floor drains)      | Metal Finishing/Electroplating |
| Paint Spray Booths /w floor drains | Other:                         |

Print Name:

Signature:

Date: