

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: