

**WEST WARWICK REGIONAL WASTEWATER TREATMENT FACILITY
COMMERCIAL USER PRETREATMENT APPLICATION**

Directions to Applicant: Application (three pages) must be accompanied by [both] plans (as indicated in Item No. 4), and an **Commercial Application Fee** in the amount of **\$300** made payable to the West Warwick Sewer Commission. This is a one-time fee for processing and reviewing your application. If you have any questions, please call **(401) 822-9228**.

Send application, plans and application fee to:

West Warwick Sewer Commission
Regional Wastewater Treatment Facility
1 Pontiac Avenue
West Warwick, RI 02893

Owner's Name: _____

Owner's Address: _____

Name of Sewer User: _____

Address of Premises: _____

Plat: _____ Lot: _____

City/Town: _____

Official Signature: _____ Date: _____

Printed Name and Title of Signing Official: _____

FOR OFFICIAL USE ONLY

Application Fee Paid	Application Approved
Date: _____	Date: _____
Signed: _____ (Certification by Pretreatment Coordinator)	Signed: _____ (Certification by Pretreatment Coordinator)

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To the Town of West Warwick:

The undersigned being the _____ of the property
(Owner, Lessee, Tenant, etc.)

located at: _____
(Street Address)

(Plat)

(Lot)

(City/Town)

does hereby request a permit to install and connect a building sewer to serve the:

(User)

which company is engaged in _____ at said location.

1. The following indicated fixtures will be connected to the proposed building:

<u>Number</u>	<u>Fixture</u>	<u>Number</u>	<u>Fixture</u>
_____	Kitchen Sinks	_____	Water Closets
_____	Lavatories	_____	Bathtubs
_____	Laundry Washers	_____	Showers
_____	Urinals	_____	Garbage Grinders

Specify other fixtures: _____

2. The maximum number of persons who will use the above fixtures is: _____

3. The name and address of person or firm who will perform the proposed work is:

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4. Plans and specifications for the proposed building sewer are attached hereunto as Exhibit "A".
5. Estimated flow to sewer system: _____ gallons per day (GPD).
6. Provide Kent County Water Authority Water Meter I.D. No.: _____
Meter Reading: _____ Date: _____

In consideration of the granting of this Application, the undersigned agrees:

1. To accept and abide by all provisions of the Sewer Use Ordinance of the Town of West Warwick, and of all other pertinent ordinances or regulations that may be adopted in the future.
2. To abide by all construction requirements in the Town's Standard Sanitary Sewer Requirements.
3. That the drainlayer must obtain the actual permit at the Town Wastewater Treatment Facility prior to commencement of construction.
4. To maintain the building sewer at no expense to the Town.
5. To notify the Superintendent when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered. Twenty-four (24) hour notification prior to connection is required at the Wastewater Treatment Facility ((401) 822-9228).

Date: _____

Signed: _____

(Name and Address of Applicant)