CITY OF HERMITAGE
WASTEWATER SYSTEM
COMMERCIAL DEVELOPMENT - (SHORT FORM)

Owner's Name & Address	Development Name, Location & Description

1) ENGINEER/ARCHITECT: _____

2) BUILDING SIZE _____ sq. ft. _____ Floors _____ # OF EMPLOYEES

3) ESTIMATED SEWAGE FLOW: _____ Gallons per Day

4) TYPE OF WASTEWATER:

_____ *TOILETS* _____ *KITCHEN* _____ *LAUNDRY* _____ *CAR WASH*

_____ *OIL/GREASE* _____ *INDUSTRIAL (See 5 Below)*

5) COMMERCIAL/INDUSTRIAL IDENTIFICATION:

SIC NO.	
PRETREATMENT 40CFR	

The developer is required to submit the estimated concentrations (mg/1) for any non-domestic waste.

6) AVAILABILITY OF SANITARY SEWERS: _____ YES _____ NO

_____ Signature & Title _____ Date _____ Telephone Number

DO NOT WRITE BELOW THIS LINE

CITY OF HERMITAGE

_____

Approved by: Date

COMMENTS: _____

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