



## Section B – Responsible Party and Tenant Form

*To Be Completed by All Applicants*

The owner for each water and/or sewer connection is appointing the Responsible Party identified on this form to represent all the users of this connection and obtaining the requested information and signature from all Tenants for the connection. The Responsible Party shall ensure that all users for the connection abide by and accept the conditions governing the use of the Town water supply and sewer treatment systems as adopted, and amended from time to time by the Town Council of the Town of Lovettsville. All bills and other contact related to this account shall go to the designated responsible party, including notices regarding delinquency and possible service cut-off. Acceptance of payment from any party shall be applied to the account supplying services but shall not require the Town to pro-rate services for the benefit of any tenant or occupant sharing the premises or afford them relief in the event of disconnection basis upon delinquency of the account. Each tenant for this connection shall recognize that if these conditions are not met, the Town will notify the users listed on this form of any impending discontinuance of the water and sewer service until all issues are resolved. The Town will provide notice in writing to all Tenants in accordance with the contact information on file.

**Connection Physical Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total # of Tenants** \_\_\_\_\_  
**Property Owner:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Responsible Party:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<p><b>Tenant Business/Premises Name:</b> _____</p> <p>Authorized Representative: _____</p> <p>Mailing Address: _____ _____</p> <p>Contact Phone #: _____</p> <p>Contact Email: _____</p> <p>Is this a Food Service Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>As an authorized representative of the Business/Premises, I am aware that _____ has been appointed as the Responsible Party for payment of the water and sewer bill and that any failure to make payment as required or to follow the conditions governing the use of the Town water supply and sewer treatment systems as adopted, and amended from time to time by the Town Council of the Town of Lovettsville may result in discontinuance in water service to the connection until the failure is corrected.</p> <p><b>Signature:</b> _____</p>
<p><b>Tenant Business/Premises Name:</b> _____</p> <p>Authorized Representative: _____</p> <p>Mailing Address: _____ _____</p> <p>Contact Phone #: _____</p> <p>Contact Email: _____</p> <p>Is this a Food Service Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>As an authorized representative of the Business/Premises, I am aware that _____ has been appointed as the Responsible Party for payment of the water and sewer bill and that any failure to follow the conditions governing the use of the Town water supply and sewer treatment systems as adopted, and amended from time to time by the Town Council of the Town of Lovettsville may result in discontinuance in water sewer to the connection until the failure is corrected.</p> <p><b>Signature:</b> _____</p>
<p><b>Tenant Business/Premises Name:</b> _____</p> <p>Authorized Representative: _____</p> <p>Mailing Address: _____ _____</p> <p>Contact Phone #: _____</p> <p>Contact Email: _____</p> <p>Is this a Food Service Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>As an authorized representative of the Business/Premises, I am aware that _____ has been appointed as the Responsible Party for payment of the water and sewer bill and that any failure to follow the conditions governing the use of the Town water supply and sewer treatment systems as adopted, and amended from time to time by the Town Council of the Town of Lovettsville may result in discontinuance in water sewer to the connection until the failure is corrected.</p> <p><b>Signature:</b> _____</p>

\*\*\*Update when Tenants change \*\*\* Please provide additional sheets if more than 3 Tenants\*\*\*



Address of Connection: \_\_\_\_\_ Date: \_\_\_\_\_

**Table 1. Water Supply Fixture Units (WSFUs) - To be Completed by the Applicant**

Fixture Group	Occupancy*	Type of Supply Control	# of units	Load (WFSUs)	Total WFSUs
Bathroom Group (toilet, sink and shower stall or bath tub)*	Private	Flush tank		3.6	
	Private	Flushometer valve		8	
Bath Tub (w/o shower head)	Private	Faucet		1.4	
	Public	Faucet		4	
Bath Tub or shower stall w/ shower head	Private	Mixing Valve		1.4	
	Public	Mixing Valve		4	
Bathroom sink (lavatory)	Private			0.7	
	Public			2	
Urinal	Public	Flush Tank		3	
	Public	3/4" Flushometer		6	
	Public	1" Flushometer		10	
Toilet (water closet)	Private	Flush tank		2.2	
	Pub or Priv	Flushometer tank		2	
	Private	Flushometer valve		6	
	Public	Flush tank		6	
	Public	Flushometer valve		10	
Clothes Washing Machine (8 lb - household size)	Private	Automatic		1.4	
	Public	Automatic		3	
Clothes Washing Machine (15 lb)	Public	Automatic		4	
Kitchen Sink	Private	Faucet		1.4	
Kitchen Sink (Restaurant)	Public	Faucet		4	
Dishwashing Machine	Private	Automatic		1.4	
	Restaurant	Automatic		1.5	
Service Sink	Offices, etc.	Faucet		3	
Drinking Fountain	Offices, etc.	3/8" valve		0.25	
Ice Machine				0.75	
Hose Bib (garden hose fixture)				2.5	
In-ground Irrigation System**	Public				
				<b>Total WFSUs</b>	

\*Private: Only used by Staff

Public: Available to the Public

\*\* WSFU must be provided for the specific Irrigation system as proposed

## Directions for Completing Water Meter Sizing Form:

1. Complete Table 1 by identifying all fixtures existing and/or proposed for the building to be connected to the meter. If a particular type of fixture is not on the table, please refer to American Water Works Association (AWWA) and the Building Officials and Code Administrators International, Inc (BOCA) standards for Water Supply Fixture Unit (WSFU) standards.
2. Using the total WSFU's calculated from Table 1, refer to Table 2 to determine the gallons per minute (GPM) demand for the calculated WSFUs.
3. The meter size availability fee(s) for water and wastewater is determined from Table 2 based on the anticipated maximum daily water usage measured as gallons per day (GPD).
4. The actual maximum allowable daily usage will be calculated based on a calendar year use. Adjustments to meter sizes and availability fees may be requested at the discretion of the Town.

The completed Meter Sizing Form will be reviewed and approved by the Town Staff. The meter size as determined by the Meter Sizing Form will be used to identify the Water and Sewer Availability and Meter Fees in accordance with the Town of Lovettsville Schedule of Fees.

**Table 2. Meter Size needed based on Max Flow and WFSU Count**

<b>Meter Size</b>	<b>Maximum Allowable Usage (GPD)</b>	<b>Meter Flow Capacity (GPM)</b>	<b>WFSU Range - Flush Tanks Predominate</b>	<b>WFSU Range – Flush Valves Predominate</b>
5/8"	500	0 - 20	0 - 30	0 - 4.5
3/4"	750	>20 – 30	>30 – 55	>4.5 – 14
1"	1,250	>30 - 50	> 55 - 133	> 14 – 48
1½"	2,500	>50 to 100	>133 to 371	>48 to 249
2"	4,000	>100 to 160	>371 to 696	>249 to 636
3"	8,000	>160 to 300	>636 to 1777	>636 to 1777
4"	12,500	>300 to 500	>1777	>1777

**For Availability Fees see prevailing rate schedule on the Town website or call.**

*\*Upgrades from a smaller meter size to a larger meter size will equal the difference between the prevailing availability fee of the existing meter size at the time of application and the and the current availability fee at the time of the upgrade requirement.*

**Section D –Cross Connection Control Survey**  
*Please provide separate form for **each** Tenant sharing the connection*

Date: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

Activities/Services: \_\_\_\_\_

As the Responsible Party, I attest that all information on this form is accurate.

Signature: \_\_\_\_\_

**Please identify any of the following that are present at the Tenant listed above (specify particular equipment by circling)**

	Yes	No
Fire suppression system, Boiler/Radiant heater (hot water heaters not included) .....	<input type="checkbox"/>	<input type="checkbox"/>
Underground lawn sprinkler system .....	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Towers, water storage, tank or truck filling stations .....	<input type="checkbox"/>	<input type="checkbox"/>
Car wash, pressure washers .....	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory, photographic developing, plating facilities, paper processing, x-ray machine ....	<input type="checkbox"/>	<input type="checkbox"/>
Commercial dishwashers, laundry equipment, industrial ice machines .....	<input type="checkbox"/>	<input type="checkbox"/>
Steam tables, soft drink dispensers (other than cans and bottles) .....	<input type="checkbox"/>	<input type="checkbox"/>
Embalming facilities, dental equipment, autoclaves, steam sterilizers, dairy processing .....	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum processing, cannery processing, dry cleaners .....	<input type="checkbox"/>	<input type="checkbox"/>
Pools/hot tubs, therapy baths, fountains, baptismal tubs .....	<input type="checkbox"/>	<input type="checkbox"/>
Additional water sources, private wells, ponds, cisterns, reclaimed water .....	<input type="checkbox"/>	<input type="checkbox"/>

**Please list all specialty equipment not listed above (besides sinks, toilets, tubs, etc.) connected to the water supply:**

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For all backflow prevention devices at your business, please provide the information in the table below and enclose your latest test or inspection paperwork

Location	Make & Model	Size	Serial Number	Date last tested/inspected

Section E – FOG Permit Application  
To Be Completed if Any Tenants are Food Service Establishments



P.O. Box 209/6 East Pennsylvania Avenue  
Lovettsville, Virginia 20180  
(540) 822-5788

**FOG PERMIT & RENEWAL  
APPLICATION**

*\$25 Fee must accompany Permit Application*  
 **New FOG Permit**                       **Renewal FOG Permit # \_\_\_\_\_**  
Complete Parts 1 & 3                      Complete Parts 1, 2 (&3)

**Part 1: FOG Permit (New Permit & Renewal) – *To be obtained by Responsible Party for Connection***

In order to operate within the incorporated limits of the Town of Lovettsville, all sewer system Connections with Food Service Establishments (FSE's) Tenants must obtain a Fats, Oils and Grease (FOG) Permit and follow all requirements as identified in the latest Fats, Oils and Grease Compliance Policy as well as all other Town Ordinances. The Responsible Party and Owner for the property are responsible for ensuring that the FSE(s) meet(s) all necessary Town Ordinances. By signing any part of this Permit Application, all parties are applying for the FOG permit and recognize that a failure of the FSE(s) to meet all requirements could result in discontinuance of service to the Connection affecting all tenants for this Connection.

Service (Physical) Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Responsible Party for Connection: \_\_\_\_\_  
RP Mailing Address: \_\_\_\_\_  
RP Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name of FSE(s): \_\_\_\_\_  
FSE Representative: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Part 2: FOG Permit (for Renewal Only) *All New Permit Applicants must complete Part 3***

**Complete survey below – if you answer “yes” to any questions you *must* complete Part 3**

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| Have there been any failures with the function of the existing FOG System?        | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE missed any maintenance activities for the FOG System?                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE missed keeping logs of any maintenance activities for the FOG System? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE NOT properly disposed of any FOG?                                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE expanded to serve more customers, different foods, etc.?              | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE expanded their hours of operation?                                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE added any new plumbing since the last permit issuance?                | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the FSE added a deep fryer since the last permit issuance?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

*As the Responsible Party for the physical address, I certify that all the information provided in Part 2 above is correct. In addition, I agree to submit a FOG Permit Renewal Application if at any time changes are made to the system that result in the answer to any questions above being “yes”.*

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of FSE Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Section E, Part 3: FOG Evaluation Form, Page 1

To be Completed by All Initial FOG Permits & Permit Renewals Required by Part 2 Above

A FOG Evaluation is required for all new FOG Permit applications and FOG Permit Renewals that are required by Part 2 above. All three Pages of the FOG Evaluation Form must be completed by a licensed plumber demonstrating acceptable experience with the design and installation of FOG pretreatment systems. A FOG Evaluation Form should be completed for each FSE Tenants for the Connection.

**E.3.A: Plumber Details**

Plumber Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ License #: \_\_\_\_\_

Brief description of experience: (# of FOG installs for last 3 years, whether FOG installs were retrofits in existing restaurants or for new construction, type of FOG devices installed, etc. ): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E.3.B: FSE Information** (to be completed by Plumber with FSE input)

FSE Name: \_\_\_\_\_

FSE Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

FSE Contact Email: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ # of Meals Served \_\_\_\_\_ per day

Types of Foods Prepared: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the Restaurant have any of the following?

Deep Fryers?  No  Yes, # of fryers \_\_\_\_\_

Griddle for cooking?  No  Yes, size of griddle \_\_\_\_\_

\_\_\_\_\_?  No  Yes

List Fixtures receiving FOG Discharges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Expected Flow to FOG Pretreatment System: \_\_\_\_\_ gallons per minute



**E.3.C: Existing FOG Pretreatment System Inspection** (To be completed by Plumber)

Does Facility have an existing FOG Pretreatment System?

- No  Yes, if yes please answer questions in this section E.3.C

List Fixtures connected to FOG Pretreatment System: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Capacity of Existing Pretreatment System: \_\_\_\_\_ gallons per minute

What is the condition of the Existing System?  Excellent  Good  Fair  Poor

If not excellent condition, please describe what needs attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Existing System been Sufficiently Maintained?  Yes  No, please describe deficiencies below:  
\_\_\_\_\_  
\_\_\_\_\_

Is the Existing Pretreatment System able to provide sufficient pretreatment? *If the answer to any of these questions is no, please complete E.3.D: Recommendations for Upgrades to FOG Treatment System.*

Is the current condition of unit allowing it to perform suitably?  No  Yes

Is the current maintenance of unit allowing it to perform suitably?  No  Yes

Is the current System providing treatment to all needed discharge points?  No  Yes

Is the current System sized sufficiently to treat all needed discharge points?  No  Yes

Required Maintenance for Existing System (if considered Sufficient):

Inspection Frequency: \_\_\_\_\_

Inspection Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maintenance Frequency: \_\_\_\_\_

Maintenance Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section E, Part 3: FOG Evaluation Form, Page 3

To be Completed by All Initial FOG Permits & Permit Renewals Required by Part 2 Above

**E.3.D: Recommendations for Upgrades to FOG Treatment System**

No System Necessary – No FOG Discharge occurring (provide detailed explanation)

Existing System is Sufficient (no upgrades are needed)

New or Upgraded Pretreatment System Needed (complete information below):

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ please attach supporting info

Capacity: \_\_\_\_\_ gallons per minute – please attach calculations justifying the sizing

Installation Location: \_\_\_\_\_

\*\*\*\*\*Attach Detailed Information about the System and Design Drawings (suitable to be used to obtain Loudoun County plumbing permit) showing location of device, plumbing connections, all other plumbing changes needed for the building to tie in all discharges, etc,

Cost: \$ \_\_\_\_\_ (including materials, Labor, LC plumbing permit, etc.)

Required Maintenance for Recommended System (Inspections will be conducted to ensure maintenance and disposal is completed and records are being kept):

Inspection Frequency: \_\_\_\_\_

Inspection Requirements: \_\_\_\_\_

Maintenance Frequency: \_\_\_\_\_

Maintenance Needed: \_\_\_\_\_

**Plumber Signature for FOG Evaluation Form**

As a licensed plumber in the State of Virginia familiar with the sizing and installation of FOG Pretreatment Systems in FSE's, I certify that all information contained in the FOG Evaluation is accurate and appropriate.

\_\_\_\_\_ *Signature of Plumber*

**FSE Contact Signature for FOG Permit**

As the assigned Contact for the FSE, I will ensure that the FSE will meet all requirements of the FOG Permit.

\_\_\_\_\_ *Signature of FSE Representative*

**Responsible Party Signature for FOG Permit**

As the Responsible Party for the Connection, I agree that the FOG Pretreatment System as recommended will be installed (if necessary) and inspected and maintained as identified in the FOG Evaluation. I further agree to submit a FOG Permit Renewal if any Part 2 questions are answered yes.

\_\_\_\_\_ *Signature of Responsible Party*

