

Water & Sewer Compliance Package for Non-Residential, Group Housing, and Multifamily Uses

Section A – Connection Information – To Be Completed by All Applicants

Date: Connection A	Address:	
Owner: Responsible Party (RP):		
RP Mailing Address:		
RP Phone #:	RP Email:	
Check Type of Non-residential: ☐ Comm☐ Institu	nercial Industrial Multi-fami utional Group Housing Other:	•
Requested Action (check all items that ap	ply and complete sections for all ch	ecked items):
☐ Required by Town to as Implementation	of new Program – Complete Sections	B, C & D
☐ Zoning Permit to begin construction of n	ew building – Complete Sections B &	: C
☐ Approval to occupy new building – <i>Upda</i>	ate Sections B & C, & Complete Secti	ion D
☐ Proposed changes to water and sewer plu	umbing– Complete Sections B, C & D	
☐ Change of Use or Business in existing co	onnection – Complete Sections B, C &	zD
At least one Tenant in building is a Food FSE definition: Any restaurant, bar, club, be kitchen, school kitchen, factory cafeteria, or food for wholesale or retail for pay	ed and breakfast, Inn, hotel or hotel kitche	en, hospital
<<<<<<	Office Use Only >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>
Section B – RP & Tenant Form Provided?	☐ Yes, date:	
Section C - Meter Sizing Form Approved?	☐ Yes, date:	
Section D - Cross-Connect Form Provided?	☐ Yes, date:	
Section E - FOG Permit Issued?	☐ Yes, date:	NA
☐ All Water and Sewer Compliance Iter	ns have been met	
Signed:	Date:	

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

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

Section C - Meter Sizing Form To Be Completed by All Applicants including Table 1 on Next Page

Date: Physical Add	ress of Connection:
Check all that apply:	
☐ New Connection - Proposed Meter size	"
☐ Existing Connection: Meter Size"	
	complete Table 1 on page 4
	Office Use Only >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Date Reviewed:	
From Table 1 on Page 5, (to be completed by	the Responsible Party for the Connection)
Calculated # of WSFUs:	GPM Demand:
Estimated/Existing Average Gallons per I	Day Usage:
□ EXISTING METER SIZE OFOR	" IS SUFFICIENT w/ MAX USAGE ^A : GPD
□ EXISTING METER SIZE OF w/ MAX USAGE ^A : GPD OR	" IS INSUFFICIENT but <u>GRANDFATHERED</u> B
_	" w/ MAX USAGE ^A : GPD
☐ UPGRADE METER SIZE FROM	" TO" w/ MAX USAGE ^A : GPD
shall result in a required upgrade to the meter	, the Town may require replacement of the meter once
Project Manager:	Date
Water Availability Fee Due: \$	Sewer Availability Fee Due: \$
	Sewer Connection Fee Due: \$
Paid on Date:	eceived by:

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	Private	Flush tank		3.6	
shower stall or bath tub)*	Private	Flushometer valve		8	
Deth Tub (/a ab aan b a ad)	Private	Faucet		1.4	
Bath Tub (w/o shower head)	Public	Faucet		4	
Bath Tub or shower stall w/ shower	Private	Mixing Valve		1.4	
head	Public	Mixing Valve		4	
Dethar on sink (loveton)	Private			0.7	
Bathroom sink (lavatory)	Public			2	
	Public	Flush Tank		3	
Urinal	Public	3/4" Flushometer		6	
	Public	1" Flushometer		10	
	Private	Flush tank		2.2	
	Pub or Priv	Flushometer tank		2	
Toilet (water closet)	Private	Flushometer valve		6	
	Public	Flush tank		6	
	Public	Flushometer valve		10	
Clothes Washing Machine (8 lb -	Private	Automatic		1.4	
household size)	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				
			Total	WSFUs	

*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

Meter Size	Maximum Allowable Usage (GPD)	Meter Flow Capacity (GPM)	WFSU Range - Flush Tanks Predominate	WFSU Range – Flush Valves Predominate
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	: T	enant Name:					
	vities/Services:						
As tl	ne Responsible Party, I atte	est that all information	on this fo	orm is accurate.			
Sign	ature:						
	se identify any of the foll particular equipment by	_	nt at the T	Tenant listed abov	e (specify		
						Yes	No
Fire	suppression system, Boile	r/Radiant heater (hot v	vater heate	ers not included)			
Und	erground lawn sprinkler sy	stem					
Cool	ing Towers, water storage	, tank or truck filling s	tations				
Car	wash, pressure washers						
Labo	oratory, photographic deve	loping, plating facilitie	es, paper p	processing, x-ray m	achine		
Com	mercial dishwashers, laun	dry equipment, industr	rial ice ma	chines	•••••		
Steam	m tables, soft drink dispen	sers (other than cans a	nd bottles)			
Emb	alming facilities, dental ed	quipment, autoclaves, s	steam ster	ilizers, dairy proces	ssing		
Petro	oleum processing, cannery	processing, dry cleane	ers				
Pools/hot tubs, therapy baths, fountains, baptismal tubs							
Additional water sources, private wells, ponds, cisterns, reclaimed water							
	se list all specialty equip water supply:	ment not listed above	(besides	sinks, toilets, tubs	, etc.) connect	ed to t	he ——
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/inspec	eted	

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

New FOG Permit
Complete Parts 1 & 3

\$25 Fee must accompany Permit Application
FOG Permit Renewal FOG Permit #_____

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? ☐ No ☐ Yes Has the FSE missed any maintenance activities for the FOG System? □ No ☐ Yes Has the FSE missed keeping logs of any maintenance activities for the FOG System? ☐ No ☐ Yes Has the FSE NOT properly disposed of any FOG? □ No ☐ Yes □ No ☐ Yes Has the FSE expanded to serve more customers, different foods, etc.? Has the FSE expanded their hours of operation? □ No ☐ Yes ☐ No ☐ Yes Has the FSE added any new plumbing since the last permit issuance? Has the FSE added a deep fryer since the last permit issuance? □ No ☐ 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 #: 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? ☐ Yes, # of fryers_____ \square No Griddle for cooking? ☐ Yes, size of griddle _____ □ No \square No ☐ Yes List Fixtures receiving FOG Discharges:

Expected Flow to FOG Pretreatment System: _____ gallons per minute

Section E, Part 3: FOG Evaluation, Page 2

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

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

Capacity of Existing Pretreatment System: gallons per minute What is the condition of the Existing System?	es Facility have an existing FOG Pretreatment System?		
Capacity of Existing Pretreatment System: gallons per minute What is the condition of the Existing System?	☐ No ☐ Yes, if yes please answer questions in this section E.3.C		
What is the condition of the Existing System?	List Fixtures connected to FOG Pretreatment System:		
What is the condition of the Existing System?			
What is the condition of the Existing System?	Capacity of Existing Pretreatment System: gallons per minute		
If not excellent condition, please describe what needs attention: Has Existing System been Sufficiently Maintained?	What is the condition of the Existing System? ☐ Excellent ☐ Good ☐ Fa	air 🗖 Po	or
Is the Existing Pretreatment System able to provide sufficient pretreatment? If the answer to any of t 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? Is the current maintenance of unit allowing it to perform suitably? Is the current System providing treatment to all needed discharge points? 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 Frequency:	If not excellent condition, please describe what needs attention:		
Is the current condition of unit allowing it to perform suitably? No Ye Is the current maintenance of unit allowing it to perform suitably? No Ye Is the current System providing treatment to all needed discharge points? No Ye Is the current System providing treatment to all needed discharge points? No Ye Is the current System sized sufficiently to treat all needed discharge points? No Ye Required Maintenance for Existing System (if considered Sufficient): Inspection Frequency: Inspection Requirements: Maintenance Frequency: M	Has Existing System been Sufficiently Maintained? ☐ Yes ☐ No, please describ	oe deficien	cies belo
Is the current condition of unit allowing it to perform suitably? No Ye Is the current maintenance of unit allowing it to perform suitably? No Ye Is the current System providing treatment to all needed discharge points? No Ye Is the current System providing treatment to all needed discharge points? No Ye Is the current System sized sufficiently to treat all needed discharge points? No Ye Required Maintenance for Existing System (if considered Sufficient): Inspection Frequency: Inspection Requirements: Maintenance Frequency: M			
Is the current maintenance of unit allowing it to perform suitably?			
Is the current System providing treatment to all needed discharge points? 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:	Is the current condition of unit allowing it to perform suitably?	☐ No	☐ Yes
Is the current System sized sufficiently to treat all needed discharge points? Required Maintenance for Existing System (if considered Sufficient): Inspection Frequency: Inspection Requirements: Maintenance Frequency:	Is the current maintenance of unit allowing it to perform suitably?	□ No	☐ Yes
Required Maintenance for Existing System (if considered Sufficient): Inspection Frequency: Inspection Requirements: Maintenance Frequency:	Is the current System providing treatment to all needed discharge points?	□ No	☐ Yes
Inspection Frequency: Inspection Requirements: Maintenance Frequency:	Is the current System sized sufficiently to treat all needed discharge points?	□ No	☐ Yes
Inspection Requirements: Maintenance Frequency:	Required Maintenance for Existing System (if considered Sufficient):		
Maintenance Frequency:	Inspection Frequency:		
	Inspection Requirements:		
Maintenance Needed:	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 FOG Discharge occurring items (no upgrades are needed)	(provide detailed explanation)
• •	atment System Needed (comp	
Manufacturer:	Model:	please attach supporting info
Capacity:	gallons per minute – pl	ease attach calculations justifying the sizing
Installation Location:		
obtain Loudoun County	•	and Design Drawings (suitable to be used to cation of device, plumbing connections, all in all discharges, etc,
Cost: \$	(including materia	als, Labor, LC plumbing permit, etc.)
Required Maintenance for R and disposal is completed ar	• • • • • • • • • • • • • • • • • • • •	etions will be conducted to ensure maintenance
Inspection Frequency: _		_
Inspection Requirements	s:	
Maintenance Frequency:		
Plumber Signature for	FOG Evaluation Fo	rm
_	_	e sizing and installation of FOG Pretreatment e FOG Evaluation is accurate and appropriate.
	Signature	of Plumber
FSE Contact Signature	e 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 Sigr	nature for FOG Perm	nit
installed (if necessary) and insp		OG Pretreatment System as recommended will be ied in the FOG Evaluation. I further agree to vered yes.
	Signatur	re of Responsible Party

Section E, Part 4: FOG Permit Issuance To be Completed by Town Personnel

*Approved Permit is based on the following items:

- 1. Permit will become active once all modifications identified in the FOG Evaluation are completed. For a FOG Permit for new FSE's, the FSE can commence operation only after all modifications required in the FOG Evaluation are completed with satisfactory inspection by Loudoun County. For 2015 Initial FOG Permit requests failure to complete FOG Evaluation identified modifications within 60 days or by ______ will result in discontinuance of service until modifications are completed and approved by Loudoun County and the Town of Lovettsville.
- 2. Permit will remain active for up to 5 years as long as there are no changes to the FSE operations or facilities like those described in Section E, Part 2. This will include all required maintenance of the FOG Pretreatment facilities as well as appropriate disposal of all FOG. Permittee will maintain records of all maintenance disposal and will keep these records on site and available to show during an inspection which may occur at any time during the Permit period. If it is identified that any items listed in Section E, Part 2 are answered yes, then the Permit may be revoked and the FSE may not operate until such time as they obtain a new permit.
- 3. The FSE must submit a FOG Permit Renewal Application Form along with an updated FOG Evaluation Report, as necessary, to the Town at least Ninety (90) days prior to the permit expiration date or if any changes occur which would result in the FSE answering "yes" to any questions under Section E, Part 2 of the FOG Permit Application. If the updated FOG Evaluation Report identifies any needed modifications to the FOG system, modifications must be completed within 60 days of review and approval of the FOG Evaluation or a new FOG Permit will not be issued for the FSE. Failure to obtain a new FOG Permit or FOG Permit Renewal will result in discontinuance of water and sewer service.