

WEST WARWICK REGIONAL PRETREATMENT PROGRAM
HAIR CARE FACILITY
WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION 1 – APPLICANT AND LOCAL FACILITY DESCRIPTION

Name of Industry:	
Type of Business:	
Location Address:	
Phone Number:	
FAX Number:	
Company Representative (Local):	
Representative Title:	
Mailing Address: (if different from above)	
Phone Number & Extension:	
FAX Number:	
Email Address:	
Representative Signature & Date:	

SECTION 2 – CORPORATE OFFICE INFORMATION

Corporate Name:	
Mailing Address:	
Corporate Representative:	
Corporate Representative Title:	
Phone Number	
FAX Number:	
Email Address:	
Corporate Representative Signature & Date:	

SECTION 3 – BILLING INFORMATION

Billing Address:	
Billing Company Representative:	
Phone Number	
FAX Number:	
Email Address:	

SECTION 4 – PROPERTY OWNER INFORMATION

Name of Property Owner:	
Mailing Address:	
Property Owner Representative:	
Phone Number	
FAX Number:	
Email Address:	
Signature of Property Owner & Date:	

SECTION 5 – HAIR CARE

1. How many chairs does the facility utilize for cutting and styling hair.

Number of Chairs:	
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2.

Type of Hair Interceptor	Size And Model	Number of Units

SECTION 6 - APPLICATION CERTIFICATION

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation.”

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Printed Name of Signing Official

Title

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Signature of Signing Official

Date

Please mail application materials to:

**West Warwick Sewer Commission
1 Pontiac Avenue. West Warwick RI 02893**