



## COMMERCIAL USER PRETREATMENT APPLICATION REQUIREMENTS

1. Provide a completed Commercial User Pretreatment Application for each tenant unit.
2. Provide a floor plan showing all fixtures and building sewer.
3. Provided a civil plan showing the site, all existing and proposed utilities (water, gas, sewer, electric, telephone and cable) and site specific item such as wells, septic system and walls. The civil plan must include a sewer profile and all related details.
4. The submission shall include stamped flow calculations.
5. If the tenant unit will have a process waste the users shall provide detailed information regarding the volume and nature of the waste stream. In addition information regarding the pretreatment equipment is required including grease interceptors, grease recovery devices, lint interceptors, oil/water separators, amalgam separators, silver recovery devices, hair interceptors, fur interceptors, etc...
6. Commercial Users with a process waste may require a separate application some examples are:
  - a. Food Service Facilities
  - b. Laundries, Laundromats and Dry Cleaners
  - c. Maintenance and Repair Facilities
  - d. Dentists
  - e. Medical Facilities
  - f. Barber, Hair Dressers
  - g. Pet Grooming Facilities
  - h. Any facility that may use or store hazardous materials such as oils, flammables, toxics and corrosives.

**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 a **Non-Refundable 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

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Name of Sewer User: \_\_\_\_\_  
(Business Name)

Address of Premises: \_\_\_\_\_  
(Business Address)

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

City/Town: \_\_\_\_\_

Business Owner's Email: \_\_\_\_\_

Business Owner's Phone Number: \_\_\_\_\_

Business Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title of Signing Official: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

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

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

To the Town of West Warwick:

The undersigned being the \_\_\_\_\_ of the property  
(Owner, Lessee, Tenant, e.g.)

located at: \_\_\_\_\_  
(Street Address)

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

City/Town: \_\_\_\_\_

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

\_\_\_\_\_  
(Business Name)

which company is engaged in \_\_\_\_\_ at said location.  
(Food Service, e.g.)

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

<b>Number</b>	<b>Fixture</b>	<b>Number</b>	<b>Fixture</b>
_____	Kitchen Sinks	_____	Water Closets (Toilets)
_____	Lavatories	_____	Bathtubs
_____	Laundry Washers	_____	Showers
_____	Urinals	_____	Garbage Grinders

Specify other fixtures: \_\_\_\_\_  
(Odd fixtures like floor drains, soup kettles, e.g.)

2. The maximum number of persons who will use the above fixtures is: \_\_\_\_\_ (on Maximum Occupancy Certificate).
3. The name and address of Contractor, person or firm who will perform the proposed work is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEST WARWICK REGIONAL WASTEWATER TREATMENT FACILITY**  
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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: \_\_\_\_\_  
**(Meter information can be obtained from Kent County Water Authority at 401-821-9300).**

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).

Property Owner's Printed Name: \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Email: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_