

**BUSINESS NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**WASTEWATER DISCHARGE QUESTIONNAIRE**

This form is required for all applicants for Certificates of Commercial Occupancy. Sections not applicable to your business should be marked with "n/a". Questions about the requirements of this form should be directed to the Town of Vienna Department of Public Works.

**Part A:**

Return Completed Questionnaire by: \_\_\_\_\_

Date Discharge to Commence: \_\_\_\_\_

**A1. Business Name:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_ Zoning: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**A2. Standard industrial classification (sic) code(s) or expected classification (if known):**  
\_\_\_\_\_  
 N/A

**A3. Wastewater flow in gallons per quarter (may use water consumption):**  
\_\_\_\_\_  
 N/A

**A4. Type and concentrations (or mass) of pollutants contained in discharge (see back of form):**  
\_\_\_\_\_  
 N/A

**A5. Major products manufactured or services supplied if pollutant constitutes in discharge are not known:**  
\_\_\_\_\_  
 N/A

**A6. Description of existing on-site pretreatment facilities and practices:**  
\_\_\_\_\_  
 N/A

I certify that the information contained in this questionnaire is true, correct, and accurate to the best of my knowledge. I am aware that there are substantial penalties for reporting false information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_