Washington-East Washington Joint Authority

APPLICATION FOR CONNECTION TO THE AUTHORITY'S PUBLIC SEWER SYSTEM

Check whether this app for a Commercial or an Facility. Note: Potent dischargers are require other specific Applica	n Institutional cial Industrial red to complete	_	-	Commercial Institutional
Name of Facility Cover this Application:	ced by			
Address of Facility:	-			
Name of Owner:	,			
Address of Owner:				
Telephone Number:				
Brief Narrative Descri Business/Services in w Facility is Involved:				
Total Number of Employ at this Establishment:	ees			
Total Number of Other at this Establishment:	Occupants			

(continued on following page)

(continued from previous page)

I certify that the above information is correct; that the premises covered by the Application will have no wastewater discharges which do not conform to the Authority's "Rules and Regulations Governing the Use of the Sewer System" (as amended); and, if required by the Authority Manager, I will complete the Non-Domestic Industrial Wastewater Application Form to further identify and/or clarify the proposed discharges from the subject facility.

	(Signature	of	Applicant)		
(Date)					