



**CULPEPER COUNTY WATER AND SEWER AUTHORITY**

118 W. Davis Street, Suite 101  
Culpeper, Virginia 22701  
(540) 727-3409

Revised 6-11

**APPLICATION FOR WATER/WASTEWATER SERVICE**

**SECTION A: GENERAL INFORMATION**

**A.1** Company name, billing address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**A.2** Address of production or manufacturing facility (if same as above, please write "same" in blanks below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**A.3** Name, title and telephone number of person or persons authorized to represent this firm in official dealings with the Culpeper County Water and Sewer Authority.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A.4** Identify the type of business conducted (auto repair, machine shop, electro-plating, warehousing, painting, printing, meat packing, food processing, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Signing Official:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of usage shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a special permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are penalties for submitting false information, including the possibility of fine and/or imprisonment as per Chapter 26 of the County of Culpeper Code.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official (Seal if applicable)

**SECTION B: WATER AVAILABILITY**

The availability fee is based upon the single-family unit as equal to one (1) tap.

Water and wastewater availability fees are set by the County Board of Supervisors.

Average gallons per day	Estimated	Measured

**B.1 Consumption**

**B.2 Administration**

This assessment policy will be administered by the Department of Planning and Community Development subject to the conditions as outlined in this policy.

**B.3 New Construction**

The availability fee will be based upon the water meter size requested or on the projected monthly consumption as compared to the maximum allowable gallons for each meter size, whichever is determined by the County to be closest to the actual usage subject to the minimum fee being based on meter size. The County shall have the right to monitor non-residential monthly consumption for a period of one (1) year. Monthly consumption will be reviewed after twelve (12) months of operation. Should the average monthly consumption exceed the maximum allowable gallons for the particular meter size, the supplemental tap fee will equal the difference between the fee for the initial meter size and the fee for the larger meter size which corresponds to the customer's actual use. All calculations will be made at the availability fees in effect on the date of the bill. Should a business change ownership during these first twelve (12) months of operation, the new business owner and/or property owner will be responsible for the final tap fee adjustment which will be due and payable to the County within sixty (60) days of written notification to the owner. All users will be assessed one tap for each meter set.\*

Tap fees are to be paid in full simultaneous with the issuance of all permits necessary to commence construction. If during construction more meters are required than tap fees were paid, the additional fees must be paid before meters will be installed.

**B.4 Residential Multi-family Metering**

With mass metering such as an apartment building, a 5/8" availability fee will be assessed for each residential unit within the building.

**B.5 Change of Use/Additions/Alterations**

For Changes of Use/Additions/Alterations of an existing building, additional tap fees will be required if the meter size increases or if the projected consumption exceeds the maximum allowable gallons for the existing tap credits. Tap fees will be assessed on the difference between the existing service and the new service requested or if additional meters are requested. If additional tap fees are required, they will be due simultaneous with the issuance of a zoning permit. Twelve (12) month monitoring will be performed as with new construction.

**B.6 Tap Credits**

Tap credits on existing or demolished buildings will be based on the meter size or on prior taps paid and on record with the County of Culpeper. The burden of proof for prior tap credits will be on the applicant.

**B.7 Miscellaneous**

		County Availability Fee	
Meter Size	Max Allowable Gallons per Month	Water	Sewer
5/8" Meter	10,000	\$9,750	\$15,000
1" Meter	25,000	\$19,811	\$24,520
1 1/2" Meter	75,000	\$25,973	\$28,039
2" Meter	150,000	\$38,959	\$42,059
3" Meter	225,000	*	*
4" Meter	300,000	*	*

\* Rates for meters larger than two inches shall be negotiated with the Board of Supervisors based upon the cost of capacity.

I, \_\_\_\_\_, the undersigned, have read and understand the Availability Fee Assessment Policy.

I understand that water consumption for my business will be monitored at 12 months; and that payment of additional tap fees may be necessary per the above referenced policy.

\_\_\_\_\_  
Signature of Business Owner or Authorized Agent

\_\_\_\_\_  
Date

Business Owner or Authorized Agent \_\_\_\_\_

Location Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

**SECTION C: WASTEWATER - ONLY Commercial Industrial Users**

C.1 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C.2 Standard Industrial Classification Number(s) (SIC Code) for your facilities:

\_\_\_\_\_

C.3 This facility generates the following types of wastes (check all that apply):

	Average gallons per day	Estimated	Measured
C.4.1 _____ Domestic wastes -restrooms, employee showers, etc.			
C.4.2 _____ Cooling water, non-contact			
C.4.3 _____ Boiler/Tower blowdown			
C.4.4 _____ Cooling water, contact			
C.4.5 _____ Process			
C.4.6 _____ Equipment/Facility Washdown			
C.4.7 _____ Air Pollution Control Unit			
C.4.8 _____ Storm water runoff to sewer			
C.4.9 _____ Other (describe)			

**Total** \_\_\_\_\_ gal per day

C.5 Wastes are discharged to (check all that apply):

	Average gallons per day	Estimated	Measured
C.5.1 _____ Sanitary sewer			
C.5.2 _____ Storm sewer			
C.5.3 _____ Surface water			
C.5.4 _____ Ground water			
C.5.5 _____ Waste haulers			
C.5.6 _____ Evaporation			
C.5.7 _____ Other (describe)			

C.6 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**Note:** If you facility **did not** check one or more of the items listed in A.7.4 through A.7.9 above, then you do not need to complete any further sections in this survey/application. If any items A.7.4 through A.7.9 **were** checked, complete the remainder of this survey/application.

**FACILITY OPERATION CHARACTERISTICS**

**C.7** Number of employee shifts worked per 24-hour day is : \_\_\_\_\_  
Number of shifts is: \_\_\_\_\_  
Highest number of employees per shift is: \_\_\_\_\_

**C.8** Starting times of each sh 1st \_\_\_\_\_  
2nd \_\_\_\_\_  
3rd \_\_\_\_\_

**Note:** The following information in this section must be completed for each product line.

**C.9** Principal product produced: \_\_\_\_\_

**C.10** Raw materials and process additives used:  
\_\_\_\_\_  
\_\_\_\_\_

**C.11** Production process is:  
\_\_\_\_\_ Batch  
\_\_\_\_\_ Continuous  
\_\_\_\_\_ Both \_\_\_\_\_ % Batch \_\_\_\_\_ % Continuous

**C.12** Hours of operation: \_\_\_\_\_ AM to \_\_\_\_\_ PM  
\_\_\_\_\_ Continuous

**C.13** Is production subject to seasonal variation?  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, briefly describe seasonal production cycle:  
\_\_\_\_\_  
\_\_\_\_\_

**C.14** Are any process changes or expansions planned during the next three years:  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

**WASTEWATER GENERAL INFORMATION**

**C.15** If your facility employs processes in any of the 34 industrial categories or business activities listed below **and** any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply):

**A. Industrial Categories**

- Adhesives
- Aluminum Forming
- Auto & Other Laundries
- Battery Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Electric & Electronic Components
- Electroplating
- Explosives Manufacturing
- Foundries
- Gum & Wood Chemicals
- Inorganic Chemicals
- Iron & Steel
- Leather Tanning & Finishing
- Mechanical Products
- Nonferrous Metals
- Ore Mining
- Organic Chemicals
- Paint & Ink
- Pesticides
- Petroleum Refining
- Pharmaceuticals
- Photographic Supplies
- Plastic & Synthetic Materials
- Plastics Processing
- Porcelain Enamel
- Printing & Publishing
- Pump & Paper
- Rubber
- Soaps & Detergents
- Steam Electric
- Textile Mills
- Timber
- 
- 
- 

**B. Other Business Activity**

- Dairy Products
- Slaughter/Meat Packing/Rendering
- Food/Edible Products Processor
-

**C.16** Pretreatment devices or processes used for treating wastewater or sludge (check all that apply):

- Air Flotation
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation, type: \_\_\_\_\_
- Grease Trap
- Grit Removal
- Ion Exchange
- Neutralization, PH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Biological Treatment, type: \_\_\_\_\_
- Rainwater Diversion or Storage: \_\_\_\_\_
- Other Chemical Treatment, type: \_\_\_\_\_
- Other Physical Treatment, type: \_\_\_\_\_
- Other, type: \_\_\_\_\_
- No Pretreatment Provided

**C.17** If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

**OTHER WASTES**

**C.18** Are any liquid wastes or sludges from this firm disposed of by means of other than discharge to the sewer system?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "**no**", skip remainder of Section D.

If "**yes**", complete items 2 and 3.

**C.19** These wastes may best be described as:

	<b>Estimated Gallons or Pounds/Year</b>
_____ Acids and Alkalis	_____
_____ Heavy Metal Sludges	_____
_____ Inks/Dyes	_____
_____ Oil and/or Grease	_____
_____ Organic Compounds	_____
_____ Paints	_____
_____ Pesticides	_____
_____ Plating Wastes	_____
_____ Pretreatment Sludges	_____
_____ Solvents/Thinners	_____
_____ Other Hazardous Wastes (specify)	_____
_____	_____
_____	_____
_____ Other Wastes (specify)	_____
_____	_____
_____	_____

**C.20** For the above checked wastes, does your company practice:

- \_\_\_\_\_ On-site Storage
- \_\_\_\_\_ Off-site Storage
- \_\_\_\_\_ On-site Disposal
- \_\_\_\_\_ Off-site Disposal