



WASTEWATER OPERATIONS

Pretreatment | Utility Maintenance | WPCP Operations

Application for Temporary Wastewater Discharge or Special Event Permit

Event Title: _____

Event Date(s): _____ to _____

Contact Person: _____ Title: _____

Emergency Phone Number (during event): _____

Normal Phone Number (if different): _____

Alternate Contact Person: _____ Title: _____

Emergency Phone Number (during event): _____

Event Location (include FH and/or MH numbers): _____

Specify the fire hydrant (FH) location or number to receive potable water and/or the discharge manhole (MH) location to the sanitary sewer. Please go to the [Western Virginia Water Authority \(WVWA\) GIS website](#) to identify hydrants and/or manholes:

WVWA personnel shall review the(se) location(s) for feasibility, and shall have sole discretion of the acceptability of the proposed connection. It shall be the responsibility of the WVWA to install a water meter on the selected hydrant(s) to measure usage.

Our Mission Is Clear

If special equipment used to connect to the water or sanitary system is to be used to make a connection, technical details of the equipment shall be submitted with this application to the WVWA for review. Hoses required for potable water and/or sanitary sewer lines shall be the responsibility of the applicant.

There is a \$50 connection fee for each connection. What type of connection(s) will the WVWA need to supply for this event?

Potable Water:	Yes	No
Sanitary Sewer:	Yes	No

It shall be the responsibility of the Contact Person on this application to obtain portable toilets, shower facilities, etc. and to oversee the use of these water/sewer connections for the duration of the temporary permit. Nothing other than wastewater may enter the sanitary sewer. It is a Class I misdemeanor to discharge into the sanitary sewers of the WVWA anything other than domestic waste, or discharged into any location other than the manhole identified in the temporary permit.

Application shall be returned to the WVWA a minimum of 30 days prior to the start of the event.

If portable toilets are to be provided:

Name of Portable Toilets Company: _____

Point of Contact: _____

Phone Number: _____

Responsible Person for Special Event:

Signature

Date

Please Print Name

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