



Sewer Availability Charge (SAC)

2019 ADDITIONAL SUBMITTAL REQUIREMENTS

CURRENT PROJECT INFORMATION (Both business and city name are required)

Business Name: _____ City Name: _____

ADDITIONAL INFORMATION (Answer those that apply to your business and label floor plan)

Animal Salon/Pet Grooming

Number of grooming stations: _____ Number of grooming tubs: _____
What size are the floor drains: _____

Apartment Building/Assisted Living/Elderly Housing

Number of Units: _____
Is there a parking garage present? No -or- Yes, *Fill Out Parking Garage Below*
Is there a common laundry? No -or- Yes
Do any units have a washing machine or hook-up? No -or- Yes, in how many units? _____

Catering/Meals-to-Go

What is the maximum potential number of meals that can be prepared on the busiest day? _____
Is dishwashing available? No -or- Yes

Dialysis

Number of Dialysis Chairs: _____ Treatments per Day: _____
Dialysis Gallons Per Treatment: _____ Dialyzer Gallons Per Treatment: _____
Number of RO Reject Units: _____ Gallons Per RO Reject Unit: _____
Number of Filters: _____ Gallons Per Filter: _____
Number of Regeneration/Backwash Units: _____ Gallons Per Regeneration/Backwash Unit: _____

Golf Course/Country Club

Is the dining room for members only? No -or- Yes
Is the dining room used evenings and weekends only? No -or- Yes

Hotel/Motel

Is breakfast complementary? No -or- Yes
Is there a parking garage present? No -or- Yes, *Fill Out Parking Garage Below*

Parking Garage/Floor Drains

What size are the floor drains: _____ Which floors are connected to sanitary sewer: _____
Is there a car wash bay/port? No -or- Yes

Public Works

How many drivers? _____

Theater

Maximum number of shows per day? One Show -or- More than One Show

I certify that I have read and understood all questions in this form and that my answers are true to my knowledge and belief. I also understand that giving false information in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner: _____
Date: _____ Signature of Business Owner