Valley Center Municipal Water District Commercial Wastewater Discharge Program Application



APN:					
Commercial Wastewater Discharg	e Program (CWDP) I	Phone:		(760) 735-4503	
Business Name (Corporation):		Brief Descrip	tion of Property Use:		
Street Address (Location of Business):		<u> </u>		
City:	State:	ZIP:		Bus. Phone:	
Owner/Responsible Party:				Phone:	
Mailing Address (if different above):					
City:	State:	ZIP:		Email:	
On-Site Primary Contact Person:				Emergency Phone:	
application will be returned to you. O verify fixtures connected to the system requirements. Property is not eligible Check all that apply and provide a brown	nce application is app tem and, required f to discharge into the lef description of use:	roved and ins og equipmen public sewer :	stallation compl nt installed and system until fin	minimum sizing will be determined, a signed copy of you leted a VCMWD representative will inspect the installation d operating correctly and test the system per specified all acceptance is granted.	
Pre-Rinse Station/Scrapper			e-Rinse Quick [Drain	
Mist/Water Wash Hood	Mist/Water Wash Hood Burner Wok Range				
Chicken Rotisserie Mop Sink/Can Wash					
Deep Fryer Char-broiler/Broiler					
Commercial Dishwasher		Soup/Stear	m Kettle/Tilt Sk	illet	
Grill/Griddle	Oven		Floor Si	ink(s) Floor Drain(s)	
Other					
Property Owner Signature:				Date	
VCMWD Application Approval:		Required FOG Equipment: Interceptor Trap N/A:			
District Engineer	Date	Required Type:			
VCMWD Final Acceptance:		Additional Requirements:			
District Inspector	Date				