



MAGNOLIA WATER

Utility Operating Company

A CSWR Managed Utility

COMMERCIAL OCCUPANCY FORM

Email this completed form to: support@magnoliawateruoc.com

1.0 GENERAL INFORMATION

1.1 Business Name: _____

1.2 Location Address:

Street: _____

City: _____ State: _____ Zip: _____

Is the Business the owner of the Location? Yes () No (). If no, provide the name and address of the owner and submit a copy of the contract or other documents indicating the owner's scope of responsibility for the location.

1.3 Owner of Location Contact:

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

1.4 Billing Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

1.5 Designated Location Contact:

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

2.0 BUSINESS ACTIVITY

2.1 Give a brief description of all operations at this location including primary products or services (attach additional sheets if necessary):

2.2 Please include a copy of your Commercial Permit from your Parish and/or your City.

2.3 If your location employs or will employ processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

INDUSTRIAL CATEGORIES*

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Asbestos Manufacturing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Can Making |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Coil Coating |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Electric and Electronic Components Manufacture |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Feedlots |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Foundries (Metal Molding and Casting) |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Grain Mills |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Iron and Steel |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Nonferrous Metal Forming | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Organic Chemicals Manufacture | <input type="checkbox"/> Paint and Ink Formulating |
| <input type="checkbox"/> Paving and Roofing Manufacture | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Plastic, Synthetic Materials Mfgr. | <input type="checkbox"/> Plastics Processing Manufacturing |
| <input type="checkbox"/> Porcelain Enamel | <input type="checkbox"/> Pulp, Paper and Fiberboard Manufacturing |
| <input type="checkbox"/> Rubber | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Steam Electric | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Textile Mills | <input type="checkbox"/> Timber Products |

* A location whose processes are within these business areas may be a “Categorical User” and subject to Environmental Protection Agency (EPA) categorical pretreatment standards.

2.4 Indicate applicable Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) for all processes. (If more than one applies, list in descending order of importance):

a. _____ b. _____

3.0 WATER SUPPLY

3.1 Water Resources: (check as many as are applicable)

- Private Well Surface Water

Public Water System (Specify Provider): _____

Other (Specify): _____

3.2 List Average Water Use on Premises: (New locations may estimate)

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE (E) ESTIMATED OR (M) MEASURED
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary		
f. Air pollution control		
g. Contained in product		
h. Plant and equipment washdown		
i. Irrigation and lawn watering		
j. Other		
k. TOTAL OF a-j		

3.3 Does your location have a backflow prevention device to prevent the introduction of water into the water supply?

Yes

No

4.0 LOCATION OPERATIONAL CHARACTERISTICS

4.1 Does (or will) the Business location discharge any wastewater other than from restrooms to the sewer system?

Yes

No

4.2 Does your location have a pretreatment device on the sewer service line?

Yes: Describe device _____

No

4.3 Shift Information

Number of Employees: _____

Business Hours: _____

4.4 Indicate whether the business activity is:

() Continuous through the year, or

() Seasonal – Check the months of the year in which business activity occurs:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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Name

Title

Signature

Date

Phone

Email this completed form to:

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