



Instructions for completing BUSINESS UTILITY FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE BUSINESS UTILITY FORM.

Page 1: Complete all items 1-17. Do not leave items blank. If necessary, use "None".

Items 1-6: Enter the details of the business.

Item 7: Check YES or NO.

Item 8: Check the appropriate box and provide a description. Describe new uses or changes or expansion of the existing use.

Item 9: If the business is part of a building where multiple units share a meter, ALL fixtures in the ENTIRE building serviced by the single meter must be identified in Table 1 on Page 2. List fixtures in Table 1 to obtain equivalent fixture units, multiply the number times the value and enter the total water supply fixture units (WSFUs) in this space. Not every possible use can be listed. Use judgment to determine an equivalent use. If no listed use seems to be equivalent, use the size of the line serving the fixture to determine the WSFU. Note there is a difference between flush valves and flush tanks.

Please note the meter size requested, if known.

Items 10-11: List the information requested. If your facility maintains MSDS sheets on site, list those chemicals in this blank. ADDITIONALLY, the completion of an INDUSTRIAL WASTE SURVEY is required. The form for the industrial waste survey varies depending on the type of business; please request the appropriate form from the Town.

Items 12-13: If items are listed in blocks 10 and 11, provide descriptions and attach the Spill Prevention Control Plan.

Items 14-16: Print name, phone number, and email address of owner, manager, and 24-hour contact.

Item 17: Sign and enter date.

Page 2: Table 1. Equivalent Fixture Units.

Review the column “Type of Fixture or Group of Fixtures” and determine how many of each type are applicable to your business. Enter the number of fixtures in the “Quantity” column. Then multiply across, [private OR public] x [Quantity], to obtain [Total Water Supply Fixture Units]. Add this column to determine TOTAL FIXTURE UNITS.

Notes: “Lavatory” includes a sink only, not a sink and toilet. Note there is a difference between flush valves and flush tanks. Not every possible use can be listed. Use judgment to determine an equivalent use. If no listed use seems to be equivalent, use the row containing the appropriate water supply outlet size under the heading “Water Supply Outlets not listed above...” in your calculations.

Additionally, be sure to include a **PLUMBING PLAN SHOWING ALL FIXTURES** with the submission of the completed Business Utility Form.



Business Utility Form

Town of Purcellville

221 S. Nursery Avenue, Purcellville, VA 20132

For more information contact the Department of Public Works

540-338-5024

1. Name of Business:					
2. Location of Business:					
3. Mailing Address:					
4. Major products manufactured or services supplied:					
5. Number of Employees:			6. Hours of Operation:		
7. Has the plumbing been modified?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Check Appropriate Box:					
<input type="checkbox"/> Change in Use. Describe new use.			<input type="checkbox"/> Expansion of existing use. Describe expansion of utilities.		
9. Provide the fixture unit count for new or upgraded facility using Table 1. Please note meter size requested.					
10. List types and concentrations of pollutants discharged to the sewer system:					
11. List hazardous materials stored on site (SARA Title III)					
12. Describe on-site and off-site pretreatment facilities or recycling practices:					
13. Briefly describe the Spill Prevention Control Plan (SPCC) and attach SPCC plan.					
14. Name of Owner:			Phone:		E-Mail Address:
15. Name of Manager:			Phone:		E-Mail Address:
16. 24-Hour Contact:			Phone:		E-Mail Address:
17. Signature:					Date:
STAFF USE ONLY:					
Average expected water use in gallons per minute:				GPM	
Recommended water meter size/type:					
Backflow prevention device required:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Town Approval (signature):					Date:
Public Works Director or Designee					

TABLE 1. EQUIVALENT FIXTURE UNITS	Number of Fixture Units per Fixture					
	Type of Fixture or Group of Fixtures	Private	Public	Quantity	Total Water Supply Fixture Units	
Plumbing Appliances, Appurtenances or Fixtures						
Bathtub or Combination Bath/Shower	4.0	4.0	x		=	
Bathtub with 3/4" fill valve	10.0	10.0	x		=	
Clothes Washer	4.0	4.0	x		=	
Dental Unit, cuspidor		1.0	x		=	
Dishwasher, domestic	1.5	1.5	x		=	
Drinking Fountain or Watercooler	0.5	0.5	x		=	
Hose Bibb	2.5	2.5	x		=	
Hose Bibb, each additional	1.0	1.0	x		=	
Lavatory	1.0	1.0	x		=	
Lawn Sprinkler, each head	1.0	1.0	x		=	
Sinks						
Bar	1.0	2.0	x		=	
Clinic Faucet		3.0	x		=	
Clinic Flushmeter Valve with or without faucet		3.0	x		=	
Kitchen, domestic	1.5	1.5	x		=	
Laundry	1.5	1.5	x		=	
Service or Mop Basin	1.5	2.0	x		=	
Washup, each set of faucets		2.0	x		=	
Shower, per head	2.0	2.0	x		=	
Urinal						
Flush Tank	2.0	2.0	x		=	
Washfountain		4.0	x		=	
Water Closet						
1.8 GPF Gravity Tank	2.5	2.5	x		=	
Water Closet with flushometer tank	1.5	1.5	x		=	
> 1.8 GPF Gravity Tank	3.0	5.0	x		=	
Water Supply Outlets not listed above shall be computed at their maximum demand but in no case less than:						
3/8 inch	1.0	2.0	x		=	
1/2 inch	2.0	4.0	x		=	
3/4 inch	3.0	6.0	x		=	
1 inch	6.0	10.0	x		=	
TOTAL FIXTURE UNITS						