Revised June 3, 2025

Upper Occoquan Service Authority

Leader in Water Reclamation and Reuse

14631 COMPTON ROAD, CENTREVILLE, VIRGINIA 20121-2506
(703) 830-2200

Certification of Wastewater Discharge from Commercial/Industrial Businesses to the Upper Occoquan Service Authority

INDUSTRIAL/COMMERCIAL USER FORM

Note: This form is to be completed if your business qualified to receive a long form based on how questions were answered on the UOSA "Initial Information" Industrial User Survey.

In accordance with Title 40, Part 403.8(f)(2) of the Code of Federal Regulations, the Upper Occoquan Service Authority (UOSA), also called the Publicly Owned Treatment Works (POTW), is required to identify, locate, and evaluate industrial and commercial users of the sanitary sewer that discharge wastewater with the potential to:

- Cause an interference with the POTW, including collection system pipes and equipment;
- Pass through the POTW, inadequately treated, into receiving waters or the atmosphere or otherwise be incompatible with the POTW; and / or
- Expose POTW personnel and the public to health or safety hazards.

This form **must** be completed to help us understand your facility's wastewater discharge. A wastewater discharge permit and/or pretreatment of wastewater may be required if any of the above characteristics exist. You may fill out this form in three different ways:

1. Complete this fillable PDF form and email it to RegulatoryAffairs@uosa.org;
2. Print, complete, sign, scan, and email the form to RegulatoryAffairs@uosa.org or;
3. Print, complete, sign, and mail the form to the UOSA address found on page 6.

If you have any questions or need assistance with this form, please email at RegulatoryAffairs@uosa.org

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Business Name:_____ Phone: _____

Physical Address:_____

Mailing Address:_____

Person to Contact Regarding This Survey:_____ Phone: _____

Property Owner: _____ Phone: _____

Building Permit #_____(if applicable) Plan Reviewer_____(if applicable)

Check **all** boxes that apply (continues to page 2):

1. Business activities:
   - ☐ Metal finishing/electroplating
   - ☐ Flammables/explosives
   - ☐ Food/beverage processing
   - ☐ Dry cleaning
   - ☐ Data Center
   - ☐ Marble/stone/granite cutting
   - ☐ Composite fiber manufacturing
   - ☐ Laboratory
   - ☐ Launderer (Industrial) [NAICS 812332]
   - ☐ Machine shop
   - ☐ Textile mill
   - ☐ Tannery
   - ☐ Fire training facility
   - ☐ Hospitals/Medical Facilities
   - ☐ Dental care
   - ☐ Medical testing
   - ☐ Screen printing
   - ☐ Home improvement
   - ☐ Paint or ink formulation
   - ☐ Packaging manufacturing
   - ☐ Paper manufacturing
   - ☐ Photographic processing
   - ☐ Pharmaceutical
   - ☐ Plastics processing
   - ☐ Printing/binding
   - ☐ Landscaping
   - ☐ Centralized Waste Treatment Facility
   - ☐ Carpet Cleaner
   - ☐ Landfill
   - ☐ Repair shop/autobody
   - ☐ Research (generating waste)
   - ☐ Electronics/semiconductor/ circuit board manufacturing
   - ☐ Brewery/winery/distillery

☐ Cooling tower ☐ Groundwater Remediation ☐ Other, specify:_____
☐ Air pollution control ☐ Wastewater Discharger
☐ Vehicle washing (not residential) ☐ Airport/air base/air station
☐ Leather/fabric/carpet treater

Standard Industrial Classification Code SIC#_____ NAICS #_____(if unknown, use siccode.com)

2. Type of business: ☐ Industrial ☐ Commercial ☐ Manufacturing ☐ Restaurant ☐ Other

(If "Other", explain):_____

(a) Total number of employees: ☐ 0-5 ☐ 6-15 ☐ 16-50 ☐ 51-100 ☐ 101-300 ☐ 300+

3. If you know you have **never** discharged ***any*** chemicals, **are currently not** discharging ***any*** chemicals, and **do not plan to** discharge ***any*** chemicals in the future, into the sanitary sewer, mark here: ☐

Chemicals include, but are not limited to: petroleum products, cleaning products, water softening chemicals, contact or non-contact cooling system maintenance and operations chemicals, and any chemicals related to the aforementioned activities.

STOP:

If you **selected** the box for item number 3 above, do not fill out any more of this survey. Proceed to the certification at the bottom of **page 4** and sign. Once you have signed, submit the survey using one of the three submissions methods detailed on **page 1** of this form.

If you did **not** select the box in item number 3 above, please proceed to fill out the rest of this survey, starting with item number 4 below.

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4. If you are a data center, mark here, and answer the questions below: ☐
   - Is there more than one facility/building discharging at the listed address? If yes, explain:

     _____

     What is the current operational status of the facility?

     _____
   - Is the facility(ties) at this address running operational to fully designed capacity? Yes ☐ No ☐
   - If no, provide an estimated date the facility will be operating at its fully designed capacity:

     _____
5. If your facility uses a foam-based fire suppression system, mark here: ☐
6. Sewer is connected to (check one): ☐ County Sewer System ☐ Private Septic Tank ☐ Other
   (If "Other", explain):_____
7. Provide a brief description of all operations at this facility, including primary products or services:

   _____
8. List the chemicals and materials used in business activity that have a reasonable potential of entering the sanitary sewer drain. **Please refer to Attachment 1 for a list of pollutants of concern to UOSA**:

   _____

9. Is a wastewater pretreatment device utilized prior to discharge to the sewer? (Examples include grease interceptors, sediment traps, silver recovery, pH neutralization, cyanide destruction, metals precipitation, solids clarification, disinfection): ☐ Yes ☐ No

   (If "Yes", specify, including size/capacity of traps/interceptors and specifications of all pretreatment devices):

   _____

10. Estimate how much water the business uses for all activities during a typical working day:

    ☐ less than 1,000 gallons (gal) ☐ 1,000 to 5,000 gal ☐ 5,000 to 25,000 gal ☐ more than 25,000 gal

11. Does the facility generate or store any hazardous material, petroleum products, solvents, or chemicals?

    ☐ Yes ☐ No (If "Yes", list):

    _____

12. Is any waste hauled off-site: ☐ Yes ☐ No

    (If "Yes", please indicate the type of waste):

    ☐ Acid/Alkaline ☐ Solvents ☐ Heavy Metals ☐ Oils & Grease ☐ Radioactive ☐ Paint

    ☐ Pesticides ☐ Other (If "Other", explain):_____

13. Are any process changes or expansions planned during the next three years? Yes ☐ No ☐
    (If "Yes", describe the nature of planned changes or expansions):
    _____

14. Does your facility generate any of the following types of wastes? (Provide all that apply). If so, provide where the waste is sent **to** (using one or more from the list below). Then mark the Outlet No. and size of the outlet.

To: Sanitary | Storm sewer | Surface water | Ground water | Waste hauler | Evaporation

Discharge Description	Avg. Gallons Per Day (gpd)	Estimated, gpd	Measured, gpd	Discharging to:	Outlet No. (to sanitary sewer)	Size (in.)
(Example): Process Water	537	500	513	Sanitary	No. 8	6 in
Sanitary waste						
Cooling water						
Process water						
Equipment/Facility Wash down						
Air Pollution Control Unit Water						
Chemicals						
Solvents or Oils						
Sludges						
Hazardous materials						

Regulated Medical Waste						
Radioactive material						
Other (describe)						

15. Provide an estimate of constituent concentrations (mg/l) of all wastewater discharged to the sanitary sewer (COD, BOD, Ammonia, Phosphorous, Metals, TSS, FOG, etc.)

Constituent	Average (mg/l)	Maximum (mg/l)	Minimum (mg/l)
COD			
BOD5			
Ammonia			
Total Phosphorous			
Total Nitrogen			
Ammonia (as N)			
Metals			
Total Suspended Solids			
Fats, Oil & Grease			
pH			
Alkalinity (as $CaCO_3$)			
Hydrogen Sulfide (as S)			
PFAS			
Other			

16. Is a spill prevention control and countermeasures plan prepared for the facility? Yes ☐ No ☐

17. Do you have any automatic sampling equipment or continuous wastewater flow metering equipment currently in use or included in future plans?

Current:	Flow metering	Yes ☐ No ☐
	Sampling Equipment	Yes ☐ No ☐
Future:	Flow Metering	Yes ☐ No ☐
	Sampling Equipment	Yes ☐ No ☐

Information below is to be filled out by the person authorized to represent the above-noted business:

CERTIFICATION: I certify under penalty of law that this form was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Attachment 1

List of Pollutants of Concern

Primary:

- Arsenic
- Beryllium
- Bromine
- Cadmium
- Chromium
- Cyanide
- Copper
- Lead
- Mercury
- Molybdenum
- Nickel
- Selenium
- Silver
- Sodium
- Zinc

VPDES Specific:

- Total Nitrogen
- Total Phosphorus

Additional concern for impact to water supply:

- Sodium-based chemicals
- Sodium in any form, including:
    - Water treatment chemical for water cooling systems
    - Process wastewater
    - Water treatment chemicals for:
        - Ion exchange
        - pH adjustment
        - Boilers
        - Water softening
    - Reverse Osmosis discharge
    - System start-up, flushing, and passivation
- Sodium chloride (like road salt)
- Any chemicals containing bromide, bromine, or bromate

PFAS (Per and Polyfluoroalkyl Substances):

- Please refer to Method 1633 for 40 PFAS Compounds "Analysis of Per- and Polyfluoroalkyl Substances (PFAS) in Aqueous, Solid, Biosolids, and Tissue Samples by LC-MS/MS" for a list of potential PFAS contaminants of concern.

Other Parameters:

As authorized by the appropriate jurisdictional sewer ordinance, the Service Authority reserves the right to impose industry specific Local Limits for other parameters that could potentially impact the plant's

operations or its ability to remain in compliance with Federal and State regulations. Other parameters include, but are not limited to:

- Vanadium
- Total Mass Basis Dioxins/Furans (TMB PCDD/PCDF) and Toxic Equivalent Basis Dioxin/Furans (TEQ PCDD/PCDF)
- Hydrogen Chloride (HCl)
- Particulate Matter (PM)
- Sulfur Dioxide (SO2)
- Organic Pollutants
- Fats, Oils and Grease (FOG)
- Biological Oxygen Demand (BOD)
- Total Suspended Solids (TSS)
- Bromine containing chemicals
- Regulated Medical Waste

If sending form by mail, return the completed form to:

Upper Occoquan Service Authority

14631 Compton Rd, Centreville, VA20121

Phone (703) 830-2200 Ext. 1295, Fax (703) 968-7443

RegulatoryAffairs@uosa.org