



City of Norman
 Nonresidential Wastewater Survey
 New Development Excise Tax Calculation

Please answer all questions, failure to do so may delay processing your application.

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Owner Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Owner Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Business Name: _____

Construction Address: _____

Business Description: _____

Water Source(s): City Water Existing Private Well New Private Well

Est. Water Usage (gal/month): _____ % Water Consumed in Process _____

Sewer Solution City Sewer Septic Tank Other (Specify): _____

Remodel of Existing Structure? Yes No

If Remodel of Existing Building, Identify Previous Use of Space: _____

Building Area (square feet) Existing: _____ New: _____ Total: _____
Full-Time Part Time Hours/Week

No. of Existing Employees: _____ and _____ at _____

No. of New Employees: _____ and _____ at _____

Operating Hours and Days: _____

Page 2 must be filled out before submitting this form

Signature: _____ Date: _____

Name (Please print): _____

City of Norman - Planning Department

Form Received _____

For Office Use Only

Previous Permit #	Business Name	Square Feet	WET Fee paid

City of Norman - Utilities Department

Form Received: _____

Calculations by Staff Member

Credit = _____

Employee Fee = _____

Process Water Fee = _____

Total = _____

Date: _____

City of Norman - Environmental Services

Form Reviewed by: _____

Date: _____



Which of the following types wastewater will be generated at the business? Check all that apply:

- | | | | |
|---|--------------------------|--------------------------------|--------------------------|
| 1. Domestic wastewater (restrooms, employee shower, etc.) | <input type="checkbox"/> | 6. Equipment facility washdown | <input type="checkbox"/> |
| 2. Cooling water, non-contact | <input type="checkbox"/> | 7. Air pollution control unit | <input type="checkbox"/> |
| 3. Boiler/tower blowdown | <input type="checkbox"/> | 8. Storm water runoff to sewer | <input type="checkbox"/> |
| 4. Cooling water, contact | <input type="checkbox"/> | 9. Other (describe) | <input type="checkbox"/> |
| 5. Process | <input type="checkbox"/> | _____ | |

Where are wastes discharged? Check all that apply:

- | | | | |
|-------------------|--------------------------|---------------------|--------------------------|
| 1. Sanitary sewer | <input type="checkbox"/> | 5. Waste hauler(s) | <input type="checkbox"/> |
| 2. Storm sewer | <input type="checkbox"/> | 6. Evaporation | <input type="checkbox"/> |
| 3. Surface water | <input type="checkbox"/> | 7. Other (describe) | <input type="checkbox"/> |
| 4. Ground water | <input type="checkbox"/> | _____ | |