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| **SOLICITUD DE CERTIFICADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Se requiere marcar con una cruz según corresponda: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nº requerimiento:**    **Recepción, firma, sello y CI** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **INFORMATIVO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **FACTIBILIDAD DE SERVICIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **/** | |  | | | | | | | | | | | | | **/** | |  | | | |
| El que suscribe en carácter de :  (Marque con una cruz según corresponda) | | | | | | | | | | | | |  | | **Titular:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Usuario:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Profesional:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solicita a Ud, **certifique** la existencia de Servicios Sanitarios Oficiales de **AGUA CORRIENTE Y DESAGUES CLOACALES** para la parcela ubicada en: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| calle | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Nº | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| entre | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | y | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Cuenta Municipal Nº** | | | | | | | | | | | | | | | | | | | **Partida Inmobiliaria Nº** | | | | | | | | | | | | | | | | | | | | **Cuenta OSSE Nº** | | | | | | | | | | | | | | | | | | | | | |
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| **Nomenclatura Catastral:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Circ.:** | | | | | **Secc.:** | | | | | | **Chacr.:** | | | | | | | | | | | **Qta.:** | | | | | | | **Frac.:** | | | | | | | | | **Mzn.:** | | | | | | | | **Parc.:** | | | | | | | | | | **Pol.:** | | | | |
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| **DATOS DEL SOLICITANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre del Propietario/titular del Servicio:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Domicilio Postal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | Localidad | | | | | | | | | | | | | Calle | | | | | | | | | | | | | | | Nº | | | | | | Piso | | | | | | | | | | | | | | Dpto. | | | | | |
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| **Nombre del usuario Servicio:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre del establecimiento/ Razón Social/Nombre Fantasía del Proyecto/Empresa Constructora:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CUIT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teléfono Fijo | | | | | | | | | | | Celular | | | | | | | | | | | | | |
| Domicilio Postal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | Localidad | | | | | | | | | | | | Calle | | | | | | | | | | | | | | | | Nº | | | | | Piso | | | | | | | | | | | | | | Dpto. | | | | | |
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| **Nombre de Gestor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre de Profesional actuante:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Matricula Nº:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teléfono Fijo | | | | | | | | | | | | | Celular | | | | | | | | | | | | |
| **TAREAS ENCOMENDADAS**  **Insertar el QR certificado por el Colegio** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Descripción de Tareas contratadas** | | | | | | | | | | | | | | | | | | | | | | | | **Insertar código QR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Vigencia del contrato** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEMORIA TÉCNICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MOTIVO** | | | | | | | | | | | | | | **DESTINO** | | | | | | | | | | | | | | | | | | | | **CANT.**  **UNIDADES** | | | | | | | | | **SUPERFICIE (m2)** | | | | | | | | | | | | | | | | |
| **Actual** | | | | | | | **Final** | | | | | | | | | |
|  | **Subdivisión en PH** | | | | | | | | | | | | |  | | | | **Viv. Unifamiliar** | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Consorcio de Hecho** | | | | | | | | | | | | |  | | | | **Viv. Multifamiliar** | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Habilitación Comercial** | | | | | | | | | | | | |  | | | | **Comercial** | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Regularización**  **(existente sin permiso)** | | | | | | | | | | | | |  | | | | **Industrial** | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Ampliación** | | | | | | | | | | | | |  | | | | **Oficinas** | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Obra Nueva** | | | | | | | | | | | | |  | | | | **Salud** | | | | | |  | | | | Pública | | | |  | | Privada | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Unificación Parcelaria** | | | | | | | | | | | | |  | | | | **Educación** | | | | | |  | | | | Pública | | | |  | | Privada | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | **Otro:** | | | | | | | | | | | | | **Destino de Comercio / Industria** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Carpeta Industrial Nº :** | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Tratamiento de Efluentes :** | | | | | | | | | | **SI** | | | | | **NO** | |
| **ESTADO DE EDIFICACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fechas estimadas de:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Inicio** | | | | | | | | **Finalización** | | | | | | | | |
|  | **Proyecto en estudio sujeto a aprobación municipal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | **En uso** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | **A Construir** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | **En Construcción** | | | | | | | | **% Avance de Obra** | | | | | | | | | | | | | | **20** | | **40** | | | | | | **60** | | | | | | **80** | | | | | |  | | | | | | | |  | | | | | | | | |
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|  | **Obra Nueva** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNCIONAMIENTO GENERAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Es una actividad estacional?** | | | | | | | | | | | | | | | | | | | | | | | | **SI** | | | | | | | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | | | | |
| En caso de contestar SI debe completar ambas columnas. En caso de contestar NO debe completar columna de ALTA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | **ALTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | **BAJA** | | | | | | | | | | | | | | | | |
| Período del año: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Días de trabajo: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Horario de funcionamiento: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Horario de max. Producción: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Cantidad de empleados: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Producción Diaria: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Materias primas Utilizadas:…………………………………………………………………………………………….  ………………………………………………………..………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detalle de Elaboración del Producto: ……………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGUA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUENTE** | | | | **RED OFICIAL** | | | | | | | | | | | | | | | | | | | | **POZO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | **Cantidad de perforaciones** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Existentes** | | | | | | | | | |  | | | | | | | | | **A solicitar** | | | | | |  | | | | | | | | | | |
| **Volumen tanque reserva** | | | | | | | | | | | |  | | | | | | | | | **M3** | | | **Volumen tanque reserva** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **m3/día** | | | | | | | |
| **Volumen tanque bombeo** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **m3/día** | | | | | | | |
| **Volumen tanque bombeo** | | | | | | | | | | | |  | | | | | | | | | **M3** | | | **Canilla de TM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SI** | | | | | | | | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | | | |
| **CONSUMO ASIGNADO POR OSSE** | | | | | | | | | | | |  | | | | | | | | | **m3/día** | | | **CONSUMO ASIGNADO POR OSSE** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **m3/día** | | | | | | | |
| **CONSUMO AGUA SOLICITADO** | | | | | | | | | | | |  | | | | | | | | | **m3/día** | | | **CONSUMO DE PSS SOLICITADO** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **m3/día** | | | | | | | |
| **Detalle de uso del agua en el establecimiento:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FACTIBILIDAD DE CONEXIONES DE AGUA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **El solicitante deberá marcar bajo declaración jurada la ubicación y uso de cada conexión de agua existente y solicitada.**  **En los casos en los cuales la intervención de OSSE en la red determine la necesidad de efectuar la rotura de veredas, su reparación quedará a cargo del usuario requirente.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CX EXISTENTE** | | | **BAJA DE CX EXISTENTE** | | | | | | | **CX ADICIONAL** | | | | | | | **SOLICITUD SERVICIO** | | | | | | | **DISTANCIA** | | | | | | | | | | **DISTANCIA** | | | | | | | | | **DIAMETRO** | | | | | | **MEDIDOR** | | | | | | | | | | |
| **E.M.D.** | | | | | | | | | | **L.M.D.** | | | | | | | | | **MM** | | | | | | **SI** | | | | | **NO** | | | | | |
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| **CROQUIS DE UBICACIÓN DE LA PARCELA Y CONEXIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NOTAS** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MICROMEDICIÓN Y TELEMETRÍA** ORD. 25005 ART. 139 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Descripción** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Cantidad** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gabinete con componentes eléctricos:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Totalizador Ø 13 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Totalizador Ø 19 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Totalizador Ø 25 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Domiciliario Ø 13 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Domiciliario Ø 19 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Domiciliario Ø 25 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Domiciliario Ø 38 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Comercial Ø 13 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Comercial Ø 19 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Comercial Ø 25 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medidor Interno Comercial Ø 38 mm** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describir fuente de abastecimiento y consumo de agua de los Espacios Comunes (lavadero de uso común, SUM., pileta, quincho, gimnasio, microcine y/o cocheras con servicio)** ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dispositivos reductores de consumo** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SI** | | | | | | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | |
| **Especificar:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Periodicidad de limpieza de tanque:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dispositivos contra incendio** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SI** | | | | | | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | |
| **Especificar:** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observaciones:** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **CLOACA** | | | | | | | | |
| **CONSUMO VUELCO CLOACAL ASIGNADO POR OSSE** | | | | | | | | |
|  | | | | | | | | |
| **CONSUMO VUELCO CLOACAL SOLICITADO:** | | | | | | | | |
|  | | | | | | | | |
| **FACTIBILIDAD DE CONEXIONES DE CLOACA** | | | | | | | | |
| **El solicitante deberá marcar bajo declaración jurada la ubicación y uso de cada conexión de cloaca existente y solicitada.**  **En los casos en los cuales la intervención de OSSE en la red determine la necesidad de efectuar la rotura de veredas, su reparación quedará a cargo del usuario requirente.** | | | | | | | | |
| **CX EXISTENTE** | **BAJA DE CX EXISTENTE** | **CX ADICIONAL** | **SOLICITUD CONEXION** | **DISTANCIA** | **DISTANCIA** | **DIAMETRO** | **MEDIDOR** | |
| **E.M.D.** | **L.M.D.** | **MM** | **SI** | **NO** |
|  |  |  |  |  |  |  |  |  |
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| **CROQUIS DE UBICACIÓN DE LA PARCELA** | | | | | **NOTAS** | | | |
|  | | | | |  | | | |
| **Observaciones:** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | |

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| **TRATAMIENTO DE EFLUENTES** | | | | | | | | | | | | | | | | | | | | | | | |
| **En caso de contar con más de un tratamiento primario/secundario deberá declararlo mediante copias del presente formulario.** | | | | | | | | | | | | | | | | | | | | | | | |
| **Origen de efluentes industriales:** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Caudal máximo horario (Qmáx):** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Cantidad de tratamientos primarios:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Ubicación del tratamiento:** | |  | | | | | | | **metros de a EMD** | | | | | | | **y** | |  | | | | | **metros de LMD** |
| **Dimensiones:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Ancho:** | | | | | | **Largo:** | | | | | | | | **Prof. del pelo de agua:** | | | | | | | | | |
| **Volumen (V) útil de tratamiento m3):** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Sistema de funcionamiento:** | | | | | | **C / SIFÓN** | | | |  | | | | | **C/TABIQUE** | | | | | |  | | |
| **Tiempo de residencia (V/Qmáx hor.) (min.): 2 horas.** | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Posee ventilación?** | | | | | **SI** | | | | | | | | | | | **NO** | | | | | | | |
| **Lugar de Toma de Muestra** | **CTM** | | | | **BDT** | | | | | | **SI** | | | | | **CI** | | | | | | **OTRO:** | |
|  | | | |  | | | | | |  | | | | |  | | | | | |  | |
| CTM: Cámara toma de muestras BDT: Boca de desagüe tapada  CI: Cámara de Inspección SI: Salida del interceptor | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo de limpieza** | | | **MANUAL** | | | | | | | | | | | | | | **CAMIÓN ATMOSFÉRICO** | | | | | | |
| ***SI UTILIZA CAMIONES ATMOSFERICOS DEBERÁ ESTAR INSCRIPTO EN EL Registro de Generadores de Efluentes Industriales (Ordenanza 19064/09)*** | | | | | | | | | | | | | | | | | | | | | | | |
| **BACTERIAS** | | **OTROS** | | | | | | | | | | | | | | | | | | | | | |
| ***En el caso de uso de bacterias: especificar cuales se emplean y el Organismo Nacional que ha autorizado las mismas, adjuntando fotocopia*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Frecuencia de limpieza** | | | **SEMANAL** | | | | | **QUINCENAL** | | | | | **MENSUAL** | | | | | | | **OTRO** | | | |
|  | | | | |  | | | | |  | | | | | | |  | | | |
| **Destino de Barros Producidos** | | | **Inst. OSSE** | | | | | | | | | | **Otros:** | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| ***El titular del Establecimiento es el responsable del destino de los residuos que se generen como resultado de la actividad. Los efluentes que sean transportados por medio de camiones atmosféricos deberán ajustarse a los límites admisibles establecidos en la normativa vigente según el destino final de los mismos.-*** | | | | | | | | | | | | | | | | | | | | | | | |
| **De contar con tratamiento secundario, describir la tecnología empleada, memoria de cálculos y eficiencia:** | | | | | | | | | | | | | | | | | | | | | | | |
| ***En el caso de no encontrarse dentro del radio servido de cloaca, deberá informar sistema de disposición de efluentes:*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Bio digestores** | | | | | | | **Zanjas drenantes** | | | | | | | | | | | | **Otros:** | | | | |
| **PLUVIALES** | | | | | | | | | | | | | | | | | | | | | | | |
| **Descripción de la instalación interna y su destino final de vuelco:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Firma y aclaración de Profesional** | | | | | | | | | | | | **Firma y aclaración de Propietario** | | | | | | | | | | | |