

Basic Facility Information

Purpose of Application: (Check all that apply)

- Requested by MSD Permit Renewal Special Wastewater Discharge Permit Building/Plumbing Permit
 Permit to Install Information Update (Update only items that changed)
 Hauled Waste Generator Permit (complete and attach Hauled Waste Generator Form)
 Waste Hauler Operations Permit (complete and attach Waste Hauler Operation Form)
 Auxiliary meter (complete and attach Auxiliary Sewerage Meter (S-Meter) Form)

1. Human Occupancy: (Check all that apply)

The occupants of the facility are predominantly? Employees Customers

(Enter maximum number of employees and customers per day)

- a). Retail ___# of employees ___# of customers ___# of toilets
b). Office ___# of employees ___# of customers ___# of toilets
c). Warehouse ___# of occupants ___# of toilets ___# of floor drains ___# of docks

Type of Warehouse: Refrigerator or Freezer Dry Goods Other _____

2. Facility Operations: (Check all that apply)

a). Heating, Cooling, and/or Water Conditioning

- Cooling Tower for air conditioning
 Cooling Tower for other cooling. Describe: _____
 Boiler for building heating, etc.
 Boiler for other heating. Describe: _____
 Water Softeners Reverse Osmosis
 Air Compressors

b). Food service operations (If checked, complete and attach the Food Service Operations Form)

- Lunchroom/break room – Food prepared on site by facility occupants for self-consumption
 Cafeteria – A dependent food service prepared on site primarily for employees/occupants
 Restaurant – An independent operation for occupants, visitors, and customers
 Commissary / Catering

c). Vehicle management (If checked, complete and attach the Vehicle Maintenance Operations Form)

- Own or lease a fleet of one or more vehicles
 Vehicle Exterior washing
 Vehicle Interior washing (e.g., tanks, box trailers)
 Garage (vehicles driven or parked indoors)
 Outdoor Parking Lot
 Vehicle Maintenance / Body Shop
 Vehicle sales, service or rental

d). Medical Facility (If checked, complete and attach the Medical Facility Operations Form)

- Hospital Medical office Veterinary office
 Laboratory Dental office

e). Storm water management - Where does your storm water go? (Check all that apply)

(Complete and attach the Stormwater Form if Combined sewer or sanitary sewer is checked or if the facility is within the City of Cincinnati limits)

- Detention basin Sanitary sewer
 Combined sewer Storm sewer / ditch / creek
 Not sure

f). Manufacturing, Research, Metal working, Food processing, Printing, Laundry, Packaging

(If checked, complete and attach the Manufacturing Form)

3. Please enclose a copy of your most recent water bill.