

Return completed form(s) to:

Division of Industrial Waste
 Metropolitan Sewer District of Greater Cincinnati
 1600 Gest Street
 Cincinnati, OH 45204

*(document tracking
 time stamp)*

Sewer Use Customer Application

Users of the sewer system are required to fully complete this form and any attachments. Mail forms to the above address. If you have any questions please contact the Division of Industrial Waste at 513-557-7000. Please type this form or print legibly in blue or black ink. MSD Rules and Regulations require this form to be signed by the Duly Authorized Representative. Blank forms are available at www.msdc.org.

General Facility Information

1. Legal Business Name (as registered with the Secretary of the State of Ohio at www.sos.state.oh.us):

2. Facility Name (what is the name on your sign?):

3. Facility Address (physical location): Street Address City State Zip

4. Facility Telephone FAX E-mail Address Website

5. Preferred Mailing Address (USPS): Street Address City State Zip

6. Name and Title of Duly Authorized Representative: E-mail Address Telephone

7. Name and Title of Contact Person (responsible for day-to-day operations of this facility):

8. Contact Person Mailing Address (USPS): Street Address City State Zip

9. Contact Person Telephone FAX E-mail Address Website

Certification

"I certify under penalty of law that this document and all attachments were 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 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."

 Signature of Duly Authorized Representative

 Printed Name

 Date

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.