

<p>APPLICATION FOR AUTHORIZATION TO DISCHARGE SPECIAL WASTEWATER</p>

COMPLETE and SUBMIT TO:
 Division of Industrial Waste
 Metropolitan Sewer District
 1600 Gest Street
 Cincinnati, Ohio 45204
 Telephone: (513) 557-7000

Note to Property Owner/Signing Official/Applicant: Submission of this application form does not constitute permission to discharge wastewater. Separate discharge authorization documentation will be issued.

<p>General Information</p>

1. Organization Requesting Discharge Authorization [eg. Consulting Firm]:

- A. Requestor's Name: _____
- B. Organization: _____ Telephone _____
- C. Mailing Address: _____
 _____ Zip Code _____

2. Wastewater Location:

- A. Current Property Occupant: _____
- B. Address: _____
 _____ Zip Code _____

3. Current Property Owner:

- A. Contact Name: _____ Title _____
- B. Company Name: _____ Telephone _____
- C. Mailing Addresses: _____
 _____ Zip Code _____

<p>Certification</p>

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 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 is 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 Property Owner/Signing Official/Applicant _____
 Date

Basic Facility Information

Purpose of Application: (Check all that apply)

- Requested by MSD Permit Renewal Special Wastewater Discharge Permit
 Other Regulatory Agency List: _____

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)

- 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.

Proposed Wastewater Discharge Characterization

1. Source Description: _____

2. Discharge Sewer Location: (Check all that apply)

On-site Off-site

3. Discharge Location Type:

Combined Storm Sanitary Other _____

4. Description of location: _____

5. Volume of Discharge: _____ gallons

6. Flow Rate of Discharge: _____ gallons/minute

7. Type of Discharge: One Time On-going If ongoing: Expected Duration: _____

8. Type of Pretreatment: (if applicable) _____

Wastewater Analyses

Contact MSD for required laboratory analyses. All analyses shall be performed in accordance with Title 40 Code of Federal Regulations Part 136.

Billing

1. Billing Rates:

A. One Time Discharge Fee to be invoiced per Sewerage Service Charge Rate Schedule.

B. On-Going Discharge: See Sewerage Service Charge Rate Schedule at MSDGC.org.

Notes: "On-going discharges" will require the following:

(1) Installation of an approved flow totalizing meter;

(2) An MSD Wastewater Discharge Permit defining specific discharge limitations and monitoring requirements;

(3) Annual pretreatment fee payment;

(4) Cost reimbursement of certain monitoring conducted by MSD.

2. Invoicing: A billing invoice will be transmitted with the discharge authorization documentation.

3. All industrial wastewater discharges shall be in compliance with Article XV of the Metropolitan Sewer District Rules and Regulations (effective March 1, 2001).