METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI

For MSD internal use - *IUN: _____ Permits-WDPA Date: _____*

VEHICLE MAINTENANCE OPERATIONS FORM

Legal Business Name: _____
Facility Name: _____

Section A: Operation Description

1. Operation description:

a) Date facility began operating (mo/yr): _____

b) Size of vehicle maintenance operation (square feet): _____

c) Number of service bays: _____

d) Average number of employees: _____

e) Expected daily average number of vehicles: _____

f) Days of Operations (check all that apply)

☐Sunday	☐Monday	☐Tuesday	☐Wednesday	☐Thursday	☐Friday	☐Saturday

g) Hours of Operation: _____

h) Best time for inside inspections: _____

Section B: Facility Description

1. Type of vehicle services at this facility: (check all that apply)

☐ Oil Changes	☐ Engine Repair	☐ Parts Storage	☐ Car Washing
☐ Brake Repair	☐ Auto Detailing	☐ Body Work	☐ Interior Cleaning
☐ Tire Repair	☐ Automotive Glass	☐ Auto Painting	☐ Large Vehicles
☐ Transmission Repair	☐ Auto Storage/Parking	☐ Tank Interior Cleaning	☐ Other _____

2. Location of vehicle service facility: (check all that apply)

☐ Car Dealer	☐ Club/Organization	☐ Company/Office Building	☐ Hospital
☐ Hotel / Motel	☐ Mall	☐ Nursing Home	☐ Prison
☐ Religious Institution	☐ School	☐ Stadium/Amusement Park	☐ Gas Station
☐ Stand-alone Strip Mall (attached)		☐ Other _____	

3. Major equipment used for at this facility: (check all that apply or submit a copy of your company's equipment schedule)

☐ Vehicle Lifts	☐ Solvent Cabinet	☐ Mobile Drain Rigs	☐ Exterior Parking
☐ Parts Washers	☐ Paint Cabinet	☐ Used Oil Rag Bins	☐ Interior Parking
☐ Air Compressor	☐ Paint Booth	☐ Refrigerant Equipment	☐ Oil Drum Rack

☐ Other _____

_____

_____

4. Fixtures in the automotive work areas: (check all that apply)

☐ Service Sink	☐ Floor Drain	☐ Flushing Rim Sink	☐ Flush Valve Sink
☐ Mop Sink	☐ Pre-Rinse Sink	☐ Hand Sink	☐ Trench Drain

☐ Other _____

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Section C: Waste Management

Trash / Solid Waste Disposal

1. Type of collection receptacle(s): (check all that apply)

☐ Cans ☐ Dumpster ☐ Compactor ☐ Other _____

2. Location of collection receptacle(s): _____

3. Frequency of pick-up: _____

4. Trash removal service (business name and address): _____

_____

5. Do you share the use of the trash receptacle(s)? ☐ Yes ☐ No

6. How does your facility dispose of old tires? _____

7. How does your facility dispose of used/removed parts? _____

Used Oil and Fluid Management

8. Does your company have a used oil tank or other fluid collection? ☐ Yes ☐ No

9. Location of used oil/fluid tank(s) : ☐ Inside ☐ Outside

10. Size (capacity) of used oil/fluid tank(s): _____

11. Do you burn or reuse the collected used fluids? ☐ Yes ☐ No

12. How often do you empty the tank(s)? (check)

☐ Daily	☐ Weekly	☐ Biweekly	☐ Monthly	☐ Bimonthly
☐ Quarterly	☐ Semiannually	☐ Annually	☐ As Needed	☐ Never

13. Disposal service contractor (business name and address): _____

_____

14. Does your facility have an oil/water separator? ☐ Yes ☐ No
If yes, provide name of disposal service contractor (business name and address):

_____

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."

Print then sign by the Duly Authorized Representative

Signature of Duly Authorized Representative	Printed Name	Date
_____	_____	_____