

Return completed form(s) to:

Compliance Services Division
Metropolitan Sewer District of Greater Cincinnati
1600 Gest Street
Cincinnati, OH 45204



MSDGC.org
Customer Care
Industrial User Resources

APPLICATION FOR AUTHORIZATION TO DISCHARGE SPECIAL WASTEWATER

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 Compliance Services Division 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.msdbg.org.

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.

Section A: General Information

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 Address: _____

_____ Zip Code _____

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 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

Section B: 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 toiletsb). Office ___# of employees ___# of customers ___# of toiletsc). Warehouse ___# of occupants ___# of toilets ___# of floor drains ___# of docksType of Warehouse: Refrigerator or Freezer Dry Goods Other _____

d). Apartment/Condos # of Units # of Residents # of employees # of toilets

(Y/N) Pool # of gallons

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 Compressorsb). 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 / Cateringc). 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 rentald). Medical Facility (If checked, complete and attach the Medical Facility Operations Form) Hospital Medical office Veterinary office Laboratory Dental officee). Storm water management - Where does your storm water go? (Check all that apply) Detention basin Sanitary sewer Combined sewer Storm sewer / ditch / creek Not suref). Manufacturing, Research, Metal working, Food processing, Printing, Laundry, Packaging

(If checked, complete and attach the Manufacturing Operations Form)

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

Section C: Proposed Wastewater Discharge Characterization

1. Source Description: _____

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

On-site Off-site

3. Discharge Location Sewer 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) _____

Section D: Wastewater Analyses

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

Section E: 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).