

For MSD internal use -IUN:

Permits-WDPA

Date: \_\_\_\_\_

**Return completed form(s) to:**

Compliance Services Division  
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 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](http://www.msdbg.org).*

### General Facility Information

1. Legal Business Name (as registered with the Ohio Secretary of State at [businesssearch.ohiosos.gov](http://businesssearch.ohiosos.gov)):

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

3. Facility Address (physical location):

Street Address	City	State	Zip
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4. Facility Telephone	FAX	E-mail Address	Website
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5. Preferred Mailing Address (USPS):

Street Address	City	State	Zip
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6. Name and Title of Duly Authorized Representative:	E-mail Address	Telephone
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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
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9. Contact Person Telephone	FAX	E-mail Address	Website
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### 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

<b>Basic Facility Information</b>
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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  
 Residents  
 (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 \_\_\_\_\_  
 d). Apartment/Condos \_\_\_# of Units \_\_\_# of Residents \_\_\_# of employees \_\_\_# of toilets  
 \_\_\_(Y/N) Pool \_\_\_# of gallons  
 e). Other \_\_\_\_\_ \_\_\_# of employees \_\_\_# of customers \_\_\_# of toilets

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 Operations Form)

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