

AUXILIARY SEWERAGE METER (S-Meter) FORM

Legal Business Name: _____

Facility Name: _____

Section A: General Information

1. Meter Location Address (include zip code): _____

2. Water Utility providing service: _____

3. Water Account Number: _____

4. Person to be contacted concerning this meter: _____

(This should be the person who will send in readings).

5. Phone Number: _____ Fax Number: _____

6. Email address: _____

7. Alternate to be contacted if unavailable: _____

8. Phone Number: _____ Fax Number: _____

9. Email address: _____

Section B: Sewer Meter Information

1. Type of Meter Proposed (Check one):

- Add Meter (section 1604) Private Well Groundwater Discharge
- Add-in restroom, etc. Effluent meter Other: _____
- Deduct Meter (If checked, fill out chart below)

		Destination of meter water					
	Type of application and destination of metered water (Check all that apply.)	Evaporat ion	Sanitary sewer	Storm sewer	Surface (lawn)	Used in Product	Other: _____
<input type="checkbox"/>	Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cooling tower (air conditioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cooling tower: other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Boiler for building heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Boiler for manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reverse Osmosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Put into product (bottled, baked, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Proposed Meter Size: (Check one below or describe: _____)

- 5/8" 3/4" 1" 1.5" 2" 3" 4" 6" 8"

3. Unit of Measure: **Cubic Feet (GCWW accounts)** Gallons

Other: _____ (Contact Division of Industrial Waste 557-7017 prior to installation.)

Meter must register in units of local water utility unless otherwise approved by MSD.

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

4. Meter Type: ProRead Radio Meters required for Cincinnati Water Work Customers

Positive Displacement Other: _____

5. Meter Location: Include description to aid in identification (i.e., "north corner basement boiler room, service to cooling tower #2).

Applicant must provide a drawing (schematic, not necessarily to scale) showing location of existing water utility billing meter and the water supply line before and after the proposed auxiliary meter.

Failure to provide a drawing with the application may delay the approval process and will be considered as incomplete. ATTACH DRAWING OR PROVIDE DRAWING IN THE SPACE BELOW.



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