

**APPLICATION FOR AUTHORIZATION  
TO DISCHARGE SPECIAL  
WASTEWATER**

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.

**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 Addresses: \_\_\_\_\_  
\_\_\_\_\_ 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

<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  
 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.**

<b>Proposed Wastewater Discharge Characterization</b>
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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) \_\_\_\_\_

<b>Wastewater Analyses</b>
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Contact MSD for required laboratory analyses. All analyses shall be performed in accordance with Title 40 Code of Federal Regulations Part 136.

<b>Billing</b>
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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).