

IUN: \_\_\_\_\_ Permits-WDPA Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Return completed form to:**

Division of Industrial Waste  
Metropolitan Sewer District of Greater Cincinnati  
1600 Gest Street  
Cincinnati, OH 45204

(document tracking  
time stamp)

## Sewer Use Customer Registration for Businesses

Users of the sewer system are required to complete this form in its entirety and mail it to the above address. If you have any questions about completing this form, please contact MSD 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.msdc.org](http://www.msdc.org).

### Section A—General Business Information

1. Business Name (as registered with the Secretary of the State of Ohio at [www.sos.state.oh.us](http://www.sos.state.oh.us)):

2. Facility Name (what you call your facility or do business as):

3. Facility Address (physical location):      Street Address                      City                      State                      Zip

4. Business Telephone                      FAX                      E-mail Address                      Website

5. Business Mailing Address (USPS):      Street Address                      City                      State                      Zip

6. Name and Title of Duly Authorized Representative:                      E-mail Address                      Telephone

7. Name and Title of Contact Person (responsible for day-to-day operations of this facility):

8. Contact Person Address (USPS):      Street Address                      City                      State                      Zip

9. MSD Customer (name that appears on the water/sewer bill):                      GCWW/MSD Account Number

10. Name of Person MSD Should Contact Regarding This Form:      E-mail Address                      Telephone

"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." (This form must be signed by the authorized representative listed above.)

\_\_\_\_\_  
Signature of Duly Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Section B—Business Description for Hauled Wastewater Operations**

1. Pumping vehicle information: (Separately list each truck owned and operated by your company or any companies you are affiliated with, that are used to pump any type of liquid waste. Use additional sheets if necessary.)

<u>Truck Make</u>	<u>Year</u>	<u>Current License Plate Number</u>	<u>License Plate State</u>	<u>Capacity Gallons</u>	<u>Trailer or Truck</u>	<u>MSD use only</u>

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

- Belt Press
- Holding Tank(s)
- Pipeline Jetting Equipment
- Excavation Equipment
- Other Solids Removal Equipment
- Vehicle Maintenance
- Grit Separation (describe below)
- Other Solids Removal Equipment (describe below)
- Other \_\_\_\_\_

3. Operation information:

- a) Business begin date (month/year): \_\_\_\_\_
- b) Size of business operation (square feet): \_\_\_\_\_
- c) Number of service bays: \_\_\_\_\_
- d) Average number of employees per shift: 1st \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_  
Shift start times: 1st \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_
- e) Expected daily average number of loads hauled per day: \_\_\_\_\_

g) Days of operation (circle all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--------	--------	---------	-----------	----------	--------	----------

h) Opening: \_\_\_\_\_ am/pm Closing: \_\_\_\_\_ am/pm

4. All permitted waste haulers must maintain records of each liquid waste pumped (date, time, location, customer name, address, and telephone number, type of load and discharge destination) and retain required records for at least three years.

Briefly explain and/or attach a copy of an example of such record and the location where records are stored:

\_\_\_\_\_

\_\_\_\_\_

5. List all environmental permits

\_\_\_\_\_

\_\_\_\_\_

6. List any environmental violations

\_\_\_\_\_

\_\_\_\_\_

**Section C—Waste Management for Hauled Wastewater Operations**

**Waste Treatment and Disposal**

1. Check all types of wastes discharged into the designated MSD disposal facility. You must differentiate between wastes generated from three geographical areas: 1) Hamilton County; 2) OKI Area: Butler, Warren, Clermont, Boone, Kenton, Campbell and Dearborn Counties; 3) Outside the OKI eight- county service area.

**Sanitary Wastes ..... Hamilton ..... OKI Counties ..... Other**

(Water-carried wastes contributed from premises by reason of human occupancy)

- Portable Toilets.....  .....  .....
- Residential .....  .....  .....
- Commercial (retail, office, etc.) .....  .....  .....
- Public (school, office, etc.) .....  .....  .....

**Commercial Wastes ..... Hamilton ..... OKI Counties ..... Other**

(Water-carried wastes contributed from non-industrial business operations)

- Restaurant grease .....  .....  .....
- Car wash (vehicle exterior only) .....  .....  .....
- Water or Wastewater Treatment Sludge.....  .....  .....
- Wastewater Pump Stations .....  .....  .....

2. List major equipment for liquid waste handling or pretreatment:

\_\_\_\_\_  
\_\_\_\_\_

3. Is grit/solids separation conducted at your facility? Yes \_\_\_\_\_ No \_\_\_\_\_

a) If so, explain how solids are disposed: \_\_\_\_\_

b) Disposal service contractor (business name and address): \_\_\_\_\_

**Section G—Certifications for Hauled Wastewater Operations**

- 1. List of Items to provide:
  - a) Proof of Vehicle Insurance
  - b) Workers Compensation Certificate

2. Agreement:

Applicant agrees to comply with the terms and conditions of the hauled waste discharge permit issued to the successful applicant by the MSD. By general permit, MSD R&R authorize the discharge of sanitary wastes originating in the District Service Area (DSA). All other wastes, including sanitary wastes originating outside the DSA, require a Special Hauled Waste Permit. The terms and conditions of the Special Hauled Waste Permit will require certain generators to obtain a Hauled Waste Generator Permit. MSD will authorize the successful applicant to purchase discharge tickets or make deposits in a trust account. By presentation of these tickets or debits to the trust account using the MSD provided access card, the permitted waste hauler certifies that both the source and the content of the wastewater discharged by use of the ticket or access card are authorized by the MSD R&R or by Special Hauled Waste Permit and are compatible with MSD's wastewater treatment operations. The wastewater may not contain prohibited substances, materials, waters, or wastes such as solid waste and must not contain RCRA Hazardous Waste. All discharge tickets (vehicle logs) must legibly identify the physical location or address of the source of the contents. Failure to furnish the required information or furnishing incomplete or inaccurate information on any submitted ticket or in the required vehicle log for the discharge of liquid wastes to the MSD system may result in cancellation of the permit hereby applied for and/or enforcement action as permitted under Article XXII of the MSD "Rules and Regulations".

3. Signatory acknowledgement of agreement:

State of Ohio ( \_\_\_\_\_ ) County of \_\_\_\_\_

The applicant (applicants) representing himself/herself (themselves)

\_\_\_\_\_ (Printed name and title of Duly Authorized Representative)

being duly sworn, depose(s) and say(s) that the foregoing statements subscribed by him (them) are true to the best of his/her (their) knowledge and belief.

\_\_\_\_\_ Signature of Duly Authorized Representative

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_.

My Commission expires: \_\_\_\_\_.

**Section H—Hauled Wastewater Permit Application Instructions**

Regulations of the Metropolitan Sewer District provide that a person or company engaged in the business of pumping septic tanks, grease traps, cesspools or privy vaults must remit a permit fee for each vehicle. The fee for each such permit is \$130.00 annually. The term of the permit shall extend from January 1 through December 31 of each calendar year. The permit fee shall not be prorated. When this application is mailed, the proper fee must be enclosed with a check made payable to the City of Cincinnati. Applicant must also submit a bond payable to the "Board of County Commissioners of Hamilton County, Ohio" in an amount, depending on the hauling capacity of the tank vehicle or fleet, as follows: "...an aggregate amount based upon the fleet capacity, of \$10,000 per 1000 gallons or any part thereof. The full face of the fleet operator's bond shall apply to each incident." See Article XIV (Section 1408) for additional regulations. As per Section 1402 and Section 1405 additional authorizations are required to discharge wastes originating outside the District Service Area and/or Industrial Wastes. The additional authorizations are contained in a District issued Special Hauled Waste Permit based on information contained in item 15 of this application. The Special Hauled Waste Permit is issued to the company and may span multiple years but is dependent upon maintenance of the annual vehicle permits described above.