

For MSD internal use -IUN:

Permits-WDPA

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

Return completed form(s) to:

[SewerUseApplications@cincinnati-oh.gov](mailto:SewerUseApplications@cincinnati-oh.gov)

-OR-

(document tracking  
time stamp)

Tap Permits Desk

Metropolitan Sewer District of Greater

Cincinnati 1600 Gest Street

Cincinnati, OH 45204



## 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 Rob Kern at 513-244-5588. 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 Form)

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

## FOOD SERVICE OPERATION FORM

Legal Business Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Section A: Operation Description**

1. Operation description:

a) Date food service operation began (mo/yr): \_\_\_\_\_

b) Size of food service operation (square feet): \_\_\_\_\_ (include food preparation and consumption)

c) Number of seats in dining room: \_\_\_\_\_

d) Type of service:  Take out/delivery only  Dine-in only  Both

e) Average number of employees: \_\_\_\_\_

f) Expected daily average number of meals: \_\_\_\_\_

g) Do you wash plates?  Yes  Noh) Days of Operation:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
(check all that apply)

i) Hours of operation: \_\_\_\_\_

j) Best time for inside inspections: \_\_\_\_\_

**Section B: Facility Description**

1. Type of food service facility: (check all that apply)

<input type="checkbox"/> Bakery	<input type="checkbox"/> Bar (drinks only)	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Catering
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Commissary	<input type="checkbox"/> Deli	<input type="checkbox"/> Fast Food
<input type="checkbox"/> Food Packager	<input type="checkbox"/> Full Service Dine-in	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Meat Processor
<input type="checkbox"/> Prepared Food Assembly	<input type="checkbox"/> Take Out	<input type="checkbox"/> Other _____	

2. Location of food service facility: (check all that apply)

<input type="checkbox"/> Club/Organization	<input type="checkbox"/> Company/Office Building	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Mall/Food Court	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Prison	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> School	<input type="checkbox"/> Stadium/Amusement Park	<input type="checkbox"/> Stand-alone Restaurant	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Strip Mall (attached)	<input type="checkbox"/> Other _____		

3. Major equipment used for food preparation at this facility: (check all that apply or submit a copy of your company's equipment schedule)

<input type="checkbox"/> Buffalo Chopper	<input type="checkbox"/> Charbroiler	<input type="checkbox"/> Deep Fat Fryer	<input type="checkbox"/> Flat Top Range
<input type="checkbox"/> Griddle	<input type="checkbox"/> Grill	<input type="checkbox"/> Jacketed Kettle	<input type="checkbox"/> Oven
<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Smoker Stove	<input type="checkbox"/> Tilt Kettle	<input type="checkbox"/> Warming Drawer
<input type="checkbox"/> Wok	<input type="checkbox"/> Other _____		

4. Fixtures in the bar, kitchen, cleanup, and food prep areas: (check all that apply)

<input type="checkbox"/> 3-Compartment Sink	<input type="checkbox"/> Bar Sink	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Disposer
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Flushing Rim Sink	<input type="checkbox"/> Flush Valve Sink	<input type="checkbox"/> Hand Sink
<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Pre-Rinse Sink	<input type="checkbox"/> Prep Sink	<input type="checkbox"/> Service Sink
<input type="checkbox"/> Other _____			

**Section C: Waste Management****Trash / Solid Waste Disposal**

1. Type of collection receptacle(s) (check all that apply):

 Cans       Dumpster       Compactor       Other \_\_\_\_\_

2. Location of collection receptacle(s): \_\_\_\_\_

3. Frequency of pick-up: \_\_\_\_\_

4. Trash removal service (business name and address): \_\_\_\_\_  
\_\_\_\_\_

5. Contact name and telephone number: \_\_\_\_\_

6. Do you share the use of the trash receptacle(s)?  Yes  No**Cooking Oil Disposal**

Type	Buckets/Drums	Dumpster	Collection System	None
Frequency of Pick-up				

**Wastewater Grease Control**7. Does your company have a grease trap(s) or interceptor(s)?  Yes  No8. Location of grease trap(s)/interceptor(s):  Inside  Outside

9. Size (capacity) of grease trap(s)/interceptor(s): \_\_\_\_\_

10. How often do you clean the grease control device?

 Daily       Weekly       Biweekly       Monthly  
 Bimonthly       Quarterly       Semiannually       Annually  
 As Needed       Other \_\_\_\_\_

Type	Inside Under Sink Trap	Outdoor Interceptor		
Size				
Frequency of Cleaning				
Who Cleans?				

11. Grease Trap/Interceptor service contractor (business name and address): \_\_\_\_\_  
\_\_\_\_\_12. Contact name and telephone number: \_\_\_\_\_  
\_\_\_\_\_13. Briefly describe storage areas for chemicals and liquid materials such as boiler treatment, cooking oil, gasoline, oil, paint, sanitizers, as well as any spill protection devices in use at the facility.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_14. Is there a privately owned manhole for collecting a wastewater sample?  Yes  No

If yes, attach plot plan showing the location of the manhole at the facility.

15. **Water Sources: (Check all that apply)**

<input type="checkbox"/> Greater Cincinnati Water Works (GCWW)	<input type="checkbox"/> South Western Ohio Water
<input type="checkbox"/> Private Well	<input type="checkbox"/> Groundwater
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Municipal Water Utility (Specify City):	

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