

Return completed form(s) to:
 Heath Wilson, P.E
 Clermont County Permit Central
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 Fax 513-732-7163
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**CLERMONT COUNTY WATER RESOURCES DEPARTMENT
 COMMERCIAL & INDUSTRIAL SEWER USE GENERAL QUESTIONNAIRE**

The Clermont County Water Resources Department is required by Federal Regulations to determine what types of non-domestic wastewaters are discharged into County owned sewers. (Section 6111.05 of the Ohio Revised Code provides for the acquisition of this data by the County Sanitary Engineer.) Questions can be directed to Heath Wilson, P.E. at (513)732-7631. Please type (or neatly print.) Use other side or extra paper if needed. Blank forms are available at <http://wr.d.clermontcountyohio.gov>

SECTION A – GENERAL INFORMATION

1. Legal Business Name/Billing Name: _____ Acct. No.: _____
2. Company Name (what is the name on your sign): _____ Website: _____
3. Billing Address: _____ City: _____ Zip: _____
4. Premises Address (physical location): _____ City: _____ Zip: _____
5. Name of Signing Official: _____ Title: _____
6. Office phone: _____ Cell phone: _____ Email: _____
7. Alternate Contact Person: _____ Title: _____
8. Check One: Existing Discharge or Proposed Discharge: Date to Begin: _____
9. Business Schedule: Hours/Day: _____ Days/Week: M T W T F S S
 Number of shifts: _____
 Average number of employees per shift (including office staff):
 1st _____ 2nd _____ 3rd _____ Total Number of Employees _____

SECTION B – PRODUCT OR SERVICE INFORMATION

1. Provide a brief description of the primary manufacturing or service activity at premise address and the applicable Standard Industrial Classification Codes (SIC) (*for information and a search capability on SIC's, please see the following web site: www.osha.gov/oshstats/sicser.html*)

Primary Manufacturing or Service Activity: _____

 _____ SIC No(s): _____

2. Check all additional activities and indicate SIC No(s), if known, at your premises:

- | | SIC No. | | SIC No. |
|------------------------------------------------------|---------|------------------------------------------------------------------------|---------|
| <input type="checkbox"/> Aluminum Forming | _____ | <input type="checkbox"/> Metal Molding/Casting | _____ |
| <input type="checkbox"/> Battery Manufacturing | _____ | <input type="checkbox"/> Nonferrous Metals Forming/Metal Powders | _____ |
| <input type="checkbox"/> Carbon Black Manufacturing | _____ | <input type="checkbox"/> Nonferrous Metals Manufacturing | _____ |
| <input type="checkbox"/> Centralized Waste Treatment | _____ | <input type="checkbox"/> Oil and Gas Extraction | _____ |
| <input type="checkbox"/> Chemical Manufacturing | _____ | <input type="checkbox"/> Organic Chemicals, Plastics, Synthetic Fibers | _____ |
| <input type="checkbox"/> Coil Coating | _____ | <input type="checkbox"/> Paint Formulation | _____ |

- | | | | |
|-----------------------------------------------------------------|-------|-----------------------------------------------------------|-------|
| <input type="checkbox"/> Commercial Hazardous Waste Combustors | _____ | <input type="checkbox"/> Painting, Finishing | _____ |
| <input type="checkbox"/> Concentrated Animal Feeding Operations | _____ | <input type="checkbox"/> Paving and Roofing Materials | _____ |
| <input type="checkbox"/> Copper Forming | _____ | <input type="checkbox"/> Pesticide Chemicals | _____ |
| <input type="checkbox"/> Electrical/Electronic Components | _____ | <input type="checkbox"/> Petroleum Refining | _____ |
| <input type="checkbox"/> Electroplating | _____ | <input type="checkbox"/> Pharmaceutical Manufacturing | _____ |
| <input type="checkbox"/> Fertilizer Manufacturing | _____ | <input type="checkbox"/> Photographic Processing | _____ |
| <input type="checkbox"/> Flammables, Explosives | _____ | <input type="checkbox"/> Plastic Processing | _____ |
| <input type="checkbox"/> Food Preparation Service | _____ | <input type="checkbox"/> Porcelain Enameling | _____ |
| <input type="checkbox"/> Glass Manufacturing | _____ | <input type="checkbox"/> Printing | _____ |
| <input type="checkbox"/> Grain Mills | _____ | <input type="checkbox"/> Pulp, Paper, and Paperboard | _____ |
| <input type="checkbox"/> Ink Formulating | _____ | <input type="checkbox"/> Repair Shop/Garage | _____ |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing | _____ | <input type="checkbox"/> Research | _____ |
| <input type="checkbox"/> Iron and Steel Manufacturing | _____ | <input type="checkbox"/> Rubber Manufacturing | _____ |
| <input type="checkbox"/> Laboratory | _____ | <input type="checkbox"/> Soap and Detergent Manufacturing | _____ |
| <input type="checkbox"/> Laundry, Cleaning | _____ | <input type="checkbox"/> Steam Electric Power Generation | _____ |
| <input type="checkbox"/> Leather Tanning and Finishing | _____ | <input type="checkbox"/> Timber Products Processing | _____ |
| <input type="checkbox"/> Machine Shop | _____ | <input type="checkbox"/> Transportation Equip Cleaning | _____ |
| <input type="checkbox"/> Medical Care | _____ | <input type="checkbox"/> Warehousing | _____ |
| <input type="checkbox"/> Metal Finishing | _____ | | |

3. Would you categorize your facility as (circle): Commercial Light Industrial Heavy Industrial
 Other – Describe _____

SECTION C – WATER CONSUMPTION AND LOSS

- Does the facility discharge all of its wastewater/liquid wastes to the local sanitary sewer: Yes No
- Total Amount of All Wastewater (sanitary + process) discharged to Sanitary Sewers: _____ Gals per day
- Does the facility have floor drains: Yes No
- List any Pretreatment Devices Present or Proposed at the Premises:

Oil/Grease Interceptor or Trap:	Yes _____	No _____	Capacity: _____ (Gallons)
pH Neutralization Tank:	Yes _____	No _____	Capacity: _____ (Gallons)
Settling Tank:	Yes _____	No _____	Capacity: _____ (Gallons)
Other: _____	Yes _____	No _____	Capacity: _____ (Gallons)

SECTION D – 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, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

 Signature of Duly Authorized Representative Printed Name Date

Please note that this statement must be signed by the duly authorized representative of the Industrial User in accordance with 40 CFR 403.12 and CCWRD Rules and Regulations Article II.

For Clermont County Water Resources Department Use Only

Sewer System: _____ Appropriate Sampling Location (Y/N): _____
 Issue Permit: _____
 Additional Information Required: _____
 Comments: _____

County Signature: _____ Date: _____