

**Return completed form(s) to:**  
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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 Heather Woodall at (513)732-7737. Please type (or neatly print.) Use other side or extra paper if needed. Blank forms are available at <https://permit.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):  
 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 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/sicscer.html](http://www.osha.gov/oshstats/sicscer.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, 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 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: \_\_\_\_\_