

**Return completed form(s) to:**  
James Halterman, P.E.  
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**CLERMONT COUNTY WATER RESOURCES DEPARTMENT  
COMMERCIAL & INDUSTRIAL SEWER USE GENERAL QUESTIONNAIRE**

CCWRD is required by Title 40 of the Code of Federal Regulations, Part 403, 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 Shannon Risner at (513)965-4800. Please type (or neatly print.) Use other side or extra paper if needed. More information is available at <http://wrd.clermontcountyohio.gov/> rev.11/12/24sr

**SECTION A – GENERAL INFORMATION (fill in blank, circle or check boxes that apply)**

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: Mon Tues Wed Thurs Fri Sat Sun  
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 \_\_\_\_\_
10. Size of facility (square feet): \_\_\_\_\_
11. Facility is (circle all that apply): Office Space      Manufacturing Space      Retail Space      Warehouse Space  
Other – Describe: \_\_\_\_\_  
Is this a Multi-Tenant Facility: Yes      No      Currently: OCCUPIED      EMPTY

**SECTION B – PRODUCT OR SERVICE INFORMATION**

1. Provide a brief description of the primary manufacturing or service activity at premises address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ NAISC Code/s: \_\_\_\_\_

2. Check all activities which occur at this premises (if this Multi-Tenant facility check all that apply):

<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Dental Care
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Electrical/Electronic Components
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Electroplating
<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Fertilizer Manufacturing
<input type="checkbox"/> Cement Manufacturing	<input type="checkbox"/> Flammables, Explosives
<input type="checkbox"/> Centralized Waste Treatment	<input type="checkbox"/> Food or Beverage Processing
<input type="checkbox"/> Chemical Manufacturing	<input type="checkbox"/> Glass Manufacturing
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Grain Mills
<input type="checkbox"/> Commercial Hazardous Waste Combustors	<input type="checkbox"/> Ink Formulating
<input type="checkbox"/> Concentrated Animal Feeding	<input type="checkbox"/> Inorganic Chemicals Manufacturing
<input type="checkbox"/> Operations\$ Copper Forming	<input type="checkbox"/> Iron and Steel Manufacturing
	<input type="checkbox"/> Laboratory

- |  |  |
|--|--|
| <input type="checkbox"/> Landfill or Recycling Facility                | <input type="checkbox"/> Photographic Processing                               |
| <input type="checkbox"/> Laundry, Cleaning                             | <input type="checkbox"/> Plastic Processing                                    |
| <input type="checkbox"/> Leather Tanning and Finishing                 | <input type="checkbox"/> Porcelain Enameling                                   |
| <input type="checkbox"/> Machine Shop                                  | <input type="checkbox"/> Printing  |
| <input type="checkbox"/> Medical Care                                  | <input type="checkbox"/> Pulp, Paper, and Paperboard                           |
| <input type="checkbox"/> Metal Finishing                               | <input type="checkbox"/> Repair Shop/Garage                                    |
| <input type="checkbox"/> Metal Molding/Casting                         | <input type="checkbox"/> Research  |
| <input type="checkbox"/> Nonferrous Metals Forming/Metal Powders       | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Nonferrous Metals Manufacturing               | <input type="checkbox"/> Rubber or Rubber Products Manufacturing               |
| <input type="checkbox"/> Nursing Home                                  | <input type="checkbox"/> Smelt Ferrous alloys                                  |
| <input type="checkbox"/> Office Space                                  | <input type="checkbox"/> Soap and Detergent Manufacturing                      |
| <input type="checkbox"/> Oil and Gas Extraction                        | <input type="checkbox"/> Steam Electric Power Generation                       |
| <input type="checkbox"/> Organic Chemicals, Plastics, Synthetic Fibers | <input type="checkbox"/> Timber Products Processing                            |
| <input type="checkbox"/> Paint Formulation                             | <input type="checkbox"/> Transportation, Drum, Tote or Tank Equipment Cleaning |
| <input type="checkbox"/> Painting, Finishing                           | <input type="checkbox"/> Warehouse Space                                       |
| <input type="checkbox"/> Paving and Roofing Materials                  | <input type="checkbox"/> Veterinary Hospital                                   |
| <input type="checkbox"/> Pesticide Chemicals                           | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Petroleum Refining                            | <input type="checkbox"/> Unknown – No Tenant/s; Empty Building                 |
| <input type="checkbox"/> Pharmaceutical Manufacturing                  |  |

3. Does the facility have a USEPA Identification Number issued under the *Resource Conservation and Recovery Act* (RCRA):  
 Yes      No      If yes, please provide the number: \_\_\_\_\_

**SECTION C – WATER CONSUMPTION AND LOSS**

1. Does your facility discharge any wastewater other than restrooms and hand or mop sinks to the sanitary sewer: Yes      No  
 If yes, please list other discharge sources: \_\_\_\_\_
2. Total Amount of All Wastewater (sanitary + process) discharged to Sanitary Sewers: \_\_\_\_\_ Gals per day
3. Does the facility have floor drains: Yes      No  
 If yes, what is the nature of the discharge to the floor drains: \_\_\_\_\_
4. Does the facility pretreat any wastewater prior to discharge: Yes      No  
 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) |
- If yes, describe nature of treatment: \_\_\_\_\_

**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
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*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 CCWRD USE ONLY**-----

Sewer System: \_\_\_\_\_ Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

County Representative: \_\_\_\_\_ Date: \_\_\_\_\_