



APPLICATION FOR  
SEWER SERVICE CHARGE BASED  
ON USAGE OF THE SYSTEM

# \_\_\_\_\_ *(This line to be completed by NEORSD)*

1.) Service Address

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- A. City: \_\_\_\_\_
- B. Zip: \_\_\_\_\_
- E. Telephone Number: \_\_\_\_\_

2.) Mailing Address

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. City: \_\_\_\_\_
- D. Zip: \_\_\_\_\_
- E. Telephone Number: \_\_\_\_\_

3.) Water Use Data

- A. List the number of water meters and the water account number of each meter serving the premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. What was the water consumption through these meters for the last four consecutive quarters?  
\_\_\_\_\_
- C. Are the water lines supplying water to the premises interconnected?  
\_\_\_\_\_

D. Are there re-registering meters (secondary or sub-meters) presently in use?

\_\_\_\_\_

E. Why do you believe that a significant portion of the water supplied to your premises is not returned to the sewer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Estimate the volume of water lost.

\_\_\_\_\_

\_\_\_\_\_

G. How do you propose to measure the volume of water not returned to the sewer? (Include drawings of your system.)

\_\_\_\_\_

\_\_\_\_\_

H. How will this measuring method accurately reflect water loss?.

\_\_\_\_\_

\_\_\_\_\_

I. Is it possible that blowdown from boilers, condensate, or infiltration could be returned to the sewer if a sub-meter were used to measure water loss? If so estimate the volume from each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J. Is water obtained from sources other than the public water system? (e.g., wells, river water)?

\_\_\_\_\_

K. Include the name, address and phone number of the person responsible for accounts payable.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # w/ area code: \_\_\_\_\_

4.) Make the check for the application fee payable to:

**NORTHEAST OHIO REGIONAL SEWER DISTRICT (NEORSD)**

Send the application to:

**NEORSD, Director of Finance**  
3900 Euclid Avenue.  
Cleveland, Ohio 44115

I have answered and reviewed the above questions and I have enclosed a non-refundable check in the amount of \$300 to cover the processing of this request. I am aware that this request may be granted only after the District is reasonably assured of the adequacy and accuracy of the measuring system. Further, I am aware that, if granted, this request will apply only to the sewer charges of the Northeast Ohio Regional Sewer District.

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

Signature: \_\_\_\_\_

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