



UST Temporary Discharge Permit

NORTHEAST OHIO REGIONAL SEWER DISTRICT

Water Quality and Industrial Surveillance
4747 EAST 49TH STREET
CUYAHOGA HEIGHTS, OHIO 44125-1011
(216) 641-6000 FAX (216) 641-8118

Permit No. **No** -

Date of Application: _____

Facility Name: _____ Facility Contact: _____

Facility Location: _____
Address City Zip Phone

Source of Wastewater: Tank Cavity/Pit Water Recovery Well/Test Borings
 Tank/Pipe Integrity Test Water (Hydrostatic Testing) Aqueous Tank Contents
 Other: _____

Contents or Former Contents of Tanks (list all contents from all tanks located in cavity): _____

Date: _____ Final Meter Reading _____

Date: _____ Initial Meter Reading _____

Total _____

METER INFORMATION: Type: _____ S/N: _____

Expected Volume of Wastewater: _____ gallons Expected Date of Discharge _____ Expected Time of Discharge _____ a.m. p.m.

Company Responsible for Discharge: _____

Person Responsible for Overseeing Project: _____
Name Phone

Chemical Parameters Tested For: BTEX (Benzene, Toluene, Ethylbenzene, Xylene) Other: _____
 Lead _____
 TPH (Total Petroleum Hydrocarbons) _____

Are Analyses Attached: Yes No

*The Acceptance of this permit does not waive any State, Federal or Local Regulations.
This permit applicable to the sanitary sewer system within NEORSD's jurisdiction.*

This section to be completed by WQIS personnel

Permit Good for Period of _____ to _____
(not to exceed one year)

Pretreatment Required Yes No – If Yes, Type: Separator Activated Carbon Other: _____

Additional Analyses Required Yes No

If Yes, What Parameters? _____

Discharge Approved: Yes No Fee Paid: Yes No Additional Billing Required: Yes No

No Wet Weather Discharge Permitted.

Approved _____ Date: _____
Name Title

Detach and Remit to Director of Finance, NEORSD

Date: _____ Permit No.: **No** -

Fee Paid: _____ Check Money Order

District Authorizing Signature: _____

Permittee Signature: _____