NEORSD REGISTERED WASTEWATER DISPOSAL CONDITIONAL PERMIT APPLICATION PACKET
Under the provisions of Chapter 7 "Disposal of Septic Tank Wastes" NEORSD code regulations, Title 1 Sewer Use Code" at https://www.neorsd.org/business-home/code-of-regulations/, and under the conditions in effect throughout the year stated above, the following information (being required) is submitted for the record and consideration in the issuance of a conditional permit to discharge septage waste at a NEORSD’s Southerly Wastewater Treatment Plant (subject to plant conditions, regulations and procedures) so long as the permit remains in effect.

Please note the following:

- For processing this application is to be filled out completely.
- The only wastes which will be accepted for disposal under this permit are those treating:
  - residential domestic sewage including septage
  - porta potties
  - privately owned and operated package sewage treatment plants
  - wastes collected from restaurant grease interceptors/traps
- No industrial wastes and wastes from outside the State of Ohio will be permitted to be discharged.
- Permits are not transferable (between companies, persons or vehicles).
- Vehicle not properly displaying the permit identification will not be permitted to enter the NEORSD facility.
- Lost or stolen permits must be reported to NEORSD’s Finance Department at (216) 881-6600 ext. 6735 upon discovery.
- At the discretion and direction of the NEORSD, the discharge site or plant location may change during the life of the permit without prior notification should the need arise.
- Payment in full is due at the time of the application
APPLICATION
WASTEWATER DISPOSAL CONDITIONAL PERMIT

Permit Information:
- Expires December 31 each Year
- Cost: $225.00 per vehicle
- Sticker must be present on the vehicle (see diagram on page 8)

*PLEASE TYPE OR PRINT CLEARLY*

Section 1 – Business Information

Organization __________________________________________ Telephone (       ) _______ - ____________
Street Address________________________________ City __________________State ____ Zip__________
(DO NOT USE P.O.BOX)
Place an (x) in the appropriate box:
Individual _____ Sole _____ Proprietor _____ Corporation _____ Partnership _____ LLC _____

Taxpayer Identification Number (TIN)
Individuals (SSN) ______-____-_________ Other Entities (EIN) ________________________________

Contact Information

Name __________________________________________ Position _______________________________________
Telephone (     ) _______-____-____ Ext _______ Email ________________________________
Alternative Number (     ) _______-____-____ Best time to contact from ________to ________
Mailing Address _______________________________ City __________________State ____ Zip ________
Section 2 – Vehicle Information

Vehicle #1

Manufacturer___________________________Type_________________________ Year Manufactured ______
Color (s) ______________________License Plate #_____________________ Year_______Expires_______
Significant vehicle marking______________________________________Rig Empty Weight ______________
Dimensions of Waste Tank_________________________Capacity of Waste in Gallons___________________
Does this vehicle haul waste other than residential waste? Yes   No      If yes, then please list the types of waste
hauled even if not hauled to NEORSD___________________________________________________________
_____________________________________________________________________________________

Vehicle #2

Manufacturer___________________________Type_________________________ Year Manufactured ______
Color (s) ______________________License Plate #_____________________ Year_______Expires_______
Significant vehicle marking______________________________________Rig Empty Weight ______________
Dimensions of Waste Tank_________________________Capacity of Waste in Gallons___________________
Does this vehicle haul waste other than residential waste? Yes   No      If yes, then please list the types of waste
hauled even if not hauled to NEORSD___________________________________________________________
________________________________________________________________________________________

Vehicle #3

Manufacturer___________________________Type_________________________ Year Manufactured ______
Color (s) ______________________License Plate #_____________________ Year_______Expires_______
Significant vehicle marking______________________________________Rig Empty Weight ______________
Dimensions of Waste Tank_________________________Capacity of Waste in Gallons___________________
Does this vehicle haul waste other than residential waste? Yes   No      If yes, then please list the types of waste
hauled even if not hauled to NEORSD___________________________________________________________
________________________________________________________________________________________
Section 2 - Vehicle Information Continue

Vehicle #4

Manufacturer___________________________ Type_________________________ Year Manufactured ______

Color (s)_________________________ License Plate #_____________________ Year__________ Expires_______

Significant vehicle marking__________________________ Rig Empty Weight ______________

Dimensions of Waste Tank_________________________ Capacity of Waste in Gallons___________________

Does this vehicle haul waste other than residential waste? Yes No If yes, than please list the types of waste hauled even if not hauled to NEORSD___________________________________________________________
__________________________________________________________________________________________

Vehicle #5

Manufacturer___________________________ Type_________________________ Year Manufactured ______

Color (s)_________________________ License Plate #_____________________ Year__________ Expires_______

Significant vehicle marking__________________________ Rig Empty Weight ______________

Dimensions of Waste Tank_________________________ Capacity of Waste in Gallons___________________

Does this vehicle haul waste other than residential waste? Yes No If yes, than please list the types of waste hauled even if not hauled to NEORSD___________________________________________________________
__________________________________________________________________________________________

Complete the information below:

Total Vehicles _______ * $225.00 = _____________ Total Amount

*Note* that the total amount is due at the time of the submittal of the application. So that the application can be processed expediently, please attach payment to this application.
Section 3 – Applicant Statement

PLEASE READ CAREFULLY, SIGN, AND DATE BELOW

I CERTIFY THAT I AM DULY AUTHORIZED TO PRESENT THE INFORMATION ON THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION SUBMITTED TO NEORSD ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE, THAT I HAVE READ AND AGREE TO ABIDE BY THE CONDITIONS STATED IN THE NEORSD SEWER USE CODE AS THEY APPLY TO MY OPERATIONS AND THAT I UNDERSTAND THAT I (OR MY COMPANY OR MY OPERATORS) AM (OR ARE) RESPONSIBLE FOR THE ANALYZED CONTENTS OF EACH LOAD IDENTIFIED AND HAULED INTO AND DISCHARGED AT A NEORSD FACILITY BY ME, MY OPERATORS OF MY VEHICLES.

Name_______________________________________________ Position_____________________________
Signature ____________________________________________  Date _______________________________

NEORSD Interoffice Use Only

NO. OF PLACARDS ISSUED __________
DATE ISSUED ____________________    EMPLOYEE ______________________________

VEHICAL ASSIGNMENT (s)
1. Lic. Plate # ________________ Assigned Permit # ________________
2. Lic. Plate # ________________ Assigned Permit # ________________
3. Lic. Plate # ________________ Assigned Permit # ________________
4. Lic. Plate # ________________ Assigned Permit # ________________
5. Lic. Plate # ________________ Assigned Permit # ________________

CCBH PERMIT NO _______________________________________________________________________

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PLEASE FORWARD ALL PAYMENTS TO:
NORTHEAST OHIO REGIONAL SEWER DISTRICT
3900 EUCLID AVENUE
CLEVELAND, OH 44115
ATTN: Kenneth J. Duplay
Chief Financial Officer

Note: The Northeast Ohio Regional Sewer District is not responsible for payments made to PO Box

DISPOSAL SITE IS:
SOUTHERLY WASTE WATER TREATMENT PLANT
6000 CANAL ROAD
CUYAHOGA HEIGHTS OH 44125
(216) 641-3200

HOURS OF DISPOSAL ARE:
SUMMER HOURS ARE: 8:00AM TO 8:00PM
WINTER HOURS ARE: 8:00AM TO 4:00PM

QUESTIONS?

CONTACT US
NEORSD Finance Department
Business hours: Mon-Fri 8:00 a.m.-4:00 p.m
(216) 881-6600 ext. 6735
PLACE PERMIT IN LOWER QUARTER OF CAB DOOR PANELS

- COUNTY PERMIT ON RIGHT (PASSENGER) SIDE ONLY.