

**NEORSD REGISTERED WASTEWATER
DISPOSAL CONDITIONAL PERMIT
APPLICATION PACKET**

PLEASE READ PRIOR TO SIGNING AND RETURNING THE 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, than 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 NEORS D 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 NEORS D 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 NEORS D FACILITY BY ME, MY OPERATORS OF MY VEHICLES.

Name _____ Position _____

Signature _____ Date _____

NEORS D 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 _____

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:

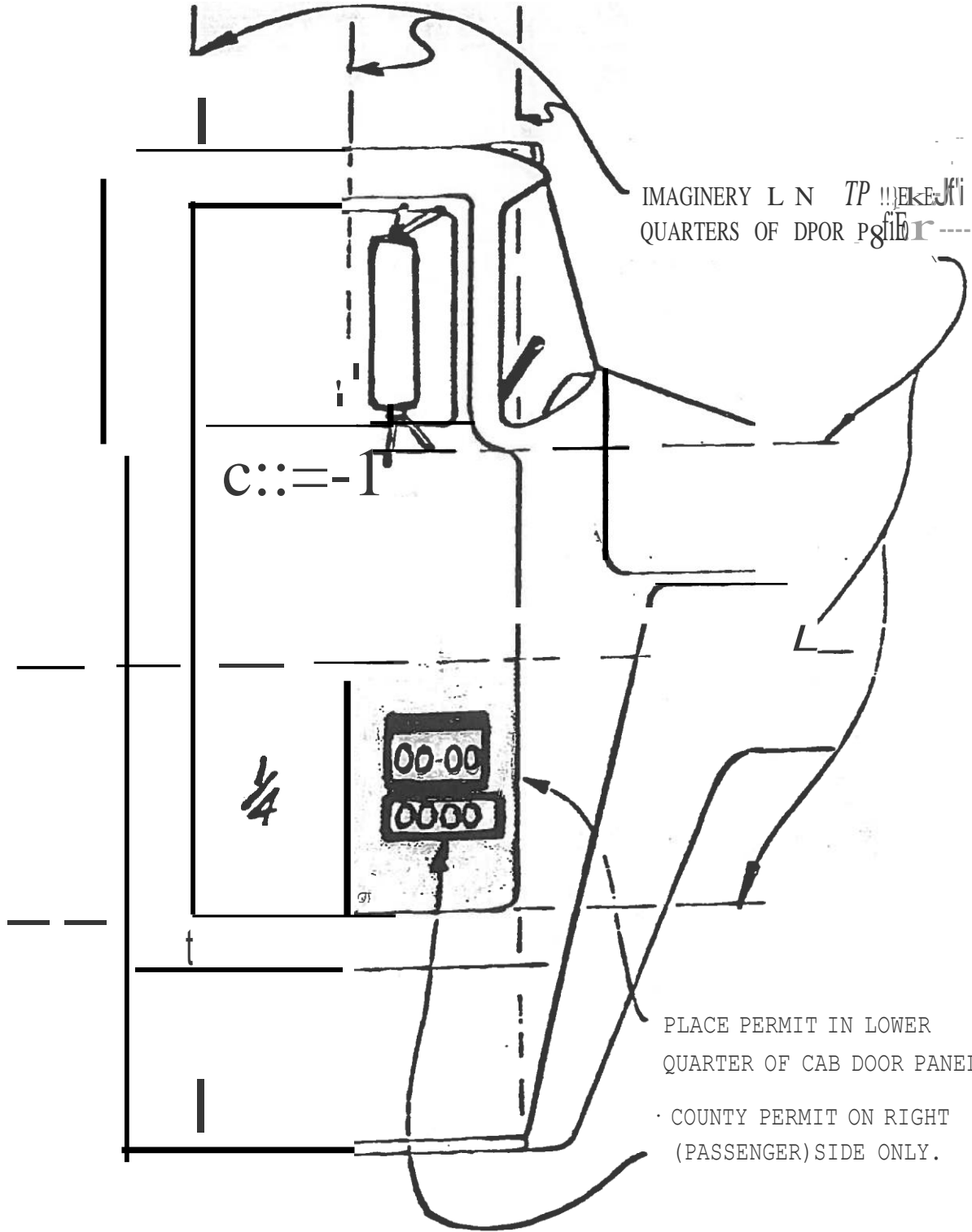
SUMMER HOURS ARE: 8:00AM TO 8:00PM

WINTER HOURS ARE: 8:00AM TO 4:00PM

QUESTIONS?

CONTACT US

NEORS D Finance Department
Business hours: Mon-Fri 8:00 a.m.-4:00 p.m
(216) 881-6600 ext. 6735



IMAGINARY L N TP !!! E E J i
QUARTERS OF DPOR Pg i b r

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PLACE PERMIT IN LOWER
QUARTER OF CAB DOOR PANELS
COUNTY PERMIT ON RIGHT
(PASSENGER) SIDE ONLY.