

GEAUGA COUNTY DEPARTMENT OF WATER RESOURCES
SANITARY SEWAGE SURVEY - DATA SHEET

470 Center Street Bldg 3
Chardon, Ohio 44024-1068
(440)285-2222 ext 1970
Fax (440)285-9549

Residential Parcel ID # _____

Commercial Account # _____

Industrial Service Area: _____ Date: _____

Name of Business: _____

Billing Address: _____

Legal Owner: Full Name: _____

Address: _____ Phone: _____

Description of Building: _____

Process: _____

Floor Space Area: _____ Quantity of fixture units: _____

Drawing/Floor Plan: Yes No Itemize: Toilets: _____

Urinals: _____

Type of Sewage: (Choose One)

Sinks: _____

Domestic Industrial Commercial Combination

Other: _____

Estimated Flow: _____

No. of employees _____

No. of shifts _____ Hours _____

No. of Employees per shift _____

complete utilities/facilities drawing on reverse

GEAUGA COUNTY SANITARY ENGINEERING CODE

Section F - Section 1.01 through F 19.01

I here by certify that I have read the regulations referred to above, understand them completely, and have answered all of the above questions correctly. I realize that this information may be utilized to determine the sewer rental charge.

Representative, Geauga County Sanitary Engineer _____

Owner/Owner's Representative _____ Date: _____

If waste is anything other than domestic quality, specify and give a brief description of product and any water using process that is being utilized.

Please attach all MSDS sheets for all chemicals on site.

Show sketch of the building and water consuming units in respect to walls, ect. Indicate location of tie-in to the sanitary line. Restaurants show seating layout. Plazas show unit layout.