



INDUSTRIAL PRETREATMENT PROGRAM

Wastewater Discharge Information Form/Permit Application

Department of Public Works • Industrial Pretreatment Program • 111 Airport Drive East • Frederick, MD 21701 • Phone 301-600-2979 • Fax 301-600-6245

A. GENERAL INFORMATION

1. Business Name: _____
Doing Business As: _____
Physical Address: _____
Mailing Address: _____
2. Contact Person: _____ Title: _____
Phone No.: _____ e-mail: _____
3. Authorized Representative: _____ Title: _____
Phone No.: _____ e-mail: _____
Mailing Address: _____
4. Property Owner: _____ Phone No.: _____
Mailing Address: _____
5. Number of **full** time employees per day: Monday - Friday: Ave.: _____ Max.: _____
Saturday - Sunday: Ave.: _____ Max.: _____
6. List any environmental control permits held by or for this facility. List waste haulers, EPA permit numbers or hazardous waste permit numbers.

B. OPERATIONAL INFORMATION

1. Briefly describe the manufacturing activities or services performed at the above location.

2. List principal products and volume that are manufactured per year.

3. Hours of operation: _____
Holidays observed: _____
Season variations: _____
4. Classification by NAICS No(s): _____
5. Check type of business:
 Automotive Repair or Services Manufacturing Research Laboratory
 Food Service Establishment Photo processing Wholesale/Retail
 Health Care Provider Printing Other: _____

6. Check any activities listed below that are performed at your facility:

CFR Reference Pretreatment Category

- 40 CFR 467 Aluminum Forming
- 40 CFR 427 Asbestos Manufacturing
- 40 CFR 461 Battery Manufacturing
- 40 CFR 431 Builders' Paper and Board Mills
- 40 CFR 458 Carbon Black Manufacturing
- 40 CFR 411 Cement Manufacturing
- 40 CFR 465 Coil Coating
- 40 CFR 468 Copper Forming
- 40 CFR 405 Dairy Products Processing
- 40 CFR 469 Electrical & Electronic Components
- 40 CFR 413 Electroplating
- 40 CFR 412 Feedlots
- 40 CFR 424 Ferrous Alloy Manufacturing
- 40 CFR 418 Fertilizer Manufacturing
- 40 CFR 407 Fruits and Vegetables Processing and Manufacturing
- 40 CFR 426 Glass Manufacturing
- 40 CFR 406 Grain Mills Manufacturing
- 40 CFR 447 Ink Formulating
- 40 CFR 415 Inorganic Chemicals Manufacturing
- 40 CFR 420 Iron and Steel Manufacturing
- 40 CFR 425 Leather Tanning and Finishing
- 40 CFR 432 Meat Processing
- 40 CFR 433 Metal Finishing
- 40 CFR 464 Metal Molding and Casting
- 40 CFR 421 Nonferrous Metals Manufacturing
- 40 CFR 435 Oil and Gas Extraction
- 40 CFR 446 Paint Formulating
- 40 CFR 443 Paving and Roofing
- 40 CFR 455 Pesticide Chemicals
- 40 CFR 415 Petroleum Refining
- 40 CFR 439 Pharmaceutical Manufacturing
- 40 CFR 422 Phosphate Manufacturing
- 40 CFR 466 Porcelain Enameling
- 40 CFR 430 Pulp, Paper and Paperboard
- 40 CFR 463 Plastics Molding and Forming
- 40 CFR 428 Rubber Processing
- 40 CFR 408 Seafood Processing
- 40 CFR 417 Soaps and Detergents Manufacturing
- 40 CFR 423 Steam Electric Power Generating
- 40 CFR 409 Sugar Processing
- 40 CFR 410 Textile Mills
- 40 CFR 429 Timber Products Manufacturing
- 40 CFR 442 Transportation Equipment Cleaning
- 40 CFR 442 Transportation Equipment Cleaning

7. List raw materials used to manufacture principal products and/or bulk chemicals that are used and stored at this facility per month. Include type, volume and storage location. Attach additional sheets if needed.

Raw material or chemical	Volume stored	Storage Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Check the type of paint used at this facility:

- Liquid paint Dry powder paint None Other: _____

9. Describe how the metal is prepared for painting. N/A

Is there a chemical process using chemicals such as phosphate or chromate? Yes No
 Is there a mechanical process such as sandblasting? Yes No

C. WATER USAGE AND WASTEWATER DISCHARGE

1. Does your facility have a sub meter on the water line for water consumption billing purposes?
 Yes No If no, please describe how your facility's water consumption is calculated.

2. List average water use per month for the past six months or estimated use per month. _____

3. Indicate the estimated volume of wastewater discharged to the sanitary sewer in gallons per day.

- 0 - 4,999 5,000 - 9,999 10,000 - 24,999 25,000 -49,999
 50,000 - 99,999 Greater than 100,000

4. Describe the wastewater sampling port location.

5. Describe operational activities that result in *non-domestic discharge to the **sanitary sewer**.

6. List the gallons per day of wastewater discharged from the following:

Process/manufacturing: _____ gpd Cooling system: _____ gpd
Domestic: _____ gpd Other: _____ gpd

7. Process wastewater discharges are: Batch Continuous Intermittent

8. Describe operational activities that result in *non-domestic discharge to **storm water management**. Include the estimated volume per day from each activity. (This includes washing vehicles.)

* **Non-Domestic wastewater** is any discharge that is not from restrooms, household type cleaning and non-commercial food preparation.

9. Does this facility operate a chiller or cooling tower? Yes No

If yes, describe the following:

Wastewater discharge location: Storm Drain Sanitary Sewer Unknown

Blow down rates per day: _____ Volume discharged per day: _____

List chemicals used in the unit: _____

10. Check all that are in or **have the potential** to be in the wastewater discharged from this facility.

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Acetone | <input type="checkbox"/> Chloroform | <input type="checkbox"/> Lead | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Fats, Oil and Grease | <input type="checkbox"/> Arsenic | <input type="checkbox"/> Chromium | <input type="checkbox"/> Mercury |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Barium | <input type="checkbox"/> Copper | <input type="checkbox"/> Molybdenum |
| <input type="checkbox"/> Toluene | <input type="checkbox"/> Benzene | <input type="checkbox"/> Cyanide | <input type="checkbox"/> Nickel |
| <input type="checkbox"/> Xylene | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Ethyl benzene | <input type="checkbox"/> Phenols |
| <input type="checkbox"/> Zinc | <input type="checkbox"/> Gasoline or Flammable products | <input type="checkbox"/> Radioactive material | |
| <input type="checkbox"/> Toxic or poisonous substances | | | |

Please attach any laboratory analysis results relating to wastewater discharge from this facility.

D. WASTEWATER PRETREATMENT

1. Please check all wastewater pretreatment processes that are practiced at this facility.
 Biological Oil Water Separation Equalization Silver Recovery
 Grease Trap Sedimentation Chemical Addition Other: _____
2. If pretreatment is conducted at this facility, use additional sheets to supply the following:
 - A process flow diagram must be supplied for each treatment system.
 - Describe in detail, each pretreatment equipment's design volume and current operating volumes.
3. If this facility uses a grease trap or oil water separator, provide the following information:
Location of pretreatment device: _____
Volume of pretreatment device: _____
Maintenance performed by: _____
Maintenance Frequency: _____

E. CHEMICAL STORAGE AND HAZARDOUS WASTE

1. Does this facility use any solvents, chemicals or compounds containing any of the toxic organic compounds listed on the EPA table of toxic organics attached to this document, or any other solvents, such as xylene, acetone, etc., not listed on the attached table? Yes No
2. Does this facility generate ****non-sewerable waste**? Yes No
If yes, attach a description of waste including volume and method of disposal. Supply a list of each haulers name, address and supply a copy of last manifest.

**** Non-sewerable wastes** are materials that are not allowed in the sewer and must be sent for legal off-site disposal. They can be hazardous or non-hazardous and can be liquids, solids or semi-solids. Trash and garbage, which can be legally land filled, are not classified as non-sewerable wastes.

F. CERTIFICATION STATEMENT

This statement must be signed by the authorized designated signatory of the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative and Title (print): _____

Authorized Representative Signature: _____ Date: _____

Last revision: 03/05/18