



# Industrial Pretreatment Program

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

## Industrial Wastewater Discharge Information Form / Permit Application

### A. GENERAL INFORMATION

1. Company Name: \_\_\_\_\_  
Facility 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: \_\_\_\_\_  
Address: \_\_\_\_\_
5. Number of **full** time employees per day: Monday - Friday: Ave.: \_\_\_\_\_ Max.: \_\_\_\_\_ Min.: \_\_\_\_\_  
Saturday - Sunday: Ave.: \_\_\_\_\_ Max.: \_\_\_\_\_ Min.: \_\_\_\_\_
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 product type 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:

- | <b>CFR Reference</b>                | <b>Pretreatment Category</b>                       |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> 40 CFR 467 | Aluminum Forming                                   | <input type="checkbox"/> 40 CFR 428 Rubber Processing                  |
| <input type="checkbox"/> 40 CFR 427 | Asbestos Manufacturing                             | <input type="checkbox"/> 40 CFR 408 Seafood Processing                 |
| <input type="checkbox"/> 40 CFR 461 | Battery Manufacturing                              | <input type="checkbox"/> 40 CFR 417 Soaps and Detergents Manufacturing |
| <input type="checkbox"/> 40 CFR 431 | Builders' Paper and Board Mills                    | <input type="checkbox"/> 40 CFR 423 Steam Electric Power Generating    |
| <input type="checkbox"/> 40 CFR 458 | Carbon Black Manufacturing                         | <input type="checkbox"/> 40 CFR 409 Sugar Processing                   |
| <input type="checkbox"/> 40 CFR 411 | Cement Manufacturing                               | <input type="checkbox"/> 40 CFR 410 Textile Mills                      |
| <input type="checkbox"/> 40 CFR 465 | Coil Coating                                       | <input type="checkbox"/> 40 CFR 429 Timber Products Manufacturing      |
| <input type="checkbox"/> 40 CFR 468 | Copper Forming                                     | <input type="checkbox"/> 40 CFR 442 Transportation Equipment Cleaning  |
| <input type="checkbox"/> 40 CFR 405 | Dairy Products Processing                          |  |
| <input type="checkbox"/> 40 CFR 469 | Electrical and Electronic Components               |  |
| <input type="checkbox"/> 40 CFR 413 | Electroplating                                     |  |
| <input type="checkbox"/> 40 CFR 412 | Feedlots   |  |
| <input type="checkbox"/> 40 CFR 424 | Ferroalloy Manufacturing                           |  |
| <input type="checkbox"/> 40 CFR 418 | Fertilizer Manufacturing                           |  |
| <input type="checkbox"/> 40 CFR 407 | Fruits and Vegetables Processing and Manufacturing |  |
| <input type="checkbox"/> 40 CFR 426 | Glass Manufacturing                                |  |
| <input type="checkbox"/> 40 CFR 406 | Grain Mills Manufacturing                          |  |
| <input type="checkbox"/> 40 CFR 447 | Ink Formulating                                    |  |
| <input type="checkbox"/> 40 CFR 415 | Inorganic Chemicals Manufacturing                  |  |
| <input type="checkbox"/> 40 CFR 420 | Iron and Steel Manufacturing                       |  |
| <input type="checkbox"/> 40 CFR 425 | Leather Tanning and Finishing                      |  |
| <input type="checkbox"/> 40 CFR 432 | Meat Processing                                    |  |
| <input type="checkbox"/> 40 CFR 433 | Metal Finishing                                    |  |
| <input type="checkbox"/> 40 CFR 464 | Metal Molding and Casting                          |  |
| <input type="checkbox"/> 40 CFR 471 | Nonferrous Metals Forming and Metal Powders        |  |
| <input type="checkbox"/> 40 CFR 421 | Nonferrous Metals Manufacturing                    |  |
| <input type="checkbox"/> 40 CFR 435 | Oil and Gas Extraction                             |  |
| <input type="checkbox"/> 40 CFR 446 | Paint Formulating                                  |  |
| <input type="checkbox"/> 40 CFR 443 | Paving and Roofing (Tars and Asphalt)              |  |
| <input type="checkbox"/> 40 CFR 455 | Pesticide Chemicals                                |  |
| <input type="checkbox"/> 40 CFR 415 | Petroleum Refining                                 |  |
| <input type="checkbox"/> 40 CFR 439 | Pharmaceutical Manufacturing                       |  |
| <input type="checkbox"/> 40 CFR 422 | Phosphate Manufacturing                            |  |
| <input type="checkbox"/> 40 CFR 463 | Plastics Molding and Forming                       |  |
| <input type="checkbox"/> 40 CFR 466 | Porcelain Enameling                                |  |
| <input type="checkbox"/> 40 CFR 430 | Pulp, Paper and Paperboard                         |  |

7. List raw materials and 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

---



---



---

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

Process/manufacturing: \_\_\_\_\_ gpd                      Cooling system: \_\_\_\_\_ gpd  
 Domestic: \_\_\_\_\_ gpd                      Other: \_\_\_\_\_ gpd

5. Process wastewater discharges are:  Batch     Continuous     Intermittent

6. 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.

7. 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: \_\_\_\_\_

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

Product verification should be done by label and Material Safety Data Sheet review.

- |                                  |  |                                     |                                   |   |
|----------------------------------|--|-------------------------------------|-----------------------------------|---|
| <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"/> Gasoline or Flammable products |
| <input type="checkbox"/> Barium  | <input type="checkbox"/> Copper        | <input type="checkbox"/> Molybdenum | <input type="checkbox"/> Toluene  | <input type="checkbox"/> Radioactive material           |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Cyanide       | <input type="checkbox"/> Nickel     | <input type="checkbox"/> Xylene   | <input type="checkbox"/> Toxic or poisonous substances  |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Ethyl benzene | <input type="checkbox"/> Phenols    | <input type="checkbox"/> Zinc     |   |

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

#### D. PRETREATMENT

1. Please check all wastewater pretreatment processes that are practiced at this facility.

- |                                      |   |  |  |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Biological  | <input type="checkbox"/> Oil Separation | <input type="checkbox"/> Equalization      | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Sedimentation  | <input type="checkbox"/> Chemical Addition | <input type="checkbox"/> 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.

#### 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 & Title (print): \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Revision: 06/01/15