

ANNE ARUNDEL COUNTY
DEPARTMENT OF PUBLIC WORKS

INSTRUCTIONS FOR
WASTEWATER DISCHARGE PERMIT APPLICATION B

GENERAL INSTRUCTIONS

These instructions are designed to assist you in filling out the Wastewater Discharge Permit Application B. Examples have been provided which should answer most questions concerning the information required. If however, you have a question about a particular item, please call Chris Tait or David Aries at 410-222-8818 and we will be happy to assist you.

Please make certain all blanks, except for those answer blanks you are instructed to skip, are filled in even though the answer to a particular item may be zero or none. The information to be provided in Sections D, and E, requires that you be knowledgeable of chemicals used in your manufacturing or service activity. You need not have an analysis of your wastewater to determine the presence or absence of these chemicals. You may, however, have to contact your supplier of a proprietary product for assistance in providing the requested information.

If additional space is required to provide complete information for a particular item, please attach additional sheets keyed to the Section and Item Number and write "continued on additional sheet" in the appropriate blank.

Please complete and return the Permit Application within 30 days to our office at the following address:

PRETREATMENT PROGRAM MANAGER
ANNE ARUNDEL COUNTY DPW
437-D MAXWELL FRYE ROAD
MILLERSVILLE, MARYLAND 21108

SECTION A. GENERAL INFORMATION

1. The company name should be that name which is for official transactions or as it appears on company stationary.
2. The division name, if applicable, should provide the specific section or group of the company for which the application applies.
3. The mailing address should be the address where all correspondence pertaining to the Wastewater Discharge Permit Application or other business should be sent.
4. The facility address should be the address of the plant or facility for which the Wastewater Discharge Permit Application is being submitted.
5. The facility representative shall be an approved representative of the company with the authority to sign on behalf of the company for the particular production facility and certify the accuracy of information provided on official documents. A plant or facility manager may be assigned such authority.
6. The property tax account number is the 12-digit number found on your tax bill. (NOT your Federal I.D. number)
7. The property owner should be the owner or the landlord of the building and property.
8. The type of user represents commercial establishments (i.e.: retail, wholesale business or offices). Restaurant establishments (i.e.: eating or drinking places); institutional establishments (i.e.: schools, nursing homes); or other establishments (i.e.: manufacturing or government).
9. The SIC Number is a 4-digit number that refers to the type of product or service produced. This number can be found in the Standard Industrial Classification Manual. If the number for your establishment can not be determined, skip this question.
10. The appropriate box should be checked to indicate if the application is for an existing or proposed discharge. If it is a proposed discharge, the anticipated date of commencement. Should be indicated.

SECTION B. USER FACILITY INFORMATION

1. Indicate the total number of employees, including all shifts.
2. Consider each shift on the basis of normal starting time with three possible shifts per 24-hour day. Only the periods of production or process operation including clean up procedures are to be considered as shift work. The average number of employees per shift should include those office workers, executives and watchmen whose hours generally coincide with the times of production shifts.
3. Indicate the number of hours per day (maximum of 24 hours), the number of days per week (maximum 7 days), and the number of days per year (maximum 365 days) that the facility is in operation.
4. Indicate any period of time when the operation is shut down, with the exception of the days the facility is shut down during normal workweeks. For example, extended holidays shut downs or plant cleanup shut downs that are scheduled for the same periods each year.
5. Indicate the maximum occupancy number (i.e.: theater or restaurant seating count).

SECTION C. WATER USAGE

1. Check the source from which your facility purchases water. If another source is utilized, totally or in part, indicate that source and clarify by explanation if necessary.
2. The name on the water bill should be the name to which the bill is mailed.
3. The Water Service Account Number is the account number that appears on the water bill (a 15-digit number). List all account numbers applicable to this premise.
4. List the landlord's name and address to which the water bill is delivered.
5. Water consumption in industry varies depending on the type of manufacturing activity, process equipment utilized, number of employees, and other variable characteristics. The average monthly or quarterly consumption is listed on the water bill. To obtain average daily consumption, divide monthly or quarterly consumption by 30, 60 or 90 days respectively. If a water bill is not available, estimate by using 14.0 gallons per employee per day to compute consumption for sanitary purposes. If applicable, add estimated consumption gallonage for

industry/store cleanup and maintenance, product absorption (i.e.: food preparation), and any other processes involving water consumption.

SECTION D. PRODUCT OR SERVICE INFORMATION

1. Check all activities conducted at your facility.
2. List the principal products at your facility. Describe the primary operations that will convey a general idea of the type of manufacturing or service activities that take place at the facility address.

For example, if you manufactured "Dairy Products" your primary operation might be:

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| a. Receiving milk | e. Dry milk manufacturing |
| b. Bottling milk | f. Cheese making |
| c. Ice cream manufacturing | g. Butter making |
| d. Condensing milk | |

3. Indicate if your facility contains food preparation facilities (i.e.: ovens, stoves, etc.).
4. Indicate if your facility has any garbage grinders (disposals), and indicate the horsepower of each unit.
5. List the principal chemicals and raw materials and their quantities which are in the production of your product, or in the cleanup of your facility. Examples include: Degreasing agents, bleach, printing inks, photo developer, water softening agents, wax strippers, food preservatives, fuel oil, paint thinners, etc.
- 5a. Indicate if your facility processes and develops x-rays onsite. For instance, if you are a chiropractor, you may take x-rays at your office and process them there also. Describe what liquids go down the drain, and the volumes of each liquid. Also, describe any silver systems. For example: Volume of rinse water discharged to sewer = 10 gallons/day; volume of developer/fixer discharged to sewer = 1 gallon/day; electrolytic silver recovery unit is attached to machine and is serviced by ABC Silver Company every 3 months.
- 5b. Indicate if your facility performs photo developing and processing (i.e.: film and negative processing; print and slide developing, etc.) onsite. Describe what liquids go down the drain, and the volumes of each. Also, describe any silver recovery systems. For example: Volume of rinse water discharged to sewer = 30 gallons/day; volume of developer discharged to sewer = 5 gallons/day; volume of fixer discharged to sewer = 2 gallons/day; ionic silver recovery unit treats

developer and fixer before discharge to drain. Recovery unit serviced by ABC Silver Company every 3 months.

- 5c. Describe any laboratory/testing facilities located at your facility. Describe the tests performed, and describe what types of liquids, and detail the volumes that go down the drain. For example: Type of lab = drinking water quality control lab; tests performed = pH, hardness, bacteria, metals, fluoride; liquids to sewer = drinking water samples, pH buffers, acetone, metal standards; volumes to sewer = 100 gallons/day of water samples, 1 ounce/day of pH buffer, 2 ounces/day of acetone, 2 ounces/day of metal standards.
- 5d. Describe any pieces of equipment, which are cleaned or disinfected with liquids at your facility. Indicate the type of cleaning solution used and indicate the volume of liquids discharged each day to the sewer. For example: Surgical equipment is cleaned with 2 gallons of a disinfecting solution, composed of 1.5 gallons of water and 0.5 gallons of Roccal D, and is disposed of daily to the sewer. Attached is an MSDS (Material Safety Data Sheet) for the Roccal D chemical.
- 5e. Describe the types and volumes of chemically treated portable toilet wastes (i.e.: wastes from Port-A-Pottys, RVs, bus or boat holding tanks, etc.) disposed of at your facility. Also, describe the disposal method used for the wastes, and list the type of chemical/deodorizer used. For example: 32 gallons of waste from a 50 gallon boat holding tank is pumped out daily and is directly piped from the dock area into the County Sewer System. 2 gallons of a disinfecting solution, composed of 4 ounces of "Inca Gold", and the rest water is added to the 30 gallons of waste daily. An MSDS on the Inca Gold is attached.
- 5f. Describe the types and volumes of nondomestic wastewater discharged by your facility to the County Sewer System. Nondomestic wastewater includes water from cleaning, cooling, and production sources that are not associated with normal domestic/residential uses, and are not listed in items 5a-5e. For example: Floor wash down – 10 gallons/day. Floor wash contains 2 gallons of bleach, 2 gallons of degreaser, and 6 gallons of water. Boiler blowdown -10 gallons/day. Blowdown contains 5% algaecide, 1% bromide, and 94% water. Vegetable preservative rinse water – 50 gallons/day. Raw vegetables (i.e.: potatoes, carrots, etc.) are soaked in a 5% solution of sodium hypochlorite and water.
6. Describe the storage facilities (i.e.: underground tanks, flammable cabinets, janitors closet) for those chemicals and materials listed in question #5.
7. Describe any active or abandoned underground storage facilities, listing the size, age, material stored, etc.
8. Indicate if a policy has been adopted to prevent and/or manage a chemical/raw material spill in your facility (i.e.: availability of chemical absorbent materials, plugs in floor drains, etc.).

SECTION E. PROCESS AND WASTE INFORMATION

1. Indicate if your facility is equipped with a grease trap or an oil interceptor, specifying its location, size, maintenance, etc.
2. Indicate the quantity of grease and cooking oil purchased by your facility in pounds per year.
3. Indicate how much of this grease and oil is removed by a hauler from your facility.
4. Indicate if your facility uses solvents (i.e.: Methylene Chloride, Toluene, MEK, etc.) and specify type, method of usage, usage rate, etc.
5. Indicate if your facility generates or receives sludge, other than oil and grease and food wastes, which are hauled away from your facility. Examples could be waste solvents, spent chemicals, outdated materials, metal sludge, incinerated wastes, and pesticide wastes.
6. Describe the storage methods and locations for those items listed in E-4 and E-5. Example: Flammable cabinet in laboratory, shed in warehouse, or 55 gallon drum in hazardous waste shed.