



**ANNE
ARUNDEL
COUNTY**

M A R Y L A N D

Department of Public Works

County Executive Steven R. Schuh

MUST BE SUBMITTED AS SOON AS POSSIBLE

Christopher J. Phipps, P.E.
Director, Department of Public Works
Heritage Office Complex
Financial Services Division
Pretreatment Program
2662 Riva Road, WWD MS-7408
Annapolis, MD 21401

Dear Anne Arundel County Customer:

In order to comply with the Federal Clean Water Act, Anne Arundel County has established a Pretreatment Program to control the discharge of wastes to the county wastewater system. The purpose of this program is to control the discharge of substances that could have adverse effects on the sewer systems, treatment facilities, and the water quality of streams, rivers and the Chesapeake Bay.

Section 13-5-509 (a) of the Anne Arundel County Code states “nonresidential users discharging or proposing to discharge wastewater, except hauled wastes, into the County system shall obtain a wastewater discharge permit.” Your facility has been identified as a nonresidential user to the County’s wastewater system. Your facility has previously been permitted, and that permit is up for renewal. You must complete the form below and submit payment to renew the permit. Failure to do so may result in legal action being taken against you, which may include the imposition of a \$1000 civil fine. Completion of this form may replace the need to complete a full application. Please return within 15 days of receipt.

I solemnly affirm under the penalties of perjury that the following are true to the best of my knowledge, information and belief (please choose all that are applicable):

- There has been no change in ownership, business name, operation, or physical location of the business in the last five years since the previous Wastewater Discharge Permit Application was submitted.
- There has been a change in ownership only (Please put all corrected information on the reverse side of this sheet).
- There has been a change in business name only (Please put all corrected information on the reverse side of this sheet).
- There has been a change in address only (Please put all corrected information on the reverse side of this sheet).
- There has been a change in the type of business operation. Please send me a new application.

Name of Business as it appears on your WWD Permit

Wastewater Discharge Permit #

Signature of Owner or Owner’s Authorized Representative

Date

Printed Name

Telephone Number

Title

Email Address

Please return to: Sonya Simms at the following FAX number: 410-222-7059. For Questions, call 410-222-7510

(Revised: 04/05/2015)

MUST BE FILLED OUT WHERE NEEDED
MUST HAVE QUARTERLY WATER & WASTEWATER BILLING ACCOUNT NUMBER
MUST BE SUBMITTED AS SOON AS POSSIBLE WITH PAYMENT

Please put all corrected information on this sheet. (Ownership change, Business Name, or Address change. Etc.)

1. Current Business / Company / Institution Name: _____

2. Division Name (DBA, TA) if applicable: _____

3. Mailing Address for a. Street or P.O. Box: _____
Billing or Invoicing: b. City, State, Zip Code: _____

4. Facility Address: a. Street or P.O. Box: _____
(Location of Business) b. City, State, Zip Code: _____

5. Is this a change for Billing and/or invoicing purposes? Yes: _____ No: _____

If Yes, we will update your change immediately. Thank you.

If No, has this business moved to a new location? Yes: _____ No: _____

If Yes, please send me a new Application Form.

6. Ownership Change: a. Name of new Owner or Facility Representative: _____
b. Title: _____
c. Telephone Number (s) _____
d. Contact Telephone Number for Company: _____

7. Name of New Business if applicable: _____

8. New Type of Operation: From: (type of operation) _____
To: (type of operation) _____

Please send me a new Application Form.

9. Quarterly Water Billing Account Information:
a. Name on Water Bill: _____
b. Quarterly Water Billing Account Number (15-digit #): _____

MANDATORY INFORMATION