ANNE ARUNDEL COUNTY, MARYLAND
APPLICATION FOR
HAULED WASTE DISCHARGE PERMIT
PRETREATMENT PROGRAM
Please print or type

DEPARTMENT OF PUBLIC WORKS
Pretreatment Program
2662 Riva Road, MS 7408
Annapolis, Maryland 21401

Permit Number: 
(Office use only)

DIRECTIONS: Article 13, Title 5, Subtitle 5 of the Anne Arundel County Code regulates the discharge of wastewater, including hauled waste, into the County's wastewater system. All haulers are required to obtain a Haired Waste Discharge Permit before they can discharge their waste into any of the County approved receiving facilities. The information requested in this permit application will be used to determine the Haired Waste Discharge Permit requirements. Please respond to all questions and indicate if a particular question is not applicable (N/A).

Requests for information should be addressed to:
Haired Waste Program
Anne Arundel County, Department of Public Works
Bureau of Utility Operations/Financial Services
2662 Riva Road, MS-7508
Annapolis, Maryland 21401-7374
Or contact by telephone: 410-222-7510

SECTION I – GENERAL INFORMATION

A. Waste Hauler – General
   1. Company Name:
   2. Mailing Address:  
      a. Street or PO Box:___________
      b. City, State, and Zip:___________
   3. Facility Address:  
      a. Street Address:___________
      State, and Zip Code:___________
   4. Name, Title, and Telephone Number of Facility Representative
      a. Name:___________
      b. Title:___________
      c. Telephone Number:___________

   5. Disposal Location(s). List the locations both within and outside of Anne Arundel County where you discharge hauled waste, regardless of where it is generated. Please be specific by including wastewater treatment plants and land disposal sites, indicating the volume and type of septage disposed at each.

______________________________________________________________
______________________________________________________________

Revised: June 11, 2015
SECTION I - GENERAL INFORMATION continued

6. Typical Service Area. From what geographical areas do you obtain the septage that you haul (include the County, State and facility where it is disposed).

____________________________________________________________________

____________________________________________________________________

B. Equipment Used in Operation:

On Attachment A, list each item of equipment individually. (Attach additional sheets if necessary.)

SECTION II - WASTES HAULED

A. Sources of Wastes Hauled. Indicate the GALLONS hauled by each category listed.

____ Residential  ____ Restaurants
____ Industrial  ____ Gas Stations/Garages
____ Commercial Business  ____ MARINA (Septic Tank ___ Pumpout Station ___)
____ Other, Specify ____________________________

B. Typical volumes of waste hauled each year ________ gallons. Also, indicate volume by category.

Septage ________ gallons  Grease ________ gallons

C. Non-residential Wastes

For all non-residential customers which you have serviced during the last 12 months, or with whom you are currently under contract to haul wastes, complete Attachment B. Attach additional sheets if necessary.

Revised: June 11, 2015
APPLICATION FOR
HAULED WASTE DISCHARGE PERMIT
PRETREATMENT PROGRAM
PAGE 3

SECTION III – OTHER COUNTY REQUIREMENTS

1. Have you had your vehicle(s) inspected by the Anne Arundel County Department of Health?

   YES _____ (Give date of inspection ________________).
   NO _____ (Give reason ________________________________________).

   Please attach a copy of the inspection results conducted by the Anne Arundel County Department of Health for all septic hauling vehicles inspected and that are included in this application.

   NOTE: IF INSPECTION WAS CONDUCTED BY ANOTHER JURISDICTION WITH WHICH WE HAVE A RECIPROCAL AGREEMENT, PLEASE ATTACH A COPY(S) OF SAME.

2. Have you complied with the Anne Arundel County Department of Inspections and Permits requirements for:

   a. Bonding. YES _____ (Value $__________) NO _____ N/A _____
   b. Insurance Certificate. YES _____ NO _____ N/A _____
   c. Annual Registration for each vehicle YES _____ NO _____

   PLEASE ATTACH COPIES OF THESE DOCUMENTS.

   If you answered "NO" to any of the above, the Hauled Waste Discharge Permit application will be processed, but the permit will not be issued until all requirements have been met.

SECTION IV – CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachments, and that, based upon my inquiry of those individuals responsible for obtaining the information herein, I believe that the submitted information is true, accurate and complete.

__________________________________________  _______________________
Signature of Owner or Owner’s Authorized Representative  Date

__________________________________________  _______________________
Print Name  Telephone Number

Title

Revised: June 11, 2015
APPLICATION FOR
HAULED WASTE DISCHARGE PERMIT
PRETREATMENT PROGRAM

ATTACHMENT A
EQUIPMENT

1. Description of Vehicle: ____________________________________________________________
   Make: _______________________________________________________
   Model: _______________________________________________________
   Year: ________________________________________________________
   Type of Equipment: _____________________________________________
   Hose Connection Type: _________________________________________
   Hose Connection Size: _________________________________________
   Vehicle Capacity (gallons): ______________________________________
   Vehicle Identification Number: _________________________________
   Vehicle License (List State and Tag Number): _______________________
   Vehicle Permit Number (Issued by Anne Arundel County Department of Inspections and
   Permits): ___________________________________________________

2. Description of Vehicle: __________________________________________________________
   Make: _______________________________________________________
   Model: _______________________________________________________
   Year: ________________________________________________________
   Type of Equipment: _____________________________________________
   Hose Connection Type: _________________________________________
   Hose Connection Size: _________________________________________
   Vehicle Capacity (gallons): ______________________________________
   Vehicle Identification Number: _________________________________
   Vehicle License (List State and Tag Number): _______________________
   Vehicle Permit Number (Issued by Anne Arundel County Department of Inspections and
   Permits): ___________________________________________________
APPLICATION FOR
HAULED WASTE DISCHARGE PERMIT
PRETREATMENT PROGRAM

ATTACHMENT B
NON-RESIDENTIAL CUSTOMERS

YOUR CLIENTS NAME: ________________________________

a. Mailing Address: ________________________________
   Street or P.O. Box ________________________________
   City, State and Zip Code: __________________________

b. Facility Address: ________________________________
   Street or P.O. Box: ________________________________
   City, State and Zip Code: __________________________

   ________________________________

   ________________________________

   ________________________________

c. Name, Title and Telephone Number of Facility Representative:
   Name: ________________________________
   Title: ________________________________
   Telephone Number: ________________________________

d. Type(s) of Waste Hauled (describe): ________________________________

   ________________________________

   ________________________________

e. Typical Waste Characteristics – Check all that are applicable:
   Low pH
   Oil and Grease
   High pH
   Solvents
   Chemical Additives (Provide Material Safety Data Sheet (MSDS) for all
   Chemical Additives)

f. Annual Volume of Waste Generated (gallons): ________________________________

g. Peak Volumes Generated:
   Time(s) of Year Peak Volumes are Generated: ________________________________

h. Frequency of Waste Hauling (e.g., twice per year): ________________________________

i. Disposal Location(s): ________________________________

   ________________________________

   ________________________________

Revised: June 11, 2015