



2662 RIVA ROAD  
ANNAPOLIS, MARYLAND 21401

**SUPPLEMENTAL FORM - B  
APPLICATION FOR WASTEWATER DISCHARGE PERMIT  
WASTE PRETREATMENT PROGRAM  
ANNE ARUNDEL COUNTY, MARYLAND**

PLEASE PRINT OR TYPE

**For County Use:**

Date Received \_\_\_\_\_  
Service Area \_\_\_\_\_  
Category \_\_\_\_\_  
Reviewer's Initials  
& Date \_\_\_\_\_

**SECTION A - GENERAL INFORMATION**

1. Company/Institution Name: \_\_\_\_\_
2. Division Name (if applicable): \_\_\_\_\_
3. Mailing Address:
  - a. Street or P.O. Box: \_\_\_\_\_
  - b. City, State, Zip Code: \_\_\_\_\_
4. Facility Address:
  - a. Street Address: \_\_\_\_\_
  - b. City, State, Zip Code: \_\_\_\_\_
5. Name, Title, and Telephone Number of Facility Representative
  - a. Name: \_\_\_\_\_
  - b. Title: \_\_\_\_\_
  - c. Telephone Number: \_\_\_\_\_
6. Property Tax Account Number: \_\_\_\_\_
7. Property Owner Name and Address: \_\_\_\_\_  
\_\_\_\_\_
8. Type of User: Commercial (Specify): \_\_\_\_\_  
Restaurant: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Other: \_\_\_\_\_

9. Standard Industrial Classification (SIC) Number: \_\_\_\_\_

10. Check One:  Existing Discharge  Proposed Discharge

If proposed discharge, give anticipated date when discharge will begin: \_\_\_\_\_

**SECTION B – USER FACILITY INFORMATION**

1. Number of Employees: \_\_\_\_\_

2. Employees per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

3. Operating Schedule: Hrs/day \_\_\_\_\_ Days/week \_\_\_\_\_ Days/year \_\_\_\_\_

4. Scheduled Shutdown Period(s): \_\_\_\_\_

5. Occupancy Number (if applicable): \_\_\_\_\_

**SECTION C – WATER USAGE**

1. Water Sources: \_\_\_\_\_ Anne Arundel County \_\_\_\_\_ Private Well \_\_\_\_\_ Other, Describe: \_\_\_\_\_

2. Name of Water Bill: \_\_\_\_\_

3. Water Service Account Number(s): (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

4. If water is supplied by landlord, give name and address:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

5. Average daily water consumption (gallons per day) \_\_\_\_\_ (an estimate is acceptable if water bill is not available).

**SECTION D – PRODUCT OR SERVICE INFORMATION**

1. Check all activities which are present at your facility:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bakery                      | <input type="checkbox"/> Laboratory          | <input type="checkbox"/> Research              |
| <input type="checkbox"/> Convenience Store/Mini-mart | <input type="checkbox"/> Laundry, Cleaning   | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Electroplating              | <input type="checkbox"/> Manufacturing       | <input type="checkbox"/> Retail Trade          |
| <input type="checkbox"/> Fast Food Restaurant        | <input type="checkbox"/> Medical Care        | <input type="checkbox"/> Vehicle Washdown      |
| <input type="checkbox"/> Flammables, Explosives      | <input type="checkbox"/> Military            | <input type="checkbox"/> Warehousing           |
| <input type="checkbox"/> Food Processing             | <input type="checkbox"/> Office Unit         | <input type="checkbox"/> Wholesale Trade       |
| <input type="checkbox"/> Full Service Restaurant     | <input type="checkbox"/> Painting, Finishing | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Hair Salon/Barber Shop      | <input type="checkbox"/> Plant Washdown      | _____  |
| <input type="checkbox"/> Gas Station                 | <input type="checkbox"/> Printing, Phot      |  |
| <input type="checkbox"/> Government                  | <input type="checkbox"/> Repair Shop, Garage |  |

2. Give a brief description of all operations at this facility including primary products or services:

---

---

3. Does your facility contain food preparation facilities? YES \_\_\_ NO \_\_\_

4. Does your facility have a garbage grinder? YES \_\_\_ NO \_\_\_ If yes, indicate the size of the unit(s):

---

5. List chemicals and other raw materials which are used or stored at your facility. Exclude chemicals sold as retail:

<u>Material</u>	<u>Quantity (indicate units)</u>	<u>Material</u>	<u>Quantity (indicate units)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5a. Is X-ray processing and developing performed at your facility? YES \_\_\_ NO \_\_\_. If yes, describe what liquids (ie: water rinses, developers, fixers, bleaches, etc.) go down the drain and list the volumes of these liquids discharged per day. (Estimates are acceptable.) Also, indicate if a Silver Recovery Unit(s) is installed on the machine(s) and who services the unit(s).

---

---

---

---

---

5b. Is photo developing and processing performed at your facility? YES \_\_\_ NO \_\_\_. If yes, describe what liquids from this process go down the drain and list the volume of these liquids discharged per day. (Estimates are acceptable.) Also, indicate if a Silver Recovery Unit(s) is installed on the machine(s) and who services the unit(s).

---

---

---

---

---

5c. Are laboratory facilities located at your facility? YES \_\_\_ NO \_\_\_. If yes, indicate the type of testing performed in the laboratory(s); describe what type of liquids go down the drain; and indicate the volumes of the liquids discharged per day.

---

---

---

---

---

**SECTION D – PRODUCT OR SERVICE INFORMATION CONTINUED**

5d. Are any pieces of equipment at your facility cleaned or disinfected with any liquids? YES \_\_\_ NO \_\_\_. If yes, indicate the type(s) of cleaning or disinfection solution(s) used, and indicate the volume(s) of the liquids discharged per day.

---

---

---

---

---

5e. Are there any chemically treated portable toilet wastes disposed of at your facility? YES \_\_\_ NO \_\_\_. If yes, indicate the source(s) and volume(s) of wastes discharged per day. Also, indicate method (ie: septic tank, County sewer system, septic hauler, etc.) used for the wastes, and the type(s) of chemical(s) used.

---

---

---

---

---

5f. What sources of nondomestic wastewater, other than the items listed in 5a through 5e, are discharged to the sewer? Indicate the volume of the wastewater discharged to the sewer from the source(s).

---

---

---

---

---

6. Describe those facilities for storage of raw materials, chemicals, fuel oil, gasoline, etc. stored on the premises, including above and underground storage tanks.

---

---

---

---

---

7. Provide the following specific information on all active or abandoned underground storage tanks.  
NOTE: Include tanks which are partially underground.

- i. Number of tanks in use: \_\_\_\_\_
- a. Tank material(s) (fiberglass, steel, etc.): \_\_\_\_\_
- b. Size(s) in gallons: \_\_\_\_\_
- c. Age(s) in years: \_\_\_\_\_
- d. Material(s) stored: \_\_\_\_\_
- e. Corrosion protection, if any (ie: coating, cathodic protection): \_\_\_\_\_
- f. Do you have a program to monitor leakage? YES \_\_\_ NO \_\_\_. If yes, describe: \_\_\_\_\_

8. Has a Spill Prevention Control and Countermeasure Plan been prepared for this facility? YES \_\_\_ NO \_\_\_  
If yes, a copy of the plan must be submitted with this application. If no, describe briefly what your facility does to prevent spills of chemicals or raw materials into the sewer: \_\_\_\_\_

### SECTION E – PROCESS AND WASTE INFORMATION

1. Is your facility equipped with a grease trap (grease/oil interceptor)? YES \_\_\_ NO \_\_\_. If yes, please specify location, size, maintenance schedule, hauler and destination of intercepted waste: \_\_\_\_\_

Hauler: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Permit Number (if applicable): \_\_\_\_\_

2. How much grease and oil (Renderer/Reprocessor/Grease Traps/Other) is removed annually from your facility (estimated pounds/year)? \_\_\_\_\_

3. Does your facility use industrial solvents (other than sanitary cleaners)? YES \_\_\_ NO \_\_\_. If yes, please specify type, method of usage, usage rate (gallons/month), storage location (proximity to drains), and destination of spent solvent. \_\_\_\_\_

4. Does your facility generate or receive any wastes or sludges which are hauled away from the facility (other than identified in item E-1)? YES \_\_\_ NO \_\_\_. If yes, please specify material, amount (gallons/month), removal schedule, and hauler: \_\_\_\_\_

Hauler: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Permit Number (if applicable): \_\_\_\_\_  
EPA Generator Number: \_\_\_\_\_

5. If material(s) identified in item E-4 and E-5 are stored prior to removal, please describe storage method and location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION F – 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 on my inquiry of those individuals immediately 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