

**FREDERICK COUNTY  
DIVISION OF WATER & SEWER UTILITIES**

**INSTRUCTIONS**

For

**INDUSTRIAL OR COMMERCIAL USER WASTE SURVEY &  
WASTEWATER DISCHARGE PERMIT APPLICATION**

1. If you need assistance in answering the questions on this form, please contact the Industrial Pretreatment Office at 301-600-2511.
2. **Signed improvement plans for this facility must accompany this application.**
  - The site plan for this facility must display the **wastewater monitoring manhole** and have it clearly marked.
  - Plumbing plans must show the location of all water and sewer connections including, but not limited to, floor drains, trench drains, sinks, and **any water treatment equipment**, such as a grease trap, that will contribute wastewater to the sewer collection system.
  - Architectural drawings should show storage areas for all chemicals, cleaning compounds, raw materials, and finished products.
3. Please print your answers. **All document copies must be legible** (including facility drawings, site plans, SDS sheets, TOMP's, spill management plans, and any other supporting papers).
4. **All applicants must answer the questions in Sections I and II of this survey.**  
There are no "non-applicable" spaces on pages 1 and 2. Please answer all of the questions, no matter how obvious the answer seems to you. Any blanks left on your Industrial/Commercial Discharge Permit Application can delay the completion of its review and approval.

Section II:

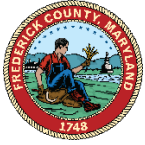
- Question 1: This list should include all activities conducted at this location to make or sell products and/or services. If a restaurant, please attach a copy of its menu.
  - Question 2: The Standard Industrial Classification Codes describe the company's type of business. SIC Codes for any facility are listed in the Federal Office of Management and Budget Standard Industrial Classification Manual, 1987. If you do not otherwise have access to this manual, SIC lists can be found at several sites by a quick search on the internet. One source is <https://www.osha.gov/pls/imis/sicsearch.html>.
  - Question 3: This list should include the specific activities that will use water to create products served or manufactured, and/or services rendered. All cleanup and wash-down processes must be adequately described.
5. Please attach a separate sheet wherever necessary to provide a complete answer.
  6. On page 2, **the CERTIFICATION STATEMENT must be signed by the authorized designated signatory** of the facility as per [CFR 40 CFR 403.12\(1\)](#). The completed [authorized signatory form](#) must accompany this application when filed with the Division of Water & Sewer Utilities.

7. **SECTIONS III through VII may not apply to all applicants and should be completed only as you are directed by specific questions on this form** (e.g., to describe changes or if you have processes other than normal hand-washing and toilet flushing). You are always welcome to include any additional information or answers you know, but not all blanks need be filled.
- SECTION III: Describe the changes that necessitate this application. Be specific about any changes to water connections and sewage or industrial waste.
  - SECTION IV: List your water source and indicate how your facility uses water, as applicable to your specific business.
  - SECTION V: Wastewater treatment includes grease traps for all restaurants, oil & grit separators, pH neutralization tanks, metals removal systems, clarifiers, etc.
  - SECTION VI: Give an indication of the expected characteristics of wastewater flows generated from your operations.
  - SECTION VII: Describe the expected characteristics of waste removal not normally requiring discharge to the sewer collection system.
8. If you use any materials classified as hazardous, please attach the appropriate SDS forms.
9. **ALL COMMERCIAL and INDUSTRIAL USERS that discharge process wastewater must submit a Spill Management Plan with this application.**
- A simple example can be found at: <https://www.frederickcountymd.gov/DocumentCenter/view/1093>. (This plan must be customized for your facility. DO NOT simply copy the sample word for word.)
  - Your Spill Management Plan must list the steps to be taken in the event of any accidental spill, fire, or other incident that could cause the discharge of **any prohibited substance** (as listed in the Frederick County Industrial Waste Ordinance) to the sewer system from your facility. (Most concentrated cleaners have a pH less than 5 or greater than 12 and cannot be discharged into the sewer collection system at full strength.)
  - At a minimum, this Plan should define those persons (by title) who are responsible for spill containment, cleanup, and notification of Federal, state, and local agencies. Your individual plan should list the telephone numbers for immediately notifying Division of Water and Sewer Utilities personnel. (Note that “Call 911” is **NOT** an acceptable or sufficient spill response plan.)
  - The approved plan **MUST** be posted at locations where spills could occur.
10. Return your completed original application with all attachments to the Pretreatment Office:

Division of Water & Sewer Utilities  
Department of Regulatory Compliance  
4520 Metropolitan Court  
Frederick, Maryland 21704

(You do not need to return this instruction sheet.)

**Did you remember to sign the certification statement?**



FREDERICK COUNTY  
DIVISION OF WATER & SEWER UTILITIES

INDUSTRIAL OR COMMERCIAL USER WASTE SURVEY &  
WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION I: GENERAL INFORMATION

Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

1. Company Name: \_\_\_\_\_

2. Facility Location: (not P.O. Box) \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Is this an existing facility or business? **Property Tax I.D. #:** \_\_\_\_\_

\_\_\_\_ Yes - complete section III.

\_\_\_\_ No - list the date that your facility is expected to open: \_\_\_\_\_

5. Designated Signatory Authority: (For corporate applicants, this application must be signed by a person at the level of vice president or higher. For general partnerships, any partner may sign.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Cellular #: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

6. Designated Facility Contact (if different):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Cellular #: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

7. Why are you submitting this survey? \_\_\_\_\_ Building permit application

\_\_\_\_ Update contact information \_\_\_\_\_ New or modified permit: **IU-**\_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

**SECTION II: BUSINESS ACTIVITY**

1. Fully describe the business activities conducted at this location. List all products manufactured, services rendered, and/or products sold. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. List all applicable Standard Industrial Classification Codes (SIC) for this facility. \_\_\_\_\_  
 \_\_\_\_\_
  
3. List all activities or processes that will generate wastewater to be discharged to the public sewer system. **Complete section VI for anything other than hand-washing & toilet flushing.**  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. List all cleaning compounds, chemicals, hazardous and raw materials used, stored, or processed by this facility. \_\_\_\_\_  
 \_\_\_\_\_
  
5. Shift information: Workdays/week \_\_\_\_\_ Shifts/day \_\_\_\_\_ Employees/shift \_\_\_\_\_  
 (If work at this facility is seasonal, list the months of wastewater discharge. \_\_\_\_\_)
  
6. Is the building or any part of the facility connected to the public sanitary sewer system?  
                   \_\_\_\_\_ **Yes** - Complete Section IV                    **No** \_\_\_\_\_
  
7. Is any form of wastewater treatment practiced at this facility? (Wastewater treatment includes, but is not limited to, grease traps, oil & grit separators, silver recovery units, pH neutralization tanks, metals removal systems, etc.)  
                   \_\_\_\_\_ **Yes** - Complete Section V                    **No** \_\_\_\_\_
  
8. Are there any waste liquids or sludge (including grease trap) generated at this facility that are NOT discharged into the public sewer system?  
                   \_\_\_\_\_ **Yes** - Complete Section VII                    **No** \_\_\_\_\_

I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly have gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons 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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: BUSINESS MODIFICATIONS**

1. Describe in detail what is being changed at this facility.

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

2. If moving to a different location, please provide the previous address.

\_\_\_\_\_

**SECTION IV: WATER SUPPLY**

1. Water Sources:

Private well \_\_\_\_\_ Name on water bill \_\_\_\_\_  
Municipal \_\_\_\_\_ Address on water bill \_\_\_\_\_  
Surface water \_\_\_\_\_ Account # on water bill \_\_\_\_\_

2. List the average water usage in gallons per day (GPD) as applicable:

Contact cooling water \_\_\_\_\_ Sanitary water \_\_\_\_\_  
Non-contact cooling water \_\_\_\_\_ Washdown water \_\_\_\_\_  
Boiler feed water \_\_\_\_\_ Process water \_\_\_\_\_  
Water treatment -softener/RO \_\_\_\_\_ Contained in product \_\_\_\_\_  
Other \_\_\_\_\_

3. Are there any floor drains at this facility? **No** \_\_\_\_\_

\_\_\_\_\_ **Yes** - Indicate location(s) on the site drawings and complete Section VII.

**SECTION V: WASTEWATER TREATMENT**

1. Attach a detailed description of all treatment methods, including equipment, design volumes, current or projected operating volumes, volumes and disposal methods of by-products, etc.

- A process flow diagram must be supplied for each treatment system.
- If this facility is an SIU as defined by COMAR 26.06.01.01.B (15), include a copy of the operators' current Maryland wastewater certification.
- Describe grease trap size, location and specifications.

2. Are any changes to the existing treatment system for this facility planned within the next three years?

\_\_\_\_\_ **Yes** - Attach a description of all changes, both planned and under construction.  
Please include estimated completion dates.

\_\_\_\_\_ **No**

**SECTION VI: WASTEWATER DISCHARGE**

1. Provide average daily wastewater flow rates for each activity listed in Section II, number 3.
2. Do any business activities use or generate any toxic pollutants?      **No** \_\_\_\_\_  
      \_\_\_\_\_ **Yes** - Indicate applicable pollutants on Attachment "A" and complete section VII.
3. Will your facility employ any categorical industrial processes?      **No** \_\_\_\_\_  
      \_\_\_\_\_ **Yes** - Indicate applicable processes on Attachment "B" and complete section VII.
4. Will this facility have batch discharges?      **No** \_\_\_\_\_  
      \_\_\_\_\_ **Yes** - Time & duration of discharges \_\_\_\_\_ Volume \_\_\_\_\_  
      # of batches/day \_\_\_\_\_ % of total wastewater discharge \_\_\_\_\_  
      Source of each batch discharge \_\_\_\_\_

**SECTION VII: WASTE NOT DISCHARGED TO THE SEWER SYSTEM**

1. If any waste product (including grease trap sludge) generated at this facility is hauled off-site, list the waste hauler, the disposal site and any applicable permit numbers, and submit copies of the previous six months of disposal manifests.  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you been issued any Federal, state, or local environmental permits?      **No** \_\_\_\_\_  
      \_\_\_\_\_ **Yes** - List Agencies & Permit Numbers:  
\_\_\_\_\_
3. Has a baseline monitoring report (BMR) been submitted which contains water discharge total toxic organics (TTO) information?      **No** \_\_\_\_\_  
      \_\_\_\_\_ **Yes** - Attach a copy of your facility's specific Toxic Organics Management Plan. (Provide details of the practices that this facility will use to control the discharge of toxic substances.)
4. Do you have chemical storage containers in any area which has floor drains or which could, in an accidental spill, lead to a discharge to the: \_\_\_\_\_ Public sewer system?  
      \_\_\_\_\_ Storm drain?      \_\_\_\_\_ On-site disposal system?  
      \_\_\_\_\_ Ground?      \_\_\_\_\_ Other \_\_\_\_\_
5. On the accompanying site plan, indicate container location, size, type, and relation to the public sewer system of ALL product, cleaning chemical, and raw material areas. Be sure that floor drains in any chemical storage or process area(s) are clearly marked. If containers are cleaned, indicate the frequency of cleaning.
6. Attach a copy of your facility's Spill Management and Control Plan.

## ATTACHMENT A

The following list of Toxic Pollutants has been identified by the EPA. Pursuant to the Federal Water Pollution Control Act (the Clean Water Act), the applicant MUST identify and list all potentially hazardous substances used in its processes.

The Industrial Waste Ordinance of Frederick County also prohibits ALL substances that may create toxic gases, vapors, or fumes within the sanitary sewer system. For a complete list of all prohibited substances, consult Article III of the Frederick County Industrial Waste Ordinance. Please identify all substances which your facility uses, processes, or manufactures; which contain or may metabolize into any of the Toxic Pollutants as identified below:

- |   |   |
|---|---|
| <input type="checkbox"/> Acenaphthene             | <input type="checkbox"/> Fluoranthene                               |
| <input type="checkbox"/> Acrolein                 | <input type="checkbox"/> Haloethers                                 |
| <input type="checkbox"/> Acrylonitrile            | <input type="checkbox"/> Halomethanes                               |
| <input type="checkbox"/> Aldrin / Dieldrin        | <input type="checkbox"/> Heptachlor & metabolites                   |
| <input type="checkbox"/> Antimony & compounds     | <input type="checkbox"/> Hexachlorobutadiene                        |
| <input type="checkbox"/> Arsenic & compounds      | <input type="checkbox"/> Hexachlorocyclohexane                      |
| <input type="checkbox"/> Asbestos                 | <input type="checkbox"/> Hexachlorocyclopentadiene                  |
| <input type="checkbox"/> Benzene                  | <input type="checkbox"/> Isophorone                                 |
| <input type="checkbox"/> Benzidine                | <input type="checkbox"/> Lead & compounds                           |
| <input type="checkbox"/> Beryllium & compounds    | <input type="checkbox"/> Mercury & compounds                        |
| <input type="checkbox"/> Cadmium & compounds      | <input type="checkbox"/> Naphthalene                                |
| <input type="checkbox"/> Carbon Tetrachloride     | <input type="checkbox"/> Nickel & compounds                         |
| <input type="checkbox"/> Chlordane                | <input type="checkbox"/> Nitrophenols                               |
| <input type="checkbox"/> Chlorinated benzenes     | <input type="checkbox"/> Nitrosamines                               |
| <input type="checkbox"/> Chlorinated ethanes      | <input type="checkbox"/> Pentachlorophenol                          |
| <input type="checkbox"/> Chloroalkyl ethers       | <input type="checkbox"/> Phenol                                     |
| <input type="checkbox"/> Chlorinated naphthalene  | <input type="checkbox"/> Phthalate esters                           |
| <input type="checkbox"/> Chlorinated Phenols      | <input type="checkbox"/> Polychlorinated biphenyls (PCBs)           |
| <input type="checkbox"/> Chloroform               | <input type="checkbox"/> Polynuclear Aromatic Hydrocarbons          |
| <input type="checkbox"/> 2-chlorophenol           | <input type="checkbox"/> Selenium & Compounds                       |
| <input type="checkbox"/> Chromium & compounds     | <input type="checkbox"/> Silver & compounds                         |
| <input type="checkbox"/> Copper & compounds       | <input type="checkbox"/> 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) |
| <input type="checkbox"/> Cyanides                 | <input type="checkbox"/> Tetrachloroethylene                        |
| <input type="checkbox"/> DDT & metabolites        | <input type="checkbox"/> Thallium & compounds                       |
| <input type="checkbox"/> Dichlorobenzenes         | <input type="checkbox"/> Toluene                                    |
| <input type="checkbox"/> Dichlorobenzidine        | <input type="checkbox"/> Toxaphene                                  |
| <input type="checkbox"/> Dichloroethylenes        | <input type="checkbox"/> Trichlorethylene                           |
| <input type="checkbox"/> 2,4-dichlorophenol       | <input type="checkbox"/> Vinyl chloride                             |
| <input type="checkbox"/> Dichloropropane          | <input type="checkbox"/> Zinc & compounds                           |
| <input type="checkbox"/> Dichloropropene          |   |
| <input type="checkbox"/> 2,4-dimethylphenol       |   |
| <input type="checkbox"/> Dinitrotoluene           |   |
| <input type="checkbox"/> Diphenylhydrazine        |   |
| <input type="checkbox"/> Endosulfan & metabolites |   |
| <input type="checkbox"/> Endrin & metabolites     |   |
| <input type="checkbox"/> Ethylbenzene             |   |

# ATTACHMENT B

## Categorical Industries

As identified by the National Pretreatment Standards

Please indicate if your facility is now or will be employing processes in any of the industrial categories listed below. Regardless of whether they generate wastewater, waste sludge, or hazardous wastes, please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Aluminum Forming               | <input type="checkbox"/> Meat Processing                   |
| <input type="checkbox"/> Asbestos Manufacturing         | <input type="checkbox"/> Metal Finishing                   |
| <input type="checkbox"/> Battery Manufacturing          | <input type="checkbox"/> Metal Molding & Casting           |
| <input type="checkbox"/> Builders Paper                 | <input type="checkbox"/> Nonferrous Metals Forming         |
| <input type="checkbox"/> Carbon Black                   | <input type="checkbox"/> Nonferrous Metals Manufacturing   |
| <input type="checkbox"/> Cement Manufacturing           | <input type="checkbox"/> Paint Formulating                 |
| <input type="checkbox"/> Coil Coating                   | <input type="checkbox"/> Paving & Roofing (tars & asphalt) |
| <input type="checkbox"/> Copper Forming                 | <input type="checkbox"/> Pesticides Manufacturing          |
| <input type="checkbox"/> Dairy Processing               | <input type="checkbox"/> Petroleum Refining                |
| <input type="checkbox"/> Electric & Electric Components | <input type="checkbox"/> Pharmaceutical                    |
| <input type="checkbox"/> Electroplating                 | <input type="checkbox"/> Phosphate Manufacturing           |
| <input type="checkbox"/> Feedlots                       | <input type="checkbox"/> Porcelain Enamel                  |
| <input type="checkbox"/> Ferroalloy Manufacturing       | <input type="checkbox"/> Pulp & Paper                      |
| <input type="checkbox"/> Fertilizer Manufacturing       | <input type="checkbox"/> Plastic Molding & Forming         |
| <input type="checkbox"/> Fruits & Vegetables Processing | <input type="checkbox"/> Rubber Manufacturing              |
| <input type="checkbox"/> Glass Manufacturing            | <input type="checkbox"/> Seafood Processing                |
| <input type="checkbox"/> Grain Mills                    | <input type="checkbox"/> Soap & Detergent Manufacturing    |
| <input type="checkbox"/> Ink Formulating                | <input type="checkbox"/> Steam Electric                    |
| <input type="checkbox"/> Inorganic Chemicals            | <input type="checkbox"/> Sugar Processing                  |
| <input type="checkbox"/> Iron & Steel                   | <input type="checkbox"/> Textile Mills                     |
| <input type="checkbox"/> Leather Tanning & Finishing    | <input type="checkbox"/> Timber Products                   |