

**FREDERICK COUNTY  
DIVISION OF UTILITIES AND SOLID WASTE MANAGEMENT**

**APPLICATION FOR LIQUID WASTE DISPOSAL**

Pursuant to Article VII, Section 1.2 of the Frederick County Industrial Wastewater Pretreatment Ordinance, **only liquid waste that originates from sources within Frederick County is accepted for disposal.**

1. If you need assistance in answering the questions on this form, please contact the Pretreatment Coordinator at 301-600-2511.
2. Please print your answers. **All document copies must be legible.** (Including Health Department Inspection forms and any other supporting papers.)
3. Please answer all of the questions. Any blanks left on your application can delay the completion of its review and approval.
4. Please attach a separate sheet wherever necessary to provide a complete answer.
5. On page 2, **the CERTIFICATION STATEMENT must be signed by the designated signatory authority** of the company as specified in CFR 40 CFR 403.6, and must accompany this application when filed with the Division of Utilities and Solid Waste Management.
6. Return your completed original application with all attachments to:

Division of Utilities & Solid Waste Management  
Department of Regulatory Compliance  
4520 Metropolitan Court  
Frederick, MD 21704

SECTION I: GENERAL INFORMATION (all applicants)

1. Company Name: \_\_\_\_\_
2. Billing address: \_\_\_\_\_  
\_\_\_\_\_  
Facility location: \_\_\_\_\_  
(not P.O. Box)
3. Designated Signatory Authority (owner, co-owner, or president – NOT a driver)  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
e-mail: \_\_\_\_\_
4. Designated person to contact: (if different)  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
e-mail: \_\_\_\_\_
5. Permit Number (renewals only) H- \_\_\_\_\_ or CP- \_\_\_\_\_

SECTION II: LIQUID WASTE HAULERS (H-permits)

1. Please list all vehicles used to transport waste in Frederick County and attach a copy of the most recent Frederick County Health Department inspection for each vehicle:

FC- _____	Tag #: _____	VIN #: _____
FC- _____	Tag #: _____	VIN #: _____
FC- _____	Tag #: _____	VIN #: _____
FC- _____	Tag #: _____	VIN #: _____

2. Indicate the types of waste to be hauled for disposal: (Check all that apply.)

\_\_\_\_\_ Holding tanks: domestic liquid waste from residential generators  
\_\_\_\_\_ Septage: domestic liquid waste from residential septic tanks  
\_\_\_\_\_ Septage: liquid waste from commercial/industrial facilities  
\_\_\_\_\_ Sludge from WWTP  
\_\_\_\_\_ Grease, Oils, and Fat from food handling facility grease traps  
\_\_\_\_\_ Chemical or portable toilet liquid waste  
\_\_\_\_\_ Other: \_\_\_\_\_

SECTION III: SLUDGE SOURCE INFORMATION (**CP-permits:** Domestic WWTP)

1. Current Sludge Utilization Permit #: \_\_\_\_\_  
Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

2. Treatment Plant Superintendent: \_\_\_\_\_  
Certification #: \_\_\_\_\_

3. Design Capacity of the WWTP: \_\_\_\_\_ MGD

Pursuant to COMAR 26.04.06.13 F (Sewage Sludge Monitoring):

- If the Design Capacity for this facility is equal to or greater than 0.05 MGD, attach a copy of a sludge sample analysis performed within the past year.
- If the Design Capacity is less than 0.05 MGD, attach the most recent sludge sample analysis performed within the past three (3) years.

SECTION IV: CERTIFICATION STATEMENT (all applicants)

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 gather and evaluate 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: \_\_\_\_\_

Revised: 01/2017