

FREDERICK COUNTY
DIVISION OF WATER AND SEWER UTILITIES

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 Water and Sewer Utilities.
6. Return your completed original application with all attachments to:

Division of Water & Sewer Utilities
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: _____