



Charles County DPW - Utilities Support Services Section Pretreatment Program

Wastewater Discharge Permit Application

I. GENERAL INFORMATION

Business or Agency Name: _____

Site Address: _____

Length of time at address: _____

Mailing Address: _____

Business or Agency Contact: _____

Title: _____ Ph: _____ E-mail: _____

Does this business or agency exist currently at another location within Charles County?

YES NO

If "Yes," provide address _____

Is this permit application for a permanent discharge? YES NO

Existing discharge

Proposed discharge (if proposed, indicate anticipated date of discharge)

Anticipated date: _____

Is this permit application for a temporary discharge? YES NO

If "Yes," indicate the expected duration of the discharge in months _____

Indicate all major activities at the location for which a permit is requested:

Aluminum Forming

Asbestos Manufacturing

Nonferrous Metals Manufacturing

Nonferrous Metals Forming

Battery Manufacturing

Carbon Black Manufacturing

Organic Chemicals Plastics & Synthetic Fibers Manufacturing

Centralized Waste Treatment

Paint and Ink Formulating

Coal Mining

Paving and Roofing Materials

Coil Coating

Pesticides Manufacturing

Copper Forming

Pesticide Formulating, Packaging & Repackaging

Metal Finishing

Petroleum Refining

Major activities (continued)

- | | |
|---|--|
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Electrical and Electronic Components Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Pulp, Paper, and Paperboard Manufacturing |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Transportation Equipment Cleaning |
| | <input type="checkbox"/> Waste Combustors |

List all environmental permits held by your business or agency (RCRA, NPDES, etc.):

Issuing Agency	Type of Permit	Permit No.	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. OPERATIONS INFORMATION

Number of workdays per week _____

Personnel Schedule

Enter number of employees and the times the shift starts and ends (note a.m. or p.m.).

	Office # of Employees/ Shift times	First Shift # of Employees/ Shift times	Second Shift # of Employees/ Shift times	Third Shift # of Employees/ Shift times
Weekdays	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Saturdays	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Sundays	_____ / _____	_____ / _____	_____ / _____	_____ / _____

Is the operation subject to seasonal variations? YES NO

If "Yes," indicate:

Seasonal maximum wastewater flow _____ gallons/day during months of _____

Seasonal minimum wastewater flow _____ gallons/day during months of _____

Are facility operations shutdown for vacation, maintenance or other reason? YES NO

If "Yes," indicate reason _____

Shutdown period (months) _____

IV. QUANTITIES OF CHEMICALS STORED AND USED (cont'd)

<u>Metals & Inorganics</u>	<u>Stored</u>	<u>Used</u>	<u>Organic Compounds</u>	<u>Stored</u>	<u>Used</u>
Cadmium	_____	_____	_____	_____	_____
Chromium	_____	_____	_____	_____	_____
Copper	_____	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____	_____
Lead	_____	_____	_____	_____	_____
Mercury	_____	_____	_____	_____	_____
Molybdenum	_____	_____	_____	_____	_____
Nickel	_____	_____	_____	_____	_____
Silver	_____	_____	_____	_____	_____
Zinc	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Priority Pollutants - Check all priority pollutants that may be present in your wastestream.

- | | |
|---|--|
| <input type="checkbox"/> Acenaphthene | <input type="checkbox"/> Methyl bromide (bromomethane) |
| <input type="checkbox"/> Acrolein | <input type="checkbox"/> Bromoform (tribromomethane) |
| <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> Dichlorobromomethane |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Chlorodibromomethane |
| <input type="checkbox"/> Benzidine | <input type="checkbox"/> Hexachlorobutadiene |
| <input type="checkbox"/> Carbon tetrachloride | <input type="checkbox"/> Hexachlorocyclopentadiene |
| <input type="checkbox"/> Chlorobenzene | <input type="checkbox"/> Isophorone |
| <input type="checkbox"/> 1,2,4-Trichlorobenzene | <input type="checkbox"/> Naphthalene |
| <input type="checkbox"/> Hexachlorobenzene | <input type="checkbox"/> Nitrobenzene |
| <input type="checkbox"/> 1,2-Dichloroethane | <input type="checkbox"/> 2-Nitrophenol |
| <input type="checkbox"/> 1,1,1-Trichloroethane | <input type="checkbox"/> 4-Nitrophenol |
| <input type="checkbox"/> Hexachloroethane | <input type="checkbox"/> 2,4-Dinitrophenol |
| <input type="checkbox"/> 1,1-Dichloroethane | <input type="checkbox"/> 4,6-Dinitro-o-cresol |
| <input type="checkbox"/> 1,1,2-Trichloroethane | <input type="checkbox"/> N-nitrosodimethylamine |
| <input type="checkbox"/> 1,1,2,2-Tetrachloroethane | <input type="checkbox"/> N-nitrosodiphenylamine |
| <input type="checkbox"/> Chloroethane | <input type="checkbox"/> N-nitrosodi-n-propylamine |
| <input type="checkbox"/> Bis (2-chloroethyl) | <input type="checkbox"/> Pentachlorophenol |
| <input type="checkbox"/> 2-Chloroethyl vinyl ether
(mixed) | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> 2-Chloronaphthalene | <input type="checkbox"/> Bis (2-ethylhexyl) phthalate |
| | <input type="checkbox"/> Butyl benzyl phthalate |

Priority Pollutants (continued)

- 2,4,6-Trichlorophenol
- Parachlorometacresol
- Chloroform
- 2-Chlorophenol
- 1,2-Dichlorobenzene
- 1,3-Dichlorobenzene
- 1,4-Dichlorobenzene
- 3,3-Dichlorobenzidine
- 1,1-Dichloroethylene
- 1,2-Trans-dichloroethylene
- 2,4-Dichlorophenol
- 1,2-Dichloropropane
- 1,3-Dichloropropylene
- 2,4-Dimethylphenol
- 2,4-Dinitrotoluene
- 2,6-Dinitrotoluene
- 1,2-Diphenylhydrazine
- Ethylbenzene
- Fluoranthene
- 4-Chlorophenyl phenyl ether
- 4-Bromophenyl phenyl ether
- Bis (2-chloroisopropyl) ether
- Bis (2-chloroethoxy) methane
- Methylene chloride
(dichloromethane)
- Methyl chloride (chloromethane)
- 4,4-DDD
- Alpha-endosulfan
- Beta-endosulfan
- Endosulfan sulfate
- Endrin
- Endrin Aldehyde
- Heptachlor
- Heptachlor epoxide
(BHC-hexachlorocyclohexane)
- Alpha-BHC
- Beta-BHC
- Gamma-BHC
- Delta-BHC
- Di-n-butyl phthalate
- Di-n-octyl phthalate
- Diethyl phthalate
- Dimethyl phthalate
- 1,2-Benzanthracene
- Benzo(a)pyrene(3,4-benzopyrene)
- 3,4-Benzofluoranthene
- 11,12-Benzofluoranthene
- Chrysene
- Acenaphthylene
- Anthracene
- 1,12-Benzoperylene
- Fluorene
- Phenanthrene
- 1,2,5,6-Dibenzanthracene
- Indeno(1,2,3-cd) pyrene(2,3-o-phenylene pyrene)
- Pyrene
- Tetrachloroethylene
- Toluene
- Trichloroethylene
- Vinyl chloride
- Aldrin
- Dieldrin
- Chlordane
- 4,4-DDE
- 4,4-DDT
- Asbestos
- Cadmium
- Antimony
- Chromium
- Arsenic
- Copper
- Beryllium
- Lead
- Mercury
- Nickel
- Selenium
- Silver
- Thallium
- Zinc
- Cyanide
- 2,3,7,8- Tetrachlorodibenzo-p dioxin
- PCB-1242 (Arochlor 1242)
- PCB-1248 (Arochlor 1248)
- PCB-1254 (Arochlor 1254)

Priority Pollutants (continued)

- PCB-1260 (Arochlor 1260)
- PCB-1221 (Arochlor 1221)
- PCB-1232 (Arochlor 1232)
- PCB-1016 (Arochlor 1016)
- Toxaphene

V. WATER USAGE AND DISCHARGE INFORMATION

Indicate service that applies to the business or agency for which you are applying:

Water

- Charles County
- Town of La Plata
- Town of Indian Head
- Private Well
- Other _____

Sewer

- Charles County
- Town of La Plata
- Town of Indian Head
- Septic / Holding Tank
- Other _____

Note applicable account number(s):

Charles County Water and Sewer account number _____

If you do not have a sanitary sewer connection, have you applied for one?

- YES NO

If water and/or sewer service is provided through a landlord indicate:

Landlord Name _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____

Check applicable sources of water usage/wastewater generation. Indicate the volume in units of gallons per day.

	<u>gpd</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Process flow	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Washdown (equipment/facility)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact cooling water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-contact cooling water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air pollution control device	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sanitary	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Total (all of the above)	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide average volume of water discharged or losses to:

	<u>gpd</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm drain	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ground	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landfill	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Septic tank	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Consumed in product/process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste hauler	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Total (all of the above)	_____	<input type="checkbox"/>	<input type="checkbox"/>

List all water-related processes. Indicate the discharge rate, chemical content, and method of disposal. Note next to processes that discharge to the sanitary sewer either "C" for a continuous discharge or "B" for a batch discharge.

<u>Process</u>	<u>Chemical Content</u>	<u>Discharge Rate</u> (gpd, gpm, MGD)	<u>Method of Disposal</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. PRETREATMENT

Check the type of pretreatment employed at your facility. Indicate the design treatment capacity for each type checked.

	<u>Capacity (gpm)</u>		<u>Capacity (gpm)</u>
<input type="checkbox"/> Dissolved air flotation	_____	<input type="checkbox"/> Oil/water separator	_____
<input type="checkbox"/> Air stripper/scrubber	_____	<input type="checkbox"/> Ozonation	_____
<input type="checkbox"/> Biological treatment	_____	<input type="checkbox"/> Reverse osmosis	_____
<input type="checkbox"/> Centrifugation	_____	<input type="checkbox"/> Wastestream segregation	_____
<input type="checkbox"/> Chemical precipitation	_____	<input type="checkbox"/> Water reclamation	_____
<input type="checkbox"/> Clarifier	_____	<input type="checkbox"/> Neutralization, pH adjustment	_____

VI. PRETREATMENT

- Chlorination _____
- Cyanide destruction _____ Other _____
- Cyclone _____
- Electrolytic recovery _____ Other _____
- Filtration _____ Screen Bag Filter Press
- Flow equalization _____
- Grease abatement system _____
- Ion exchange _____

Provide a detailed description of pretreatment system(s) operation. Include operational set points for controllers, chemical feed rates, and alarm conditions (attach additional sheets as necessary).

Is the pretreatment operator certified to operate the system(s)? YES NO

Do you have an operations and maintenance manual for the pretreatment system(s)?
 YES NO

Are there any bypasses of the pretreatment system? YES NO

If "Yes," describe the reason(s) and the operational procedure for the bypass (attach additional sheets as necessary).

Is any form of pretreatment planned for the facility within the next three years?

YES NO

If "Yes," indicate the form of pretreatment that is planned _____

Are any material or water reclamation systems in use or planned? YES NO

If "Yes," briefly describe the recovery process, material recovered, percent recovered and the concentration of pollutants in the spent solution. Submit a flow diagram for each process (attach additional sheets as necessary).

VII. WASTEWATER CHARACTERISTICS

After pretreatment, can wastewater streams be monitored prior to mixing with other waste streams?

YES NO Not Applicable

Provide a written description of each monitoring location.

Attach the most recent calendar year's analytical data, which characterizes the facility discharge to the sewer system. Indicate the monitoring location, time, date(s) of sample collection, type of sample collected (grab or 24-hour composite), date(s) of analyses, and analytical methods used.

VIII. WASTE DISPOSAL

Are there any waste liquids or solids generated that are not discharged to the sanitary sewer?

YES NO

If "Yes," indicate the quantity/time (lbs./mo., gal./yr., etc.).

	<u>Quantity/Time</u>		<u>Quantity/Time</u>
Waste solvent	_____/____	Heavy metals	_____/____
Waste product	_____/____	Organic compounds	_____/____
Oil	_____/____	Paints	_____/____
Grease	_____/____	Acids/alkalis	_____/____
Pretreatment sludge	_____/____	Plating wastes	_____/____
Inks/dyes	_____/____	Pesticides	_____/____
Thinners	_____/____	Other _____	_____/____

Does your company transport any of the above from your business or agency?

YES NO

If "Yes," describe

Are any of the above combined with refuse for disposal? YES NO

If "Yes," describe

Are any RCRA hazardous waste(s) generated at this site? YES NO

If "Yes," describe the waste(s) and how it is handled.

If waste haulers are used, provide their name(s), address(es), and EPA numbers.

Are pollution prevention measures being employed? YES NO

If "Yes," describe (attach additional sheets as necessary).

IX. SPILL PREVENTION AND CHEMICAL MANAGEMENT

Do floor drains exist in manufacturing or chemical storage areas? YES NO

If "Yes," what is their discharge destination?

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Storm drain | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Ground | <input type="checkbox"/> Holding tank | <input type="checkbox"/> Other |

If chemical storage containers, bins, ponds or other containment structures exist at the company, an accidental spill would lead to: (check all that apply)

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Storm drain | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Ground | <input type="checkbox"/> Holding tank | <input type="checkbox"/> Other |

Attach a diagram of bermed or diked areas showing dimensions and layouts in relation to storage.

Do you have spill prevention or control and countermeasures or a RCRA contingency plan for your facility? If "Yes," attach a copy.

YES NO

Does your facility have a Toxic Organic Management Plan? If "Yes," attach a copy.

YES NO

If your facility does not have any of the plans listed above in place, describe in detail your facility's spill response procedures (attach additional sheets as necessary).

Does your facility have a formal program designed to train employees in spill response?

YES NO

Does your facility maintain a spill log?

YES NO

X. BUILDING AND PLUMBING LAYOUT AND FLOW DIAGRAMS

Plumbing Layout: Provide two sets of blueprints of the plumbing plans. Plans may be submitted in CADD format.

Pretreatment Systems: Provide two sets of plans for all pretreatment system(s). Show the routing of process waters from each wastewater generating process to the treatment system(s). Provide a list of treatment chemistry used. Show the flow from the treatment system to the sanitary sewer.

Process Flow Diagram: On a separate sheet, sketch a flow diagram for each process that is water-related (use list that you provided in Section V. Water Usage and Discharge Information). Show the average daily flow of water, materials and chemicals used in each process, flow to treatment systems, by-products and their disposal method, and final products.

CERTIFICATION STATEMENT

I certify under penalty of perjury and law that this document and all 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 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.

Certified by:

Authorized Representative (print): _____

Title: _____

Signature: _____

Date: _____

Prepared by:

Name (print): _____

Title: _____

Signature: _____

Date: _____

Mail completed application, two sets of blueprints, schematic diagrams, and plans to:

Karl L. Ott
Pretreatment Specialist
Charles County Department of Utilities
Support Services Group
5310 Hawthorne Road
La Plata, MD 20646

FOR CHARLES COUNTY USE ONLY

New Applicant

Renewal

Reviewer's Initials _____ Date Reviewed _____

Permit YES NO

AUTHORIZED REPRESENTATIVE

- a. If the Industrial User is a corporation, authorized representative shall mean:
 - 1. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - 2. The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in secondquarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. If the Industrial User is a partnership, or sole proprietorship, an authorized representative shall mean a general partner or proprietor, respectively.
- c. If the Industrial User is a Federal, State or local governmental facility, an authorized representative shall mean a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or his/her designee.
- d. The individuals described in paragraphs a.–c. above may designate another authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the Charles County Department of Utilities.
- e. If authorization in paragraph d. above is no longer accurate because a different individual or position has responsibility, a new written authorization must be submitted to the Charles County Department of Utilities prior to or together with any reports to be signed by an authorized representative.

**SIGNATORY AUTHORITY
DESIGNATION OF AUTHORIZED REPRESENTATIVE**

I, _____, _____ of
Authorized Representative Title

_____, as an individual identified in 40 CFR Part 403.12(l)(1) & (2)
Industry Name

of the Federal Pretreatment Regulations, shall sign all reports submitted to the Charles County Department of Utilities for purposes of maintaining compliance with Federal and local pretreatment requirements. In the event that I choose to delegate signatory authority to another authorized representative, I shall notify the Department, in writing, of the change.

Signature of Authorized Representative

Date

Title

DELEGATION OF SIGNATORY AUTHORITY

I, _____, _____ of
Authorized Representative Title

_____, duly authorize _____,
Industry Name Designated Individual

_____, to sign all reports submitted to the Charles County
Title

Department of Utilities for purposes of maintaining compliance with Federal and local pretreatment requirements. In the event that the name of the aforementioned designated individual changes, a new statement shall be submitted to the Department, in writing, thus granting authorization to the new individual.

Signature of Designated Individual

Signature of Authorized Representative

Date

Date

Title

Title