

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

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## Pretreatment Permit Application

**Note: Please read and complete all the sections of this application. Place "NA" if the question does not pertain to your facility.**

### SECTION A: GENERAL INFORMATION

**1.**

Facility Name:

Applicant's Name:

Date operations or service started at this site:

Is the applicant also the owner of the facility? ☐ Yes ☐ No

If no, provide the name and address of the owner and submit a copy of any documents (contracts, etc.) indicating the applicant's scope of responsibility for the facility:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**2.**

Facility Address:

Street:

City:

State:

Zip:

**3.**

Business Address:

Street or P.O. Box:

City:

State:

Zip:

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4.

Designated signatory authority of the facility:

Name:

Title:

Address:

City:

State:

Zip:

Phone number:

## CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Certification - Application must be signed by authorized representative (as defined by 40 CFR 403.12 (l), below)

“(1) *Signatory requirements for industrial user reports.* The reports ... shall be signed as follows:

(1) By a responsible corporate officer, if the Industrial User submitting the reports ... is a corporation. For the purpose of this paragraph, a responsible corporate officer means (i) a president, secretary, treasurer, or 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 (ii) 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 second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) By a general partner or proprietor if the Industrial User ... is a partnership or sole proprietorship respectively.

(3) By a duly authorized representative of the individual designated in paragraph (l)(1) or (l)(2) of this section if:

(i) The authorization is made in writing by the individual described in paragraph (l)(1) or (l)(2);

(ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and

(iii) The written authorization is submitted to the Control Authority.

(4) If an authorization under paragraph (l)(3) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (l)(3) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.”

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5.

Designated Facility Contact:

Name:

Title:

Phone number:

***Note: The designated facility contact is a person who is at the facility during normal working hours and is available to assist City personnel or their representatives.***

## SECTION B: BUSINESS ACTIVITY

1.

Indicate below if your facility employs or will be employing processes described by the following categories, even if they generate no wastewater, waste sludge, or hazardous wastes. Mark all that apply to your entire facility.

Industrial Categories

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Coal Mining
- ☐ Coal Coating
- ☐ Copper Forming
- ☐ Electric and Electronic Components Manufacturing
- ☐ Electroplating
- ☐ Feedlots
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Inorganic Chemicals
- ☐ Iron and Steel
- ☐ Leather Tanning and Finishing
- ☐ Metal Finishing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and Ink Formulating
- ☐ Paving and Roofing Manufacturing

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- [ ] Pesticide Agricultural Refilling
- [ ] Pesticide Formulating, Packaging and Repackaging
- [ ] Pesticides Manufacturing
- [ ] Petroleum Refining
- [ ] Pharmaceutical
- [ ] Plastic and Synthetic Materials Manufacturing
- [ ] Plastics Processing Manufacturing
- [ ] Porcelain Enamel
- [ ] Pulp, Paper and Fiberboard Manufacturing
- [ ] Rubber
- [ ] Soap and Detergent Manufacturing
- [ ] Steam Electric
- [ ] Sugar Processing
- [ ] Textile Mills
- [ ] Timber Products

***Note: A facility with processes included in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards and may be determined a "categorical user."***

## 2.

Give a brief description of all operations at this facility, including primary products or services (attach additional sheets as necessary):

a. Primary products and/or services.

b. Brief description of all operations at this facility. (attach additional sheets as necessary)

## 3.

Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in descending order of importance:

a. \_\_\_\_\_

c. \_\_\_\_\_

b. \_\_\_\_\_

d. \_\_\_\_\_

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4.

Production: (units/day)

Average Maximum

5.

Shifts and Employees:

No. of Shifts:

No. of Employees:

Shift Hours & Employees Per Shift:

## SECTION C: WATER SUPPLY

1.

Water Sources (indicate all that apply): ☐ Private Well ☐ Surface Water  
☐ Municipal Water Utility (Specify City):

☐ Other (Specify):

2.

Name on the facility's water bill:

Street:

City:

State:

Zip:

3.

Water service account number(s):

4.

List average water usage on premises (new facilities may estimate):

For the following, list amount as (E): Average Water Estimated or (GPD): Usage or (M): Measured

a.

Contact cooling water:

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**b.**

Non-contact cooling water:

**c.**

Boiler Feed/blow-down:

**d.**

Process:

**e.**

Sanitary (20 gal/person):

**f.**

Air pollution control:

**g.**

Contained in product:

**h.**

Plant and equipment washdown:

**i.**

Irrigation and lawn watering:

**j.**

Other:

**TOTAL of a-j:**

## SECTION D: SEWER INFORMATION

**1.**

**a.**

For an existing business:

Is the building presently connected to the public sanitary sewer system?

☐ Yes: Sanitary sewer account number:

☐ No: Have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

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**b.**

For a new business:

Will you be occupying an existing vacant building (such as in an industrial park)?

☐ Yes ☐ No

Have you applied for a building permit if a new facility will be constructed?

☐ Yes ☐ No

Will you be connected to the public sanitary sewer system? ☐ Yes ☐ No

**2.**

List size, descriptive location and flow of each wastewater line connected to the City's sewer system (if more than two, reproduce additional lines):

Line Size (in inches):

Location of Sewer Connection:

Flow (GPD):

Line Size (in inches):

Location of Sewer Connection:

Flow (GPD):

## SECTION E: WASTEWATER DISCHARGE INFORMATION

**Note: New facilities may estimate flows in this section.**

**1.**

Does (or will) this facility discharge any wastewater other than domestic wastes (from restrooms) to the City sewer?

☐ **Yes: complete the remainder of this application.**

☐ **No: The remaining sections are not applicable to this facility.**

**2.**

Provide the following information on wastewater flow rate:

**a.**

Hours/day discharge occurs:

M:

T:

W:

Th:

F:

Sat:

Sun:

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**b.**

Hours of discharge (example: 9 am - 5 p.m.):

M:

T:

W:

Th:

F:

Sat:

Sun:

**c.**

Peak hourly flow rate (gallons/hour):

Maximum daily flow rate (gallons/day):

**d.**

Annual daily average (gallons/day):

**3.**

If batch discharge occurs or will occur, indicate:

**a.**

Number of batch discharges per day:

**b.**

Average volume of batch (gallons):

**c.**

Expected time(s) of discharge:

**d.**

Flow rate (gallons/minute):

**e.**

Percent of total industrial discharge:

**4.**

Schematic Flow Diagram- Provide a flow chart of all industrial processes conducted in the facility. Show the pathways of all materials, products, wastes and wastewater from the start of the activities to their completion. Include the average daily volume and maximum daily volume of each wastestream. If estimates are used for flow data, this must be indicated. Number each process having wastewater discharges to the city sewer.

**Note: Facilities that checked activities in question 1 of Section B may be considered Categorical Industrial Users and should skip to question 6.**



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5.

For Non-Categorical Users only: Provide the wastewater discharge flows and type of discharge (batch, continuous, or both) for each plant process. Include a flow chart that corresponds to each process.

Process Description (attach separate sheet(s)):

Average Flow (GPD):

Maximum Flow (GPD):

Type of Discharge (batch, continuous, zero, etc.):

Process Description (attach separate sheet(s)):

Average Flow (GPD):

Maximum Flow (GPD):

Type of Discharge (batch, continuous, zero, etc.):

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**Answer questions 6 and 7 only if you may be subject to categorical pretreatment standards. If you are not subject to these standards, indicate N/A.**

**6.**

For Categorical Users: Provide the wastewater discharge flows and type (continuous, batch or both) for each process. Include a flow chart that corresponds to each process.

Categorical Process Description (attach separate sheet(s))

Average Flow (GPD):

Maximum Flow (GPD):

Type of Discharge (batch, continuous, zero, etc.):

Non-Categorical Description (attach separate sheet(s))

Average Flow (GPD):

Maximum Flow (GPD):

Type of Discharge (batch, continuous, zero, etc.):

**7.**

For Categorical Users subject to Total Toxic Organic (TTO) requirements (see Section F, numbers 1 – 110, for TTO parameters), please provide the following information:

**a.**

Does (or will) this facility use any of the toxic organics that are listed under the categorical pretreatment standards published by the EPA? ☐ Yes ☐ No

**b.**

Has a report been submitted (such as a Baseline Monitoring Report) that indicates TTO concentrations present in the water? ☐ Yes ☐ No

**c.**

Has a Toxic Organic Management Plan (TOMP) been developed?  
☐ Yes ☐ No If yes, submit a copy along with this application.

**8.**

Do you have, or plan to have a continuous wastewater flow metering equipment at this facility?

Present:

Flow Metering Equipment

☐ Yes ☐ No

Planned:

Flow Metering Equipment

☐ Yes ☐ No

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Please indicate the present or future location of this equipment on the flow schematic and describe the equipment below:

**9.**

Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge. ☐ Yes ☒ No

If yes, briefly describe these changes:

**10.**

Are any materials or water reclamation systems in use or planned? ☐ Yes ☒ No

If yes, briefly describe recovery processes, substances recovered, percent recovery, and the concentration in the spent solutions. Indicate on the process flow chart:

**11.**

Do you have a written Pollution Prevention Plan (P2 Plan)? ☐ Yes ☒ No

If yes, submit a copy with this form.

**12.**

Are any steps currently used or planned for addressing waste minimization? ☐ Yes ☒ No

If yes, please describe:

## SECTION F: CHARACTERISTICS OF DISCHARGE

The tables in this section are for determining what pollutants are associated with your facility's wastewater. If you currently hold a permit and are renewing it with this application, provide the requested information on all parameters for which monitoring has been performed in the past three years. For all other pollutants, indicate whether they are known to be present (P), suspected to be present (S), or known to be absent (A).

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If you are applying for a permit for the first time, indicate P, S, or A (see above) in the following tables.

## **Total Toxic Organics (TTO's), 40 CFR Part 122, Table II (Includes Volatiles, Base Neutrals, Acid Extractibles, and Pesticides)**

### **Volatiles**

1. Acrolein
2. Acrylonitrile
3. Benzene
4. Bromoform
5. Carbon tetrachloride
6. Chlorobenzene
7. Chlorodibromomethane
8. Chloroethane
9. 2-chloroethylvinyl ether
10. Chloroform
11. Dichlorobromomethane
12. 1,1-dichloroethane
13. 1,2-dichloroethane
14. 1,1-dichloroethylene
15. 1,2-dichloropropane
16. 1,3-dichloropropylene
17. Ethylbenzene
18. Methyl bromide
19. Methyl chloride
20. Methylene chloride
21. 1,1,2,2-tetrachlorethane
22. Tetrachloroethylene
23. Toluene
24. 1,2-trans-dichloroethylene
25. 1,1,1-trichloroethane
26. 1,1,2-trichloroethane
27. Trichloroethylene
28. Vinyl chloride

### **Acid Extractibles**

29. 2-chlorophenol
30. 2,4-dichlorophenol
31. 2,4-dimethylphenol
32. 4,6-dinitro-o-cresol
33. 2,4-dinitrophenol
34. 2-nitrophenolane
35. 4-nitrophenolane
36. p-chloro-m-cresol
37. Pentachlorophenol
38. Phenol

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- 39. 2,4,6-trichlorophenol
- Base Neutrals
- 40. Acenaphthene
- 41. Acenaphthylene
- 42. Anthracene
- 43. Benzidine
- 44. Benzo (a) anthracene
- 45. Benzo (a) pyrene
- 46. 3,4-benzofluoranthene
- 47. Benzo (ghi) perylene
- 48. Benzo (k) fluoranthene
- 49. Bis (2-chloroethoxy) methane
- 50. Bis (2-chloroethyl) ether
- 51. Bis (2-chloroisopropyl) ether
- 52. Bis (2-ethylhexyl) phthalate
- 53. 4-bromophenyl phenyl ether
- 54. Butylbenzyl phthalate
- 55. 2-chloronaphthalene
- 56. 4-chlorophenyl phenyl ether
- 57. Chrysene
- 58. Dibenzo (a,h) anthracene
- 59. 1,2-dichlorobenzene
- 60. 1,3-dichlorobenzene
- 61. 1,4-dichlorobenzene
- 62. 3,3-dichlorobenzidine
- 63. Diethyl phthalate
- 64. Dimethyl phthalate
- 65. Di-n-butyl phthalate
- 66. 2,4-dinitrotoluene
- 67. 2,6-dinitrotoluene
- 68. Di-n-octyl phthalate
- 69. 1,2-diphenylhydrazine
- 70. Fluoranthene
- 71. Fluorene
- 72. Hexachlorobenzene
- 73. Hexachlorobutadiene
- 74. Hexachlorocyclopentadiene
- 75. Hexachloroethane
- 76. Indeno (1,2,3-cd) pyrene
- 77. Isophorone
- 78. Naphthalene
- 79. Nitrobenzene
- 80. N-nitrosodimethylamine
- 81. N-nitrosodi-n-propylamine
- 82. N-nitrosodiphenylamine
- 83. Phenanthrene
- 84. Pyrene
- 85. 1,2,4-trichlorobenzene

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## **Pesticides**

86. Aldrin
87. Alpha-BHC
88. Beta-BHC
89. Gamma-BHC
90. Delta-BHC
91. Chlordane
92. 4,4'-DDT
93. 4,4'-DDE
94. 4,4'-DDD
95. Dieldrin
96. Alpha-endosulfan
97. Beta-endosulfan
98. Endosulfan sulfate
99. Endrin
100. Endrin aldehyde
101. Heptachlor
102. Heptachlor epoxide
103. PCB-1242
104. PCB-1254
105. PCB-1221
106. PCB-1232
107. PCB-1248
108. PCB-1260
109. PCB-1016
110. Toxaphene

## **40 CFR Part 122, Appendix D, Table III (metals, cyanide and total phenols)**

1. Antimony, Total
2. Arsenic, Total
3. Barium, Total
4. Beryllium, Total
5. Cadmium, Total
6. Chromium, Total
7. Copper, Total
8. Cyanide, Total
9. Lead, Total
10. Mercury, Total
11. Nickel, Total
12. Selenium, Total
13. Silver, Total
14. Thallium, Total
15. Zinc, Total
16. Phenols, Total
17. Nitrite N
18. Organic N
19. Orthophosphate P

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- 20. Phosphorus
- 21. Sodium
- 22. Specific Conductance
- 23. Sulfate
- 24. Sulfide