



## Industrial Wastewater Survey (IWS)

The WSSC Water Industrial Discharge Control (IDC) Program routinely reviews the operations of industrial users to ensure compliance with the WSSC [Plumbing and Fuel Gas Code](#). Industrial users that have been provided an IWS or are uncertain if they are required to obtain a wastewater Discharge Authorization Permit should complete this form and submit for IDC review. Please email your signed completed survey to the Industrial Investigator in contact with you and/or [industrialdischargecontrol@wsscwater.com](mailto:industrialdischargecontrol@wsscwater.com). Alternatively, survey documents may be mailed to the address above. For questions please review with the assigned Investigator, call **301-206-8841**, or review the IDC Program Permitting [Frequently Asked Questions](#) listed on our website: [www.wsscwater.com/idc](http://www.wsscwater.com/idc).

### I. General Information

Registered Maryland business or agency name: \_\_\_\_\_

Site address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Length of time at address or projected occupancy date: \_\_\_\_\_

Plumbing plans submitted?  Yes  No

If "Yes," indicate the municipality and project number:  
(e.g., WSSC PFG-030603-2022 or Rockville ###) \_\_\_\_\_

Business or agency contact name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is this facility being built by a landlord with no tenant under contract/identified?  Yes  No

If "Yes," skip to the *Designation of Authorized Representative and Certification Statement* Section. An updated IWS is required to be completed by the tenant and sent to WSSC Water upon occupancy.

Indicate ALL applicable NAICS/SIC Codes:

NAICS/SIC code(s): \_\_\_\_\_

Indicate all major activities, facilities, and processes applicable to this location:

- Electroplating/Metal Finishing     Landfill     Office Space
- Government     Laundry (Industrial/Commercial)     Pharmaceutical Manufacturing
- Food/Beverage Processing     Manufacturing     School/Educational
- Laboratory     Other (specify): \_\_\_\_\_

Provide a detailed description of all industrial processes and final product(s) and/or service(s):  
(include attachments as necessary)

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## II. Operations Information

Number of workdays per week: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Typical hours of operation: \_\_\_\_\_

Process discharges are:

Batch    Continuous    Both   \_\_\_\_\_ % Batch   \_\_\_\_\_ % Continuous

## III. Water Usage and Discharge Information

Water/Sewer account number(s):  
(note WSSC Water or Rockville) \_\_\_\_\_

Is this a multi-tenant account(s) with multiple businesses/tenants included?    Yes    No

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 the following information:

Landlord name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Summarize applicable sources of water usage and wastewater generation.

WATER IN (gallons per day)				WATER OUT (gallons per day)			
Average Water Usage	GPD	Estimated	Measured	Average Water Discharged or Consumed	GPD	Estimated	Measured
Domestic (Sanitary)		<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer		<input type="checkbox"/>	<input type="checkbox"/>
Process Flow		<input type="checkbox"/>	<input type="checkbox"/>	Waste Hauler		<input type="checkbox"/>	<input type="checkbox"/>
Washdown (equipment/facility)		<input type="checkbox"/>	<input type="checkbox"/>	Evaporation		<input type="checkbox"/>	<input type="checkbox"/>
Contact cooling water		<input type="checkbox"/>	<input type="checkbox"/>	Consumed in product/process		<input type="checkbox"/>	<input type="checkbox"/>
Non-contact cooling water		<input type="checkbox"/>	<input type="checkbox"/>	Storm Drain		<input type="checkbox"/>	<input type="checkbox"/>
Boiler blowdown		<input type="checkbox"/>	<input type="checkbox"/>	Groundwater		<input type="checkbox"/>	<input type="checkbox"/>
Air pollution control device		<input type="checkbox"/>	<input type="checkbox"/>	Landfill		<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____		<input type="checkbox"/>	<input type="checkbox"/>	Septic Tank		<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____		<input type="checkbox"/>	<input type="checkbox"/>	Surface Water		<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____		<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____		<input type="checkbox"/>	<input type="checkbox"/>
<b>Total (all of above)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<b>Total (all of above)</b>		<input type="checkbox"/>	<input type="checkbox"/>

Note: the **WATER IN** Total should equal the **WATER OUT** Total

List all water-related processes. Indicate the chemical content, process discharge rate, and method of disposal *(include attachments as necessary)*.

Process	Chemical Content	Discharge Rate (GPM, GPD, MGD)	Method of Disposal

For all wastes that are not discharged to the sanitary sewer, please list the contracted waste hauler/scavenger company name and type of wastestream *(include attachments as necessary)*.

Waste Hauler/Scavenger Name	Service Provided (e.g., haz waste, chemicals, biohazard)

#### IV. Chemicals Used/Stored

List all chemicals used and/or stored on-site. Attach a chemical inventory or include large volume chemical usage/storage focused on 1 gallon/1 pound and greater *(include attachments as necessary)*.

Chemical Name	Quantity Used (lbs / GPD)	Quantity Stored (lbs / GPD)

Does this facility currently, or is known to have historical use of **Per- and polyfluoroalkyl (PFAS)** chemicals or any raw materials containing PFAS? If so, please include chemicals and quantities used and/or stored on-site. Is there a historical discharge of PFAS wastewater to WSSC?

*(include attachments as necessary)*


#### V. Wastewater Treatment

List all wastewater treatment systems and the process wastestreams treated by each system *(include attachments as necessary)*

Treatment System	Process Wastestream

# Designation of Authorized Representative<sup>1</sup> and Certification Statement *(Required)*

I, \_\_\_\_\_, \_\_\_\_\_ of  
Authorized Representative 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 Washington Suburban Sanitary Commission (WSSC) for purposes of maintaining compliance with Federal and local pretreatment requirements.

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.

\_\_\_\_\_  
Signature of Authorized Representative<sup>2</sup> Date

\_\_\_\_\_  
Authorized Representative E-mail Authorized Representative Phone Number

<sup>1</sup> Authorized Representative Definition (in following 40 CFR Part 403.12(l)(1) & (2):  
a. 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:  
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 operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations, can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.  
b. By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship, respectively.  
c. By a principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agent.  
d. By a duly authorized representative of the individual designated in paragraph a., b., or c. of this Section if:  
1. The authorization is made in writing by the individual described in paragraph a., b., or c.;  
2. 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 a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and  
3. The written authorization is submitted to the WSSC.  
e. If authorization in paragraph a-d. above is no longer accurate because a different individual or position has responsibility, a new written authorization must be submitted to the WSSC prior to or together with any reports to be signed by an authorized representative.

<sup>2</sup> Pursuant to MD Code, Commercial Law, § 21-104, each party agrees that the electronic signature of the parties included in this document and its attachments is intended to authenticate the writing(s) and shall have the same force and effect as a manually executed signature or original signature.

Pursuant to the Maryland Uniform Electronic Transactions Act, "electronic signature" means an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. MD Code, Commercial Law, § 21-101(i). Without limitation, "electronic signature" shall also include a faxed version of an original signature, electronically scanned and transmitted version of an original signature (e.g. PDF form), or a document transmitted by electronic means and containing, or to which there is affixed, a digital signature.

Each party agrees that no certification authority or other third-party verification is necessary to authenticate the parties' electronic signatures and that each party's electronic signature shall be attributable to the person whose name appears below the electronic signature as the act of that person.

The parties certify that the use of electronic signatures in the attached document(s) is not for any illegal or fraudulent purpose.