



## Discharge Authorization Permit Application

### 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 agency and project number  
(e.g., WSSC PFG-030603-2022 or Rockville ###): \_\_\_\_\_

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

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

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

Is business or agency part of a Corporation?  Yes  No

If "Yes," indicate registered name of corporation  
and state of Incorporation: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

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

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

Does this business or agency exist currently at another location within the Washington Suburban  
Sanitary District?

Yes  No

If "Yes", provide address: \_\_\_\_\_

Is this permit application for a permanent or temporary  
discharge (temporary has a planned end date)?  Permanent  Temporary

If "Temporary," indicate the expected duration of the discharge in months: \_\_\_\_\_

Existing Discharge

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

Anticipated date: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Government                      | <input type="checkbox"/> Manufacturing              |
| <input type="checkbox"/> Food/Beverage Processing        | <input type="checkbox"/> Office space               |
| <input type="checkbox"/> Laboratory                      | <input type="checkbox"/> Retail/Wholesale           |
| <input type="checkbox"/> Landfill                        | <input type="checkbox"/> School/Educational         |
| <input type="checkbox"/> Laundry (Industrial/Commercial) | <input type="checkbox"/> Vehicle/Equipment Cleaning |
| <input type="checkbox"/> Machine Shop                    | <input type="checkbox"/> Other (specify): _____     |

**Applicable Categorical Standards:**

- |  |   |
|--|---|
| <input type="checkbox"/> Aluminum Forming (40 CFR 467)                               | <input type="checkbox"/> Metal Molding and Casting (40 CFR 464)                         |
| <input type="checkbox"/> Battery Manufacturing (40 CFR 461)                          | <input type="checkbox"/> Nonferrous Metals Forming and Metal Powders (40 CFR 471)       |
| <input type="checkbox"/> Carbon Black Manufacturing (40 CFR 458)                     | <input type="checkbox"/> Oil and Gas Extraction (40 CFR 435)                            |
| <input type="checkbox"/> Centralized Waste Treatment (40 CFR 437)                    | <input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers (40 CFR 414) |
| <input type="checkbox"/> Coil Coating (40 CFR 465)                                   | <input type="checkbox"/> Paint Formulating (40 CFR 446)                                 |
| <input type="checkbox"/> Concentrated Animal Feeding Operations (CAFOs) (40 CFR 412) | <input type="checkbox"/> Paving and Roofing Materials (40 CFR 443)                      |
| <input type="checkbox"/> Copper Forming (40 CFR 468)                                 | <input type="checkbox"/> Pesticide Chemicals (40 CFR 455)                               |
| <input type="checkbox"/> Electrical and Electronic Components (40 CFR 469)           | <input type="checkbox"/> Petroleum Refining (40 CFR 419)                                |
| <input type="checkbox"/> Electroplating (40 CFR 413)                                 | <input type="checkbox"/> Pharmaceutical Manufacturing (40 CFR 439)                      |
| <input type="checkbox"/> Fertilizer Manufacturing (40 CFR 418)                       | <input type="checkbox"/> Porcelain Enameling (40 CFR 466)                               |
| <input type="checkbox"/> Glass Manufacturing (40 CFR 426)                            | <input type="checkbox"/> Pulp, Paper, and Paperboard (40 CFR 430)                       |
| <input type="checkbox"/> Grain Mills (40 CFR 406)                                    | <input type="checkbox"/> Rubber Manufacturing (40 CFR 428)                              |
| <input type="checkbox"/> Ink Formulating (40 CFR 447)                                | <input type="checkbox"/> Soap and Detergent Manufacturing (40 CFR 417)                  |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing (40 CFR 415)              | <input type="checkbox"/> Steam Electric Power Generating (40 CFR 423)                   |
| <input type="checkbox"/> Iron and Steel Manufacturing (40 CFR 420)                   | <input type="checkbox"/> Timber Products Processing (40 CFR 429)                        |
| <input type="checkbox"/> Leather Tanning and Finishing (40 CFR 425)                  | <input type="checkbox"/> Transportation Equipment Cleaning (40 CFR 442)                 |
| <input type="checkbox"/> Metal Finishing (40 CFR 433)                                | <input type="checkbox"/> Waste Combustors (40 CFR 444)                                  |

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		First Shift		Second Shift		Third Shift	
	# of Employees	Shift Times	# of Employees	Shift Times	# of Employees	Shift Times	# 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): \_\_\_\_\_

List applicable North American Industry Classification System codes (NAICS) for all processes, products, or services in order of significance.

(For information on NAICS codes, visit the website <https://www.census.gov/naics/>)

Primary NAICS Code: \_\_\_\_\_ Secondary NAICS Code: \_\_\_\_\_

Others: \_\_\_\_\_

Provide a detailed description of all industrial processes, operations, final product(s) and/or service(s) (attach additional sheets as necessary):

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Process Discharges are:

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

Average number of batch discharges per 24-hour day: \_\_\_\_\_

Length and duration of continuous discharge per 24-hour day: \_\_\_\_\_

Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

(Evaluate production processes as well as air or water pollution control processes.)  Yes  No

If answer is "Yes," briefly describe these changes and their likely effects on the wastewater volume and characteristics (attach additional sheets as necessary).

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**III. Principal Raw Materials Used**

Indicate usage in pounds or gallons per month (attach additional sheets as necessary):

<u>Material Name</u>	<u>Used in</u>	<u>Quantity Used</u>	<u>Disposal Method or Product</u>
_____ /	_____ /	_____ /	_____
_____ /	_____ /	_____ /	_____
_____ /	_____ /	_____ /	_____
_____ /	_____ /	_____ /	_____
_____ /	_____ /	_____ /	_____
_____ /	_____ /	_____ /	_____
_____ /	_____ /	_____ /	_____

**IV. Chemicals Stored and Used**

Include acids, bases, solvents, metals, organic and inorganic compounds  
 (include attachments as necessary)

<b>Chemical Name</b>	<b>Quantity Used (lbs / GPD)</b>	<b>Quantity Stored (lbs / GPD)</b>

**Pollutants of Concern** - Check all priority pollutants or other pollutants of concern that may be present in your wastestream:

- |   |   |
|---|---|
| <input type="checkbox"/> Acenaphthene               | <input type="checkbox"/> 4-bromophenyl phenyl ether           |
| <input type="checkbox"/> Acrolein                   | <input type="checkbox"/> Bis(2-chloroisopropyl) ether         |
| <input type="checkbox"/> Acrylonitrile              | <input type="checkbox"/> Bis(2-chloroethoxy) methane          |
| <input type="checkbox"/> Benzene                    | <input type="checkbox"/> Methylene chloride (dichloromethane) |
| <input type="checkbox"/> Benzidine                  | <input type="checkbox"/> Methyl chloride (chloromethane)      |
| <input type="checkbox"/> Carbon tetrachloride       | <input type="checkbox"/> Methyl bromide                       |
| <input type="checkbox"/> 1,2,4-trichlorobenzene     | <input type="checkbox"/> Bromoform                            |
| <input type="checkbox"/> Hexachlorobenzene          | <input type="checkbox"/> Dichlorobromomethane                 |
| <input type="checkbox"/> 1,2-dichloroethane         | <input type="checkbox"/> Chlorodibromomethane                 |
| <input type="checkbox"/> 1,1,1-trichloroethane      | <input type="checkbox"/> Hexachlorobutadiene                  |
| <input type="checkbox"/> 1,1-dichloroethane         | <input type="checkbox"/> Hexachlorocyclopentadiene            |
| <input type="checkbox"/> 1,1,2-trichloroethane      | <input type="checkbox"/> Isophorone                           |
| <input type="checkbox"/> 1,1,2,2-tetrachloroethane  | <input type="checkbox"/> Naphthalene                          |
| <input type="checkbox"/> Chloroethane               | <input type="checkbox"/> Nitrobenzene                         |
| <input type="checkbox"/> Bis (2-chloroethyl) ether  | <input type="checkbox"/> 2-nitrophenol                        |
| <input type="checkbox"/> 2-chloroethyl vinyl ether  | <input type="checkbox"/> 4-nitrophenol                        |
| <input type="checkbox"/> 2-chloronaphthalene        | <input type="checkbox"/> 2,4-dinitrophenol                    |
| <input type="checkbox"/> 2,4,6-trichlorophenol      | <input type="checkbox"/> 4,6-dinitro-o-cresol                 |
| <input type="checkbox"/> Parachlorometa cresol      | <input type="checkbox"/> N-nitrosodimethylamine               |
| <input type="checkbox"/> Chloroform                 | <input type="checkbox"/> N-nitrosodiphenylamine               |
| <input type="checkbox"/> 2-chlorophenol             | <input type="checkbox"/> N-nitrosodi-n-propylamine            |
| <input type="checkbox"/> 1,2-dichlorobenzene        | <input type="checkbox"/> Pentachlorophenol                    |
| <input type="checkbox"/> 1,3-dichlorobenzene        | <input type="checkbox"/> Phenol                               |
| <input type="checkbox"/> 1,4-dichlorobenzene        | <input type="checkbox"/> Bis(2-ethylhexyl) phthalate          |
| <input type="checkbox"/> 3,3-dichlorobenzidine      | <input type="checkbox"/> Butyl benzyl phthalate               |
| <input type="checkbox"/> 1,1-dichloroethylene       | <input type="checkbox"/> Di-N-Butyl Phthalate                 |
| <input type="checkbox"/> 1,2-trans-dichloroethylene | <input type="checkbox"/> Di-n-octyl phthalate                 |
| <input type="checkbox"/> 2,4-dichlorophenol         | <input type="checkbox"/> Diethyl Phthalate                    |
| <input type="checkbox"/> 1,2-dichloropropane        | <input type="checkbox"/> Dimethyl phthalate                   |
| <input type="checkbox"/> 1,3-dichloropropylene      | <input type="checkbox"/> Benzo(a) anthracene                  |
| <input type="checkbox"/> 2,4-dimethylphenol         | <input type="checkbox"/> Benzo(a) pyrene                      |
| <input type="checkbox"/> 2,4-dinitrotoluene         | <input type="checkbox"/> Benzo(b) fluoranthene                |
| <input type="checkbox"/> 2,6-dinitrotoluene         | <input type="checkbox"/> Benzo(k) fluoranthene                |
| <input type="checkbox"/> 1,2-diphenylhydrazine      | <input type="checkbox"/> Chrysene                             |
| <input type="checkbox"/> Ethylbenzene               | <input type="checkbox"/> Acenaphthylene                       |
| <input type="checkbox"/> Fluoranthene               | <input type="checkbox"/> Anthracene                           |
| <input type="checkbox"/> Fluorene                   | <input type="checkbox"/> Benzo(ghi) perylene                  |

**Pollutants of Concern** - Check all priority pollutants or other pollutants of concern that may be present in your wastestream:

- |   |  |
|---|--|
| <input type="checkbox"/> Phenanthrene             | <input type="checkbox"/> PCB-1242 (Arochlor 1242)                    |
| <input type="checkbox"/> Dibenzo(h) anthracene    | <input type="checkbox"/> PCB-1254 (Arochlor 1254)                    |
| <input type="checkbox"/> Indeno (1,2,3-cd) pyrene | <input type="checkbox"/> PCB-1221 (Arochlor 1221)                    |
| <input type="checkbox"/> Pyrene                   | <input type="checkbox"/> PCB-1232 (Arochlor 1232)                    |
| <input type="checkbox"/> Tetrachloroethylene      | <input type="checkbox"/> PCB-1248 (Arochlor 1248)                    |
| <input type="checkbox"/> Toluene                  | <input type="checkbox"/> PCB-1260 (Arochlor 1260)                    |
| <input type="checkbox"/> Trichloroethylene        | <input type="checkbox"/> PCB-1016 (Arochlor 1016)                    |
| <input type="checkbox"/> Vinyl chloride           | <input type="checkbox"/> Toxaphene                                   |
| <input type="checkbox"/> Aldrin                   | <input type="checkbox"/> Antimony                                    |
| <input type="checkbox"/> Dieldrin                 | <input type="checkbox"/> Arsenic                                     |
| <input type="checkbox"/> Chlordane                | <input type="checkbox"/> Asbestos                                    |
| <input type="checkbox"/> 4,4-DDT                  | <input type="checkbox"/> Beryllium                                   |
| <input type="checkbox"/> 4,4-DDE                  | <input type="checkbox"/> Cadmium                                     |
| <input type="checkbox"/> 4,4-DDD                  | <input type="checkbox"/> Chromium                                    |
| <input type="checkbox"/> Alpha-endosulfan         | <input type="checkbox"/> Copper                                      |
| <input type="checkbox"/> Beta-endosulfan          | <input type="checkbox"/> Cyanide, Total                              |
| <input type="checkbox"/> Endosulfan sulfate       | <input type="checkbox"/> Lead  |
| <input type="checkbox"/> Endrin                   | <input type="checkbox"/> Mercury                                     |
| <input type="checkbox"/> Endrin aldehyde          | <input type="checkbox"/> Molybdenum*                                 |
| <input type="checkbox"/> Heptachlor               | <input type="checkbox"/> Nickel                                      |
| <input type="checkbox"/> Heptachlor epoxide       | <input type="checkbox"/> Selenium                                    |
| <input type="checkbox"/> Alpha-BHC                | <input type="checkbox"/> Silver                                      |
| <input type="checkbox"/> Beta-BHC                 | <input type="checkbox"/> Thallium                                    |
| <input type="checkbox"/> Gamma-BHC                | <input type="checkbox"/> Zinc  |
| <input type="checkbox"/> Delta-BHC                | <input type="checkbox"/> PFAS (Per- and Polyfluoroalkyl Substances)* |

\*Not a priority pollutant, however this pollutant is a pollutant of concern

## V. Water Usage and Discharge Information

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

Water

- WSSC
- City of Rockville
- Surface Water
- Private Well
- Other: \_\_\_\_\_

Sewer

- WSSC
- City of Rockville
- Septic Tank
- Holding Tank
- Other: \_\_\_\_\_

Note applicable account number(s):

WSSC water/sewer account number: \_\_\_\_\_

City of Rockville water 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Summarize applicable sources of water usage and wastewater generation

WATER IN <i>Average Water Usage (gallons per day)</i>				WATER OUT <i>Average Water Discharged or Consumed (gallons per day)</i>			
Source	GPD	Estimated	Measured	Source	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 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.

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

## VI. Wastewater Treatment

Is any form of pretreatment currently practiced at the facility?  Yes  No

For all wastewater that is treated before discharge, check the appropriate boxes to indicate the type(s) of pretreatment used at your facility. Indicate the design treatment capacity for each type checked.

Type	Capacity (GPM)	Type	Capacity (GPM)
<b>Grease or Oil Separation:</b>		<b>Solids Separation:</b>	
<input type="checkbox"/> Grease abatement device	_____	<input type="checkbox"/> Centrifugation/Cyclone	_____
<input type="checkbox"/> Oil/water separator	_____	<input type="checkbox"/> Clarifier/sedimentation tank	_____
<input type="checkbox"/> Dissolved air flotation	_____	<input type="checkbox"/> Filtration (size/type):	_____
<input type="checkbox"/> Filtration (size/type): _____	_____	<input type="checkbox"/> Screening	_____
<input type="checkbox"/> Other (specify): _____	_____	<input type="checkbox"/> Other (specify): _____	_____
<b>Metals Treatment:</b>		<b>Other:</b>	
<input type="checkbox"/> Chemical precipitation	_____	<input type="checkbox"/> Air stripper/scrubber	_____
<input type="checkbox"/> Ion exchange	_____	<input type="checkbox"/> Biological treatment	_____
<input type="checkbox"/> Filtration (size/type): _____	_____	<input type="checkbox"/> Chlorination/Ozonation	_____
<input type="checkbox"/> Silver Recovery Unit	_____	<input type="checkbox"/> Evaporation	_____
<input type="checkbox"/> Cyanide Destruction	_____	<input type="checkbox"/> Flow equalization	_____
<input type="checkbox"/> Electrolytic recovery	_____	<input type="checkbox"/> Neutralization, pH adjustment	_____
<input type="checkbox"/> Other (specify): _____	_____	<input type="checkbox"/> Reverse Osmosis	_____
<b>Organics Treatment:</b>		<input type="checkbox"/> Wastestream segregation	_____
<input type="checkbox"/> Activated carbon	_____	<input type="checkbox"/> Water reclamation	_____
<input type="checkbox"/> Air stripper/scrubber	_____	<input type="checkbox"/> Other (specify): _____	_____
<input type="checkbox"/> Other (specify): _____	_____	<input type="checkbox"/> Other (specify): _____	_____



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):

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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):

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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 (attach additional sheets as necessary):

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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):

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## 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:

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Attach the most recent calendar year’s analytical data, which characterizes the facility discharge to the sewer system. Include the laboratory report(s) and chain of custody(s).

- Yes, the required analytical data is attached.  
 No, the required analytical data has been previously submitted to WSSC.  
 No wastewater analytical data has been collected.

Provide a summary of the average characteristics anticipates in the wastewater:

Parameter	Average Daily Concentration (mg/L) (except as indicated)	Parameter	Average Daily Concentration (mg/L) (except as indicated)
<b><i>Inorganics</i></b>		<b><i>Organics</i></b>	
Arsenic	_____	Tetrachloroethylene	_____
Cadmium	_____	Trichloroethylene	_____
Chromium	_____	Total PCBs	_____
Copper	_____	<b><i>Conventionals</i></b>	
Cyanide	_____	Ammonia	_____
Lead	_____	Dissolved Solids	_____
Mercury	_____	Suspended Solids	_____
Molybdenum	_____	Total Solids	_____
Nickel	_____	BOD (5-day, 20°C)	_____
Selenium	_____	Total Phosphorous	_____
Silver	_____	Total Petroleum Hydrocarbons	_____
Zinc	_____	Fats, Oil, Grease	_____
		pH (min/max)	_____
		Temperature °C (max)	_____

*Include other applicable categorical specific parameters or other data as necessary*

## 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/units (lbs./mo., gal./yr., etc.).

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

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

Yes     No

If "Yes," describe:

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Are any of the above combined with refuse for disposal?  Yes     No

If "Yes," describe:

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Are any RCRA hazardous waste(s) generated at this site?  Yes     No

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

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

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Are pollution prevention measures being employed?  Yes  No

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

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## 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 (check all that apply)?

- Sanitary sewer       Storm Drain       Septic tank  
 Ground       Holding tank       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):

- Sanitary sewer       Storm Drain       Septic tank  
 Ground       Holding tank       Other \_\_\_\_\_

Attach a diagram of bermed or diked containment 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?

- Yes (If "Yes," attach a copy)       No

Does your facility have a Toxic Organic Management Plan (TOMP) or Solvent Management Plan (SMP)?

- Yes (If "Yes," attach a copy)       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):

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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 a scaled drawing of your site with plumbing indicated including building sewer connections, pretreatment systems, and monitoring locations identified.

**Pretreatment Systems:** Provide a scaled drawing 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, provide a process 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

# Signatory Authority

## Designation of Authorized Representative<sup>1</sup> *(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. In the event that I choose to delegate signatory authority to another authorized representative, I shall notify WSSC, in writing, of the change.

\_\_\_\_\_  
 Signature of Authorized Representative Date

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

## Delegation of Signatory Authority *(Optional)*

I, \_\_\_\_\_ of \_\_\_\_\_,  
 Authorized Representative Industry Name

duly authorize \_\_\_\_\_,  
 Delegated Individual Delegated Individual Title

to sign all reports submitted to the Washington Suburban Sanitary Commission (WSSC) 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 WSSC, in writing, thus granting authorization to the new individual.

\_\_\_\_\_  
 Signature of Delegated Individual Date Signature of Authorized Representative Date

\_\_\_\_\_  
 Delegated Individual E-mail Delegated Individual 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 Washington Suburban Sanitary Commission (WSSC).

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.

## Certification Statement *(Required)*

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 to:

Washington Suburban Sanitary Commission  
Regulatory Services Division  
Industrial Discharge Control Section, 11th Floor  
14501 Sweitzer Lane  
Laurel, Maryland 20707-5901

If preferred, application can be emailed to [IndustrialDischargeControl@WSSCWater.com](mailto:IndustrialDischargeControl@WSSCWater.com) before mailing original signed document to WSSC Water.