



Little Patuxent Water Reclamation Plant
 8900 Greenwood Place
 Savage, Maryland 20763
 410-313-1200
 410-313-1207 (FAX)

PERMIT TYPE	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
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SECTION A - GENERAL INFORMATION

Facility Name			
Operator Name:			
Is the operator the owner of the facility?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide a copy of the owner's information indicating the owner and all pertinent contact information.			
Street Address:		Apt/Unit:	
City:		Zip Code:	
Mailing Address		Apt/ Unit:	
City:	State:	Zip Code:	
Signatory Authority:		M.I.	
Last		First	
Title:			
Telephone:		Fax:	
E-Mail:			
Contact Person:		M.I.	
Last		First	
Title:			
Telephone:		Fax:	
E-Mail:			

SECTION B – BUSINESS ACTIVITY

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

<input type="checkbox"/> Aluminum Forming (40 CFR 467)	<input type="checkbox"/> Battery Manufacturing (40 CFR 461)
<input type="checkbox"/> Builders' Paper and Board Mills (40 CFR 431)	<input type="checkbox"/> Carbon Black (40 CFR 458)
<input type="checkbox"/> Coil Coating (40 CFR 465)	<input type="checkbox"/> Copper Forming (40 CFR 468)
<input type="checkbox"/> Electric and Electronic Comp. Manufacturing (40 CFR 469)	<input type="checkbox"/> Electroplating (40 CFR 413)
<input type="checkbox"/> Feedlots (40 CFR 412)	<input type="checkbox"/> Fertilizer Manufacturing (40 CFR 418)
<input type="checkbox"/> Foundries (metal molding and casting) (40 CFR 464)	<input type="checkbox"/> Glass Manufacturing (40 CFR 426)
<input type="checkbox"/> Grain Mills (40 CFR 406)	<input type="checkbox"/> Ink Formulating (40 CFR 447)
<input type="checkbox"/> Inorganic Chemicals (40 CFR 415)	<input type="checkbox"/> Iron and Steel Manufacturing (40 CFR 420)
<input type="checkbox"/> Leather Tanning and Finishing (40 CFR 425)	<input type="checkbox"/> Metal Finishing (40 CFR 433)
<input type="checkbox"/> Nonferrous Metals Forming & Powders (40 CFR 471)	<input type="checkbox"/> Nonferrous Metals Manufacturing (40 CFR 421)
<input type="checkbox"/> Organic Chem, Plastic & Synthetic Materials (40 CFR 414)	<input type="checkbox"/> Paint and Ink Formulating (40 CFR 446)
<input type="checkbox"/> Paving and Roofing Manufacturing (40 CFR 443)	<input type="checkbox"/> Pesticides Manufacturing (40 CFR 455)
<input type="checkbox"/> Petroleum Refining (40 CFR 419)	<input type="checkbox"/> Pharmaceutical Manufacturing (40 CFR 439)
<input type="checkbox"/> Plastics Processing Manufacturing (40 CFR 463)	<input type="checkbox"/> Porcelain Enameling (40 CFR 466)
<input type="checkbox"/> Pulp, Paper, and Fiberwood Manufacturing (40 CFR 430)	<input type="checkbox"/> Rubber Manufacturing (40 CFR 428)
<input type="checkbox"/> Soap and Detergent Manufacturing (40 CFR 417)	<input type="checkbox"/> Sugar Processing (40 CFR 409)
<input type="checkbox"/> Steam Electric Power (40 CFR 423)	<input type="checkbox"/> Textile Mills (40 CFR 410)
<input type="checkbox"/> Timber Products (40 CFR 429)	

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users". Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary).

Standard Industrial Classification Number(s):				
Product Volume				
Product (Brand Name)	Past Calendar Year Amounts Per Day (Daily Units)		Estimate This Calendar Year Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY					
Water Sources (Check as many as applicable)					
<input type="checkbox"/>		Private Well	<input type="checkbox"/>	Surface Water	
<input type="checkbox"/>		Municipal Water	<input type="checkbox"/>		Other
If other specify:					
Name:					
Street Address:				Apt/Unit:	
City:				Zip Code:	
Water/Sewer Account Number:					
List average water usage on premises: (New facilities may estimate)					
Type	Average Water Usage (GPD)		Indicate Estimated (E) or Measured (M)		
Contact Cooling Water					
Non-Contact Cooling Water					
Boiler Feed					
Process					
Sanitary					
Air Pollution Control					
Contained in Product					
Plant and Equipment Wash Down					
Irrigation in Lawn Watering					
Other					
Total:					

SECTION D - SEWER INFORMATION	
a. For an existing business	
Is the building presently connected to the public sanitary sewer system?	
<input type="checkbox"/>	Yes: Sanitary sewer account number:

No: Have you applied for a sanitary sewer hookup?		Yes	No
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
List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If more than three attach additional information on another sheet.)			
Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)	

SECTION E - WASTEWATER DISCHARGE INFORMATION

Does (or will) this facility discharge any wastewater other than from restrooms to the city sewer?													
Yes: If the answer to this question is "yes", complete the remainder of the application.													
No: If the answer to this question is "no", skip to Section I.													
Provide the following information on wastewater flow rate. (New facilities may estimate).													
Hours/Day Discharged (e.g., 8 hours/day)													
MON		TUE		WED		THU		FRI		SAT		SUN	
Hours of Discharge (e.g., 9 a.m. to 5 p.m.):													
MON		TUE		WED		THU		FRI		SAT		SUN	
Peak hourly flow rate (GPD)?													
Maximum daily flow rate (GPD)?													
Annual daily average (GPD)?													
If batch discharge occurs or will occur, indicate: (New facilities may estimate).													
Number of batch discharges (per day):													
Average discharge per batch (GPD):													
Time of batch discharges				days a week for		hours a day							
Flow rate (gallons per minute):													
Percent of total discharge:													
Schematic Flow Diagram – For each majority activity in which wastewater is or will be generated, draw a diagram of the <u>flow of materials, products, water, and wastewater</u> from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume of each waste stream (new facilities may estimate). If estimates are used for the flow data this <u>must</u> be indicated. <u>Number each unit process</u> having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.													
Facilities that checked activities in Section B are considered Categorical Users and should skip to For Categorical Users:													

For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge)				
No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge)

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

For Categorical Users Subject to Total Toxic Organics (TTO) Requirements:

Provide the following (TTO) information.

Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?	Yes	No	
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Has a baseline monitoring report (BMR) been submitted which contains TTO information?	Yes	No	
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Has a toxic organics management plan (TOMP) been developed?	Yes	No	
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Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:

Flow Metering	Yes	No	N/A
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Sampling Equipment	Yes	No	N/A
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Planned:

Flow Metering	Yes	No	N/A
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Sampling Equipment	Yes	No	N/A
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If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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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
Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed)		

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Please attach all analysis.

SECTION G - TREATMENT

Is any form of wastewater treatment (See list below) practiced at this facility?	Yes	No
Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?	Yes	No

Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate)

<input type="checkbox"/>	Air flotation	<input type="checkbox"/>	Centrifuge
<input type="checkbox"/>	Chemical precipitation	<input type="checkbox"/>	Chlorination
<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Filtration
<input type="checkbox"/>	Flow Equalization	<input type="checkbox"/>	Grease Trap
<input type="checkbox"/>	Grinding Filter	<input type="checkbox"/>	Grit Removal
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Neutralization, pH correction
<input type="checkbox"/>	Ozonation	<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	Screening	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Septic Tank	<input type="checkbox"/>	Solvent Separation
<input type="checkbox"/>	Sump	<input type="checkbox"/>	Rainwater diversion or storage
<input type="checkbox"/>	Grease or oil separation, Type:		
<input type="checkbox"/>	Biological treatment, Type:		
<input type="checkbox"/>	Other chemical treatment, Type:		
<input type="checkbox"/>	Other physical treatment, Type:		
<input type="checkbox"/>	Other, Type:		

Description: Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

Do you have a treatment operator?												Yes		No	
(If Yes) Name:															
Title:															
Phone:															
Full Time (Specify Hours):															
Part Time (Specify Hours):															
Do you have a manual on the correct operation of your treatment equipment?												Yes		No	
Do you have a written maintenance schedule for your treatment equipment?												Yes		No	

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

Shift Information

Work Days	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Shifts	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Employees per shift 1	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Employees per shift 2	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Employees per shift 3	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Start & Stop Time 1	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Start & Stop Time 2	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Start & Stop Time 3	Mon		Tue		Wed		Thu		Fri		Sat		Sun	

Indicate whether the business activity is:

<input type="checkbox"/>	Continuous through the year or
<input type="checkbox"/>	Seasonal - Time Frame:

Indicate whether the facility discharge is:

<input type="checkbox"/>	Continuous through the year or
<input type="checkbox"/>	Seasonal - Time Frame:

Does operation shut down for vacation, maintenance, or other reasons?

<input type="checkbox"/>	Yes – Time Frame:
<input type="checkbox"/>	No

List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

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List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity

Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer. (Please Attach)

SECTION I – SPILL PREVENTION

Do you have chemical storage containers, bins, or ponds at your facility? Yes No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No

If yes; Where do they discharge to?

If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)

- an onsite disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

Do you have an Accidental Spill Prevention Plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Howard County collection systems?

- Yes – Please enclose a copy with the application
- No
- N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – NON-DISCHARGED WASTES

Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system? Yes No, Skip the remainder of Section J

Waste Generated	Quantity (per year)	Disposal Method

Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.		
If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.		
If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:		
Name:		
Address:		
Permit Number (if applicable):		
Name:		
Address:		
Permit Number (if applicable):		
Have you been issued any Federal, State, or Local environmental permits?		Yes <input type="checkbox"/>
If yes, please list permit(s):		No <input type="checkbox"/>

SECTION K – AUTHORIZED SIGNATURES			
Compliance certification			
Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not yet discharging <input type="checkbox"/>
If No: What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered to bring the facility into compliance.			
Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if Howard County issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.			

Authorized Representative Statement:	
I certify under penalty of 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 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 fines and imprisonment for knowing violations.	
Name:	
Title:	
Phone:	
E-Mail:	
Signature:	Date: