



**DIVISION OF ENVIRONMENTAL MANAGEMENT**

16232 Elliott Parkway, Williamsport, MD 21795

Telephone 240-313-2600, TDD 711

v. 07/29/2024

**INDUSTRIAL WASTE PERMIT QUESTIONNAIRE/APPLICATION**

**GENERAL INFORMATION**

1. Company Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

3. Facility Address: (if different than mailing address) \_\_\_\_\_

\_\_\_\_\_

4. Municipality Location: (check one) City of Hagerstown \_\_\_

Washington County \_\_\_

Other \_\_\_ Name \_\_\_\_\_

5. Name of person authorized to represent company in an official capacity regarding wastewater discharges to the sanitary sewer:

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

6. Alternate person to contact concerning information provided on this questionnaire/application:

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

7. Briefly describe the manufacturing, production, or service activity that is conducted at this facility. List the primary service or products produced:

8. Indicate applicable Standard Industrial Classification (SIC) Code(s) for this facility:

\_\_\_\_\_

9. If this facility employs any of the manufacturing processes or services listed below, place a check mark beside the appropriate activity (check all that apply).

Aluminum Forming	Nonferrous Metals Forming/Manufacturing
Anodizing/Coating/Chemical Etching	Oil and Gas Extraction
Auto Repair and Service	Organic Chemicals Manufacturing
Battery Manufacturing	Paint Formulating
Beverage Manufacturing/Bottling	Paving and Roofing Materials
Carbon Black Manufacturing	Pesticide Chemicals Manufacturing
Coil Coating	Petroleum Refining
Commercial Laundry	Pharmaceuticals Manufacturing
Copper Forming	Phosphating and Chromating
Dairy Products Processing	Photo Processing
Electrical and Electronic Components	Printing and Publishing
Electroplating and Electroless Plating	Plastics and Synthetic Materials Manufacturing
Explosives Manufacturing	Plastics Molding/Forming
Feedlots	Porcelain Enameling
Fertilizer Manufacturing	Pulp and Paper Manufacturing
Food/Edible Products Processing	Rubber manufacturing
Glass Manufacturing	Slaughtering/Meat Packing/Rendering
Grain Mills	Soap and Detergent Manufacturing
Ink Formulating	Steam Electric Power Generation
Inorganic Chemicals Manufacturing	Textile Manufacturing
Iron and Steel Manufacturing	Timber Products Process
Leather Tanning and Finishing	Transportation Equipment Cleaning
Metal Finishing	Waste Combustion, Treatment or Disposal
Metal Molding and Casting	

10. Does this facility discharge OR HAVE THE POTENTIAL TO DISCHARGE any wastewater OTHER THAN from restrooms, wash sinks, water fountains and cafeterias to the sanitary sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to this question is “Yes” then continue to question 11.

If the answer to this question is “No” AND YOU CHECKED ONE OR MORE PROCESSES OR SERVICES IN QUESTION NUMBER 9 ABOVE, then continue to question 11.

If the answer to this question is “No” AND YOU DID NOT CHECK ANY PROCESSES OR SERVICES IN QUESTION NUMBER 9 ABOVE, then you may skip to the certification section on the last page of this questionnaire/application.

**You must also sign the certification statement on the last page of this questionnaire/application.**

### **FACILITY OPERATIONAL CHARACTERISTICS**

11. Shift Information: Number of shifts per 24-hour day: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Workdays: Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Number of employees per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Total \_\_\_\_\_

Shift start times: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Shift end times: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

12. Is operation subject to seasonal variation: Yes \_\_\_ No \_\_\_

If yes, indicate: Months of peak operation: \_\_\_\_\_

Maximum wastewater flow (gallons per day): \_\_\_\_\_

13. Does operation shut down for vacation, maintenance, or other reasons? Yes \_\_\_ No \_\_\_

If "Yes", indicate period when shut down occurs: \_\_\_\_\_

During a shut down event, is wastewater being discharged to the sewer from a maintenance event? Yes \_\_\_ No \_\_\_

If "Yes", describe maintenance event and the amount of wastewater discharge in gallons per day and/or total amount in a batch discharge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are any materials recovery/reuse or water reclamation systems in use or planned? Yes \_\_\_ No \_\_\_

If "Yes", describe the recovery or recycling process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Has a written Spill Control Plan been prepared for the facility to address chemical and/or wastewater spills?

Yes \_\_\_ No \_\_\_

### WATER USAGE

16. Water Sources: (Check as many as applicable)

Private well \_\_\_\_\_

Surface water \_\_\_\_\_

Water Utility \_\_\_\_\_ (Specify): City of Hagerstown \_\_\_\_\_

Washington County \_\_\_\_\_

Other \_\_\_\_\_

Average water usage per year (gallons)? \_\_\_\_\_

17. List average water usage for facility (indicate whether they are metered or estimated quantities):

TYPE

AVERAGE WATER USAGE (gallons per day)

Cooling water

Boiler feed

Softener feed

Sanitary

TYPE (cont.)

AVERAGE WATER USAGE (gallons per day)

Process

Equipment/facility washdown

Lawn watering

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_ gallons per day

18. Describe any water treatment or conditioning processes utilized (i.e. water softening, reverse osmosis):

\_\_\_\_\_

\_\_\_\_\_

**WASTEWATER INFORMATION**

19. Indicate the quantities of wastewater discharged to the sanitary sewer from the processes listed below (indicate whether they are metered or estimated quantities and whether they are batch or continuous discharges):

TYPE

AVERAGE WASTEWATER DISCHARGE (gallons per day)

Facility Process

A.

B.

C.

Sanitary Wastes (restrooms,  
employee showers, cafeteria, etc.)

Boiler Blowdown

Softener Backwash

Air Compressor Condensate

Contact Cooling Water

Non-Contact Cooling Water

Equipment/Facility Washdown

Air Pollution Control Liquid Waste

Other (Specify):

TOTAL WASTEWATER DISCHARGE \_\_\_\_\_ gallons per day

20. List alternate wastewater disposal and other water losses at this facility: (indicate whether they are metered or estimated quantities and whether they are batch or continuous discharges):

Gallons Per Day

Septic Tank

Waste Haulers

Watercourse/Land/Storm  
Drain Discharge

Evaporation

Consumed or Contained  
In Product

Other (Specify):

TOTAL \_\_\_\_\_ gallons per day

21. Is this facility subject to U.S. EPA General and/or Categorical Pretreatment Standards?

Yes \_\_\_\_ No \_\_\_\_ Don't Know \_\_\_\_

If "Yes", indicate which standards apply.

If "Yes", does the sewer discharge currently comply with these standards?

22. Is any form of wastewater pretreatment practiced at this facility? Yes No  
(Includes pH adjustment, air flotation, filtration, precipitation, sedimentation, flow equalization, oil or grease separation, grease or silt traps, grit removal, ion exchange, reverse osmosis, solvent separation, chlorination, biological treatment, etc.) If "Yes" please describe each process:

23. Does this facility employ wastewater treatment operators? Yes No  
If "Yes" are the wastewater treatment operators certified with the State of Maryland in accordance with COMAR, Title 26, Subtitle 06, Waterworks and Waste Systems Operators, Chapter 01, General Regulations? Yes No

24. Is process wastewater segregated from or combined with sanitary wastewater when discharged to the sewer system?  
Segregated Combined  
If combined, with which wastewater(s)?

25. Is the process wastewater discharge to the sewer system continuously metered? Yes No  
If "Yes", please describe metering equipment:

26. Does this facility measure and record wastewater discharge volume? Yes No  
27. Is there a sampling manhole on the process wastewater discharge line or any other wastewater discharge line into the sewer system? Yes No

If "Yes", please describe its location:

**OTHER WASTES**

28. Does this facility produce a waste classified as Hazardous Waste under 40 CFR Part 261?

Yes No

If "Yes", please provide the following information on theses wastes:

<u>Name of Waste</u>	<u>EPA Hazardous Waste No.</u>	<u>Quantity Produced per Year (Indicate Units)</u>
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29. Are any liquid wastes or sludges from this facility disposed of other than discharge to the sewer system?  
Yes \_\_\_\_ No \_\_\_\_

If "Yes" on Question 29, these wastes are best described and quantified as (check all that apply):

Estimated Quantity per year  
(Indicate Units)

- Solvent/thinners
- Petroleum oil and/or grease
- Food grade fats, oils and grease
- Pre-treatment sludge
- Inks/dyes
- Heavy metals
- Paints
- Acids and Alkalies
- Plating wastes
- Pesticides
- Organic compounds
- Other waste (specify)

Are any of the above itemized wastes placed in with the trash service for landfill disposal?

Yes    No

If "Yes", please describe:

List the final disposal location of any of the checked wastes from the above itemized list. Please state the name and address of disposal site.

Permit No. (if applicable)

Permit No. (if applicable)

Permit No. (if applicable)

30. Please describe the method this facility stores any liquid wastes or sludges on site. List storage locations, sizes and types of containers and methods for containing leaks and spills.

31. Please furnish the following:

- A facility drawing showing all sewers and sewer connections. Please show all floor drains that are connected to the sewer system.
- A facility drawing showing all process tanks, chemical storage areas and liquid waste and sludge storage areas.
- A recent laboratory analysis of process wastewater as discharged to the sewer system.
- Copies of Material Safety Data sheets for chemicals that are discharged to the sewer system or have the POTENTIAL to be discharged to the sewer system if an accidental spill were to occur at this facility.

**CERTIFICATION**

Signature of authorized Representative named in question number five (5) on first page.

*I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I understand that there may be penalties, including the possibility of criminal prosecution, for providing false information.*

Date

Signature of Official

Name (Please print)

**Please forward completed questionnaire/application to:**

Monte H. Triggs, Industrial Pretreatment Manager  
Washington County Division of Environmental Management  
16232 Elliott Parkway  
Williamsport, Maryland 21795

Phone: 240-313-2612

Email: mtriggs@washco-md.net