WASTEWATER DISCHARGE PERMIT INFORMATION
DEPARTMENT OF PERMITS & DEVELOPMENT MANAGEMENT

FOR COUNTY USE ONLY
CATEGORY: _____
FACILITY NO.:_____
NAICS:_____
REVIEWER_____ DATE_____
INSPECTION:_____

PLEASE PRINT OR TYPE

GENERAL INFORMATION

Business Name_____Telephone No. _____
Business Address _____
_____ Zip Code _____
Mailing Address (if different from Business Address_____
_____ Zip Code_____
Contact person concerning information provided herein:
Name & Title_____ Telephone No._____
Fax No. _____

WATER USAGE

1. **PROVIDE ONE OR MORE OF THE FOLLOWING (If Available):**
   Copy of Most Recent Water Bill _____Property Tax Account No. _____
   Water Service Account No. _____
   Property Owner's (Mgr.) Name and Phone No._____
2. **CHECK ALL THAT APPLY**
   Private Well _____Private Septic System _____Public Water_____Public Sewer_____
   Does this water meter service your business only? Yes_____ No_____

PRODUCT OR SERVICE INFORMATION

Give a brief description of all operations at this facility.
_____
Total Number of Employees _____
X-ray? Yes _____ No _____
Floor drains? Yes _____ No _____
Copies of Material Safety Data Sheets must be available upon request.

PROCESS & WASTE INFORMATION

Is your facility equipped with a grease trap or gas/oil interceptor?Yes _____ No _____
If "YES", please specify hauler, frequency pumped and destination of intercepted waste
_____
Waste Hauler Name: _____
Address_____

Does your facility use industrial solvents (other than sanitary cleaners?) Yes _____No_____
If "YES", please specify type, usage rate (gals/month), storage location (proximity to drains), and destination of spent solvent.
_____

_____ _____
PRINT NAME & TITLE OF SIGNING OFFICIAL **SIGNATURE** **DATE**

For Questions about this Application call the Engineering & Regulation Division at 410-887-5477.
Completed applications can be mailed to
Engineering and Regulation Div
4419 Bucks School House Road
Baltimore, Maryland 21237-3310
OR
May be faxed to 410-887-5412.

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