CHARLES COUNTY GOVERNMENT

Department of Utilities
MARTIN L. HARRIS, DIRECTOR



AUTOMOTIVE ESTABLISHMENT REPORTING FORM

(Please type or print legibly in blue or black ink)

1.	Wastewater Discharge Permit Number:		
2.	Business Name:		Phone:
3.	Mailing Address: _		
<u> </u>	Business address:		
5.	Date of last oil/wate	r separator cleaning/pump-out:	
6.	. Company performing cleaning/pump-out service:		
7.	. Disposal method of other wastes and solvents:		
su the dir be	pervision in accordance e information submitted rectly responsible for go lief, true, accurate, an	e with a system designed to assure that qua . Based on my inquiry of the person or per athering the information, the information	ments were prepared under my direction or lified personnel properly gather and evaluate sons who manage the system, or those persons submitted is, to the best of my knowledge and re significant penalties for submitting false knowing violations."
	Date	Signature of Authorized Representative	e Title

Please complete this form and mail it along with a copy of your last invoice for cleaning/pump-out to:

Charles County Department of Public Works - Utilities
5310 Hawthorne Road
La Plata, MD 20646
ATTN: Pretreatment Specialist
If you have questions about this form, please call 301-609-5632.

Fax: (301) 609-7413