



**Facility Information**  
(Tell Us About Your Business)

Please Correct As Necessary

1. WDP Permit #:
2. Business Name:
3. Address 1:
4. Address 2:
5. City: \_\_\_\_\_ State: **MD** Zip: \_\_\_\_\_
6. Name of Local Business Contact: \_\_\_\_\_
7. Local Contact Phone Number: \_\_\_\_\_
8. Property ID Number: (if known) \_\_\_\_\_
9. SIC / NAICS Code: \_\_\_\_\_
10. In Business Since: \_\_\_\_\_

**Billing Information**  
(Tell Us Where To Send the Bills)

11. Billing Contact First Name: \_\_\_\_\_
12. Last Name: \_\_\_\_\_
13. Title: \_\_\_\_\_
14. Company Name: \_\_\_\_\_
15. Phone: \_\_\_\_\_
16. Fax: \_\_\_\_\_
17. Email: \_\_\_\_\_
18. Is the Billing Address the Same As the Facility Address?  Yes  No

**If no, please answer items 19 through 21.**

19. Company Address 1: \_\_\_\_\_
20. Company Address 2: \_\_\_\_\_
21. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 4.6 of the Charles County Water and Sewer Ordinance regulates the discharge of wastewater to the County's sanitary sewer system. All users that have the potential to discharge into the County's sanitary sewer system are required to complete this form.**

WDP Permit Number \_\_\_\_\_ Building Permit No: **N/A** Date Received: \_\_\_\_\_

Please answer all questions. Indicate "N/A" if the question does not apply to your business. Use additional sheets of paper if necessary. Incomplete or unreadable applications or those without an original signature will be returned and will considerably delay the processing of your permit. If you have questions concerning this application, please call (301) 609-5632 Monday thru Friday 8:00 a.m. to 2:30 p.m. Please allow a minimum of 30 days for processing.

Please return completed application form to: Charles County Government, 5310 Hawthorne Rd, La Plata, MD 20646 ATTN: Pretreatment Specialist

1. Is this Property connected to the Charles County Sewer System?  Yes  No If no, **STOP**. This form is complete

**2. WATER USAGE/DISCHARGE INFORMATION**

Est. daily water usage:  0 - 24,999 GPD  25,000 GPD or greater

Nature of discharge: \_\_\_\_\_

**Indicate if you have (or will have) one or more of the following:**

- Floor drains \_\_\_\_\_  Yes  No
- Sewer discharge other than sanitary waste \_\_\_\_\_  Yes  No
- Oil/flammable liquids \_\_\_\_\_  Yes  No
- Silver recovery units \_\_\_\_\_  Yes  No
- Neutralization system(s) \_\_\_\_\_  Yes  No
- Grit/solids \_\_\_\_\_  Yes  No
- Metal milling/plating/finishing \_\_\_\_\_  Yes  No
- Chemical etching/washing \_\_\_\_\_  Yes  No
- Dishwasher \_\_\_\_\_  Yes  No
- Food grinder/garbage disposal \_\_\_\_\_  Yes  No
- Deep fryer \_\_\_\_\_  Yes  No
- Grill/griddle/stove \_\_\_\_\_  Yes  No
- Animal/vegetable grease \_\_\_\_\_  Yes  No
- Septage \_\_\_\_\_  Yes  No
- Bulk chemical storage \_\_\_\_\_  Yes  No

**(Also requires a Spill Prevention Plan)**

Is any part of this business regulated under any provision of 40 CFR parts 401 thru 471?  Yes, part \_\_\_\_\_  No

SIC or NAICS Code: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**3. TYPE OF BUSINESS:**

- Food Handling/Preparation  Automotive
- Photo processing/Medical Office/Dental Office
- Other

Briefly Describe Business Function:

\_\_\_\_\_

What raw materials (or foods) are used?

\_\_\_\_\_

What finished products (or foods) are produced?

\_\_\_\_\_

Business Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

In Business Since: \_\_\_\_\_

**FOOD HANDLERS**

Est. number of meals served peak hour: \_\_\_\_\_

Est. number of meals served daily: \_\_\_\_\_

Maximum seating capacity: \_\_\_\_\_

Is there an existing grease interceptor?  Yes  No

If yes, provide size (gallons): \_\_\_\_\_

**A minimum 2,000 gallon grease interceptor is required.**

Interceptor Location: \_\_\_\_\_

Name of previous business at this location (if known):

*Projects requiring a grease interceptor (G/I) must submit with this application, prior to processing, a plumbing plan (preferably 11" x 17") showing the location of the grease interceptor, the connection of all fixtures with the potential to discharge fats, oils or grease (FOG) and any sanitary waste lines. All building drains except for the bathrooms, should be routed to the G/I including slop sinks, mop sinks, floor drains and can washers. All drain lines must be clearly marked or highlighted. Refer to the current County specifications and detail for grease interceptors.*

**Incomplete application packets will delay approval.**

**"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 fine and imprisonment for knowing violations."**

\_\_\_\_\_ Date

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

\_\_\_\_\_ Title

\_\_\_\_\_ Printed Name of Authorized Representative

\_\_\_\_\_ Print Title

Signatory is:  Owner-occupant  Owner  Corporate official  Corporate staff  Agent  Other: