



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: