



City of Annapolis
Department of Public Works
 145 Gorman Street Fl 2
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

Waste@annapolis.gov • 410-263-7949 • Fax 410-263-3322 • TDD use MD Relay or 711 • www.annapolis.gov

Wastewater Discharge Pretreatment Application
Non-Residential: Automotive Establishment

Annapolis City Code [Chapter 16.16 Article II](#) regulates the discharge of wastewater to the City's Sanitary Sewer System. All users that discharge into the City's Sanitary Sewer System are required to complete the appropriate forms. If you are deemed to be a non-residential user, the information requested in this application will be used to determine the wastewater discharge permit requirements.

Directions

Complete the entire application. All required attachments shall be submitted with the application in order for the application to be considered complete. Incomplete or unsigned forms will be returned.

Mail the completed application to the office address above. Should you require assistance in completing this form, please call 410-263-7949.

I. General Information

Request for:

New wastewater discharge permit

Proposed discharge

Renewal wastewater discharge permit

Location being renovated or new equipment added

Existing Discharge

New owner (permits are not transferable)

Company name _____

Facility address _____

Trading/Restaurant name _____

Mailing address _____

Facility Representative/On-site Manager

Name _____ Phone _____

Title _____ Fax _____

E-mail _____

Owner/Legal Representative

Enter below the name and title of the owner or authorized agent designated as the representative and signatory authority who can be served with notices and is responsible for the signing of all correspondence and reports. All correspondence, including certified mail, will be sent to this representative at the mailing address listed.

Name _____ Phone _____

Title _____ Fax _____

E-mail _____

II. Operation Information

Hours of Operation

	Start	Stop	24 Hours	Closed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Scheduled Shutdown Periods: _____

III. User Facility Information

1. Typical Process: Check all that apply, include copies of disposal contracts.

	List Wastes Generated	Method of Disposal	Contracted Vendor
General Auto Repair			
Oil Change & Lubrication			
Auto Body Repair & Paint			
Engine Repair			
Brake Repair			
Transmission Repair			
Radiator Repair			
Other:			

2. Use and Storage of New Products:

	How Stored (describe containment)	Location & Proximity to Floor Drain
Oil		
Antifreeze		
Fluids (Steering, Brake, etc)		
Solvents		
Other:		

3. Does this facility have an oil/sand interceptor? Yes No

If yes, state size _____ and location _____.

List the name and phone number of the City-licensed waste hauling company who pumps out the sand/oil separator.

Name _____ Phone _____

How often is your oil/sand interceptor serviced and cleaned? _____

(The minimum is every six months. All interceptors shall be maintained at a level to meet the 100mg/L discharge limit.)

Attach a copy of the oil/sand interceptor servicing contract to this application.

4. How many floor drains are in the bay area? _____

5. Does this facility contain food preparation? Yes No

If yes, complete the Wastewater Discharge Pretreatment Application for Food Handling Establishments

6. Estimated water usage per year (from water bill): _____

7. Where is your solid waste/refuse and/or recycling stored? (e.g. "dumpster in enclosure in the back parking lot" or "96 gallon rolling container stored in the trash room"):

8. What company collects your solid waste/refuse?

Name _____ Phone _____

9. Volume of solid waste/refuse collected per week:

Volume of container(s) _____ X # times collected/week _____ = Total Volume: _____

10. What company collects your recyclables?

Name _____ Phone _____

11. Volume of recyclables collected per week:

Volume of container(s) _____ X # times collected/week _____ = Total Volume: _____

12. Describe the location of the 4" sewer cleanout which represents the discharge from your facility.

IV. Storage Information

1. Storage of Car Parts:

- a. List the types of car parts and tires stored at your facility prior to collection and the location of storage.

14. Are there any under or above ground storage tanks on this site? Yes No

- a. If yes, indicate size: _____

- b. List materials stored in tanks: _____

2. List all chemicals and cleaning agents used of stored at the facility.

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachment, and that based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe that the submitted information is true, accurate, and complete.

Print Name _____ Title _____

Signature of Owner of Authorized Owner's Representative Date _____

Attachment reminder

Be sure to submit the following attachments to complete your application:

- Application Fee & Annual Fee for renewal permits. An invoice will be mailed upon application review for new facilities or facilities with new owners.
- A copy of the current oil/sand separator servicing contract.
- Material Safety Data Sheet (MSDS) for all enzymes, bacteria or chemicals used to clean traps, floor drains or sewer lines. (MSDS are available from the manufacturer or sales representative).

Please note that your completed application and all attachments will become a part of your permit. Make sure to keep copies.