



City of Annapolis

Department of Neighborhood & Environmental Programs
160 Duke of Gloucester St
Annapolis, Maryland 21401

Wastewater Discharge Pretreatment Application Non-Residential: Automotive Establishments

NOTE: 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 survey form in as much detail as possible. If you are new to the Pretreatment Program an Information Booklet will be included. Mail this Application in to the City of Annapolis, Department of Neighborhood & Environmental Programs, Pretreatment Program, 160 Duke of Gloucester St., Annapolis, Maryland 21401.

SECTION A - GENERAL INFORMATION

1. Company Name: _____
2. Division Name: (If applicable) _____
3. Mailing Address: _____

4. Facility Address: _____

5. Facility Representative:
 - a. Name _____
 - b. Title _____
 - c. Telephone Number _____
6. Name/ Title of Signing Official: _____

7. Check One: _____ Existing Wastewater Discharge _____ Proposed Wastewater Discharge
Give anticipated date _____

SECTION B - USER FACILITY INFORMATION

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

	List Wastes Generated	Method of Disposal/ Vendor
<input type="checkbox"/> General Auto Repair		
<input type="checkbox"/> Engine Repair		
<input type="checkbox"/> Brake Repair		
<input type="checkbox"/> Transmission Repair		
<input type="checkbox"/> Radiator Repair		
<input type="checkbox"/> Oil Change & Lubrication		
<input type="checkbox"/> Auto Body Repair & Paint		
<input type="checkbox"/> Other:		

If more space is need back table provided at end.

2. Use and Storage of New Products:

	Container Stored	Location/ Proximity to Floor Drain
<input type="checkbox"/> Oil		
<input type="checkbox"/> Antifreeze		
<input type="checkbox"/> Fluids		
<input type="checkbox"/> Solvents		
<input type="checkbox"/> Other:		

If more space is need back table provided at end.

3. Does this facility have an oil/ sand interceptor? ___Yes ___No
Indicate Size and Location

Service Company and Frequency

(Provide Copy of Contract)

4. How many floor drains in Bay Area?

5. Does this facility contain Food Preparation? ___ Yes ___ No
If yes complete Food Handling Application.

6. Identify a 4"Sewer Cleanout which represents the discharge from your facility:

SECTION C - OPERATION INFORMATION

1. Hours of Operation: _____

2. Scheduled Shutdown Periods: _____

SECTION D - STORAGE TANK INFORMATION

1. Are there any under or above ground storage tanks on this site? _____yes _____no
 2. Indicate size and material stored in tanks indicated above.
-

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.

Signature of Owner or Authorized Owner's
Representative

Date

Print Name

Date

Title

