



## City of Annapolis

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

### Wastewater Discharge Pretreatment Application Non-Residential: Laundry 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 - PROCESS INFORMATION

1. Is Dry Cleaning done at this facility?    \_\_\_ Yes        \_\_\_ No

2. Dry Cleaning Process: complete, attach copies of any contracts

Solvents Used	Self Contained or Waste Generated	Sludge Generated	Disposal Company

3. List Type of Dry Cleaning Machine(s): \_\_\_\_\_

4. Who services the Dry Cleaning Equipment: \_\_\_\_\_

5. Laundry Process:

Type of Equipment	Solvents/ Chemicals Used	Wastes Generated	Indicate Disposal

6. Do washers and dryers contain lint traps?    \_\_\_ Yes        \_\_\_ No

7. Indicate types of Dry Cleaning and Laundry done at this facility?

\_\_\_ Residential Laundry    \_\_\_ Printers Rags    \_\_\_ Automotive Rags    \_\_\_ Rugs/Mats  
\_\_\_ Uniforms                    \_\_\_ Other:

8. Is the equipment at this facility: \_\_\_ coin operated    \_\_\_ Maned

9. 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