



# City of Annapolis

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

## Wastewater Discharge Pretreatment Application Non-Residential: Marina 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. Mail this Application to the City of Annapolis Pretreatment Program, Department of Neighborhood & Environmental Programs, 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 - FACILITY INFORMATION

1. Facility Use Breakdown: provide copies of any contracts

Use	Description	Waste Generated/ Disposal
<input type="checkbox"/> Food Handling (More Questions #3)		
<input type="checkbox"/> Laundry		
<input type="checkbox"/> Boat Repair/ Refurbishing (More Questions #4)		
<input type="checkbox"/> Fish Cleaning Station		
<input type="checkbox"/> Marine Pumpout (More Questions #5)		
<input type="checkbox"/> Pool		
<input type="checkbox"/> Boat Slips	Number of:	
<input type="checkbox"/> Public Bathrooms/ Showers	Number of:	

3. Specifics on Food Handling:

A. Customer Seating Capacity: \_\_\_\_\_

B. Approximate Percentage of Business: carry-out \_\_\_\_\_%  
sit-down \_\_\_\_\_%

C. Attach Copy of Menu.

D. Grease and Cooking Oil Purchased (estimated pounds/year): \_\_\_\_\_

E. Is there a Grease Interceptor? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is there a Grease Recovery Device (GRD)? \_\_\_\_\_yes \_\_\_\_\_no  
If Yes, Describe Size and Location \_\_\_\_\_  
\_\_\_\_\_

F. How often is the Grease Interceptor or GRD serviced? \_\_\_\_\_  
If a GRD is used attach a copy of a valid service agreement.

G. What company cleans and pumps out the Grease Interceptor? Attach copy of contract.

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H. What is done with spent cooking grease? Attach copy of contract.

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I. How much spent cooking grease is generated per month? \_\_\_\_\_

J. Does your facility have floor drains that discharge to the sanitary sewer? \_\_\_\_ yes \_\_\_\_ no

K. List number of sinks and intended use? \_\_\_\_\_

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L. Are all sinks discharging through the grease interceptor? \_\_\_\_\_

M. Are the sinks equipped with garbage disposals? \_\_\_\_ yes \_\_\_\_ no How many? \_\_\_\_\_  
Do the garbage disposals discharge through the grease interceptor? \_\_\_\_\_ yes \_\_\_\_ no

N. Are automatic dishwashers used at the facility? \_\_\_\_ yes \_\_\_\_ no How many? \_\_\_\_\_

O. How often are the dishwashers used? (hours/day) \_\_\_\_\_

4. If Boat Repair / Refurbishing is completed inside:

Any floor drains? \_\_\_\_\_ yes \_\_\_\_ no Number: \_\_\_\_\_

Sand/ Oil Interceptor? \_\_\_\_\_ yes \_\_\_\_ no Size: \_\_\_\_\_

Company Maintaining?

Frequency?

Provide Copy of Contract

5. Marine Pumpout Type: \_\_\_\_\_ Portable \_\_\_\_ Maned

Manufacturer:

Installation Date:

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

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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