Discharge Authorization Permit Application

I. General Information

Registered Maryland business or agency name: _____

Site address: _____

Mailing address: _____

Length of time at address or projected occupancy date: _____

Plumbing plans submitted? ☐ Yes ☐ No

If "Yes," indicate the agency and project number
(e.g., WSSC PFG-030603-2022 or Rockville ###): _____

Business or agency contact name: _____

Title: _____

E-mail: _____ Phone number: _____

Is business or agency part of a Corporation? ☐ Yes ☐ No

If "Yes," indicate registered name of corporation and state of Incorporation: _____

Registered Agent: _____

Title: _____

E-mail: _____ Phone number: _____

Does this business or agency exist currently at another location within the Washington Suburban Sanitary District

☐ Yes ☐ No

If "Yes", provide address: _____

Is this permit application for a permanent or temporary discharge (temporary has a planned end date)? ☐ Permanent ☐ Temporary

If "Temporary," indicate the expected duration of the discharge in months: _____

☐ Existing Discharge

☐ Proposed Discharge (if proposed, indicate anticipated date of discharge)

Anticipated date: _____

Indicate all major activities, facilities, and processes applicable to this location:

☐ Government
☐ Food/Beverage Processing
☐ Laboratory
☐ Landfill
☐ Laundry (Industrial/Commercial)
☐ Machine Shop
☐ Manufacturing
☐ Office space
☐ Retail/Wholesale
☐ School/Educational
☐ Vehicle/Equipment Cleaning
☐ Other (specify): _____

Applicable Categorical Standards:

☐ Aluminum Forming *(40 CFR 467)*
☐ Battery Manufacturing *(40 CFR 461)*
☐ Carbon Black Manufacturing *(40 CFR 458)*
☐ Centralized Waste Treatment *(40 CFR 437)*
☐ Coil Coating *(40 CFR 465)*
☐ Concentrated Animal Feeding Operations (CAFOs) *(40 CFR 412)*
☐ Copper Forming *(40 CFR 468)*
☐ Electrical and Electronic Components *(40 CFR 469)*
☐ Electroplating *(40 CFR 413)*
☐ Fertilizer Manufacturing *(40 CFR 418)*
☐ Glass Manufacturing *(40 CFR 426)*
☐ Grain Mills *(40 CFR 406)*
☐ Ink Formulating *(40 CFR 447)*
☐ Inorganic Chemicals Manufacturing *(40 CFR 415)*
☐ Iron and Steel Manufacturing *(40 CFR 420)*
☐ Leather Tanning and Finishing *(40 CFR 425)*
☐ Metal Finishing *(40 CFR 433)*
☐ Metal Molding and Casting *(40 CFR 464)*
☐ Nonferrous Metals Forming and Metal Powders *(40 CFR 471)*
☐ Oil and Gas Extraction *(40 CFR 435)*
☐ Organic Chemicals, Plastics, and Synthetic Fibers *(40 CFR 414)*
☐ Paint Formulating *(40 CFR 446)*
☐ Paving and Roofing Materials *(40 CFR 443)*
☐ Pesticide Chemicals *(40 CFR 455)*
☐ Petroleum Refining *(40 CFR 419)*
☐ Pharmaceutical Manufacturing *(40 CFR 439)*
☐ Porcelain Enameling *(40 CFR 466)*
☐ Pulp, Paper, and Paperboard *(40 CFR 430)*
☐ Rubber Manufacturing *(40 CFR 428)*
☐ Soap and Detergent Manufacturing *(40 CFR 417)*
☐ Steam Electric Power Generating *(40 CFR 423)*
☐ Timber Products Processing *(40 CFR 429)*
☐ Transportation Equipment Cleaning *(40 CFR 442)*
☐ Waste Combustors *(40 CFR 444)*

List all environmental permits held by your business or agency (RCRA, NPDES, etc.):

Issuing Agency	Type of Permit	Permit No.	Expiration Date

II. Operations Information

Number of workdays per week: _____

Personnel Schedule
Enter number of employees and the times the shift starts and ends (note a.m. or p.m.):

	Office		First Shift		Second Shift		Third Shift	
	# of Employees	Shift Times	# of Employees	Shift Times	# of Employees	Shift Times	# of Employees	Shift Times
Weekdays								
Saturdays								
Sundays								

Is the operation subject to seasonal variations: ☐ Yes ☐ No

If "Yes," indicate:

Seasonal maximum wastewater flow: _____ gallons/day during months of: _____

Seasonal minimum wastewater flow: _____ gallons/day during months of: _____

Are facility operations shutdown for vacation, maintenance or other reason? ☐ Yes ☐ No

If "Yes," indicate reason Shutdown period (months): _____

List applicable North American Industry Classification System codes (NAICS) for all processes, products, or services in order of significance.
(For information on NAICS codes, visit the website https://www.census.gov/naics/)

Primary NAICS Code: _____ Secondary NAICS Code: _____

Others: _____

Provide a detailed description of all industrial processes, operations, final product(s) and/or service(s) (attach additional sheets as necessary):

_____

_____

_____

_____

_____

Process Discharges are:

☐ Batch ☐ Continuous ☐ Both _____ % Batch _____ % Continuous

Average number of batch discharges per 24-hour day: _____

Length and duration of continuous discharge per 24-hour day: _____

Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?
(Evaluate production processes as well as air or water pollution control processes.) ☐ Yes ☐ No

If answer is "Yes," briefly describe these changes and their likely effects on the wastewater volume and characteristics (attach additional sheets as necessary).

III. Principal Raw Materials Used

Indicate usage in pounds or gallons per month (attach additional sheets as necessary):

Material Name	Used in	Quantity Used	Disposal Method or Product

IV. Chemicals Stored and Used

Include acids, bases, solvents, metals, organic and inorganic compounds
(include attachments as necessary)

Chemical Name	Quantity Used (lbs / GPD)	Quantity Stored (lbs / GPD)

Pollutants of Concern - Check all priority pollutants or other pollutants of concern that may be present in your wastestream:

- ☐ Acenaphthene
- ☐ Acrolein
- ☐ Acrylonitrile
- ☐ Benzene
- ☐ Benzidine
- ☐ Carbon tetrachloride
- ☐ 1,2,4-trichlorobenzene
- ☐ Hexachlorobenzene
- ☐ 1,2-dichloroethane
- ☐ 1,1,1-trichloroethane
- ☐ 1,1-dichloroethane
- ☐ 1,1,2-trichloroethane
- ☐ 1,1,2,2-tetrachloroethane
- ☐ Chloroethane
- ☐ Bis (2-chloroethyl) ether
- ☐ 2-chloroethyl vinyl ether
- ☐ 2-chloronaphthalene
- ☐ 2,4,6-trichlorophenol
- ☐ Parachlorometa cresol
- ☐ Chloroform
- ☐ 2-chlorophenol
- ☐ 1,2-dichlorobenzene
- ☐ 1,3-dichlorobenzene
- ☐ 1,4-dichlorobenzene
- ☐ 3,3-dichlorobenzidine
- ☐ 1,1-dichloroethylene
- ☐ 1,2-trans-dichloroethylene
- ☐ 2,4-dichlorophenol
- ☐ 1,2-dichloropropane
- ☐ 1,3-dichloropropylene
- ☐ 2,4-dimethylphenol
- ☐ 2,4-dinitrotoluene
- ☐ 2,6-dinitrotoluene
- ☐ 1,2-diphenylhydrazine
- ☐ Ethylbenzene
- ☐ Fluoranthene
- ☐ Fluorene
- ☐ 4-bromophenyl phenyl ether
- ☐ Bis(2-chloroisopropyl) ether
- ☐ Bis(2-chloroethoxy) methane
- ☐ Methylene chloride (dichloromethane)
- ☐ Methyl chloride (chloromethane)
- ☐ Methyl bromide
- ☐ Bromoform
- ☐ Dichlorobromomethane
- ☐ Chlorodibromomethane
- ☐ Hexachlorobutadiene
- ☐ Hexachlorocyclopentadiene
- ☐ Isophorone
- ☐ Naphthalene
- ☐ Nitrobenzene
- ☐ 2-nitrophenol
- ☐ 4-nitrophenol
- ☐ 2,4-dinitrophenol
- ☐ 4,6-dinitro-o-cresol
- ☐ N-nitrosodimethylamine
- ☐ N-nitrosodiphenylamine
- ☐ N-nitrosodi-n-propylamine
- ☐ Pentachlorophenol
- ☐ Phenol
- ☐ Bis(2-ethylhexyl) phthalate
- ☐ Butyl benzyl phthalate
- ☐ Di-N-Butyl Phthalate
- ☐ Di-n-octyl phthalate
- ☐ Diethyl Phthalate
- ☐ Dimethyl phthalate
- ☐ Benzo(a) anthracene
- ☐ Benzo(a) pyrene
- ☐ Benzo(b) fluoranthene
- ☐ Benzo(k) fluoranthene
- ☐ Chrysene
- ☐ Acenaphthylene
- ☐ Anthracene
- ☐ Benzo(ghi) perylene

Pollutants of Concern - Check all priority pollutants or other pollutants of concern that may be present in your wastestream:

- ☒ Phenanthrene
- ☐ Dibenzo(,h) anthracene
- ☐ Indeno (1,2,3-cd) pyrene
- ☐ Pyrene
- ☐ Tetrachloroethylene
- ☐ Toluene
- ☐ Trichloroethylene
- ☐ Vinyl chloride
- ☐ Aldrin
- ☐ Dieldrin
- ☐ Chlordane
- ☐ 4,4-DDT
- ☐ 4,4-DDE
- ☐ 4,4-DDD
- ☐ Alpha-endosulfan
- ☐ Beta-endosulfan
- ☐ Endosulfan sulfate
- ☐ Endrin
- ☐ Endrin aldehyde
- ☐ Heptachlor
- ☐ Heptachlor epoxide
- ☐ Alpha-BHC
- ☐ Beta-BHC
- ☐ Gamma-BHC
- ☐ Delta-BHC
- ☐ PCB-1242 (Arochlor 1242)
- ☐ PCB-1254 (Arochlor 1254)
- ☐ PCB-1221 (Arochlor 1221)
- ☐ PCB-1232 (Arochlor 1232)
- ☐ PCB-1248 (Arochlor 1248)
- ☐ PCB-1260 (Arochlor 1260)
- ☐ PCB-1016 (Arochlor 1016)
- ☐ Toxaphene
- ☐ Antimony
- ☐ Arsenic
- ☐ Asbestos
- ☐ Beryllium
- ☐ Cadmium
- ☐ Chromium
- ☐ Copper
- ☐ Cyanide, Total
- ☐ Lead
- ☐ Mercury
- ☐ Molybdenum*
- ☐ Nickel
- ☐ Selenium
- ☐ Silver
- ☐ Thallium
- ☐ Zinc
- ☐ PFAS (Per- and Polyfluoroalkyl Substances)*

*Not a priority pollutant, however this pollutant is a pollutant of concern

V. Water Usage and Discharge Information

Indicate service that applies to the business or agency for which you are applying:

Water	Sewer
☐ WSSC	☐ WSSC
☐ City of Rockville	☐ City of Rockville
☐ Surface Water	☐ Septic Tank
☐ Private Well	☐ Holding Tank
☐ Other: _____	☐ Other: _____

Note applicable account number(s):

WSSC water/sewer account number: _____

City of Rockville water account number: _____

If you do not have a sanitary sewer connection, have you applied for one?

☐ Yes ☐ No

If water and/or sewer service is provided through a landlord indicate:

Landlord Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Summarize applicable sources of water usage and wastewater generation

WATER IN *(gallons per day)*					**WATER OUT** *(gallons per day)*			
Average Water Usage	**GPD**	**Estimated**	**Measured**		**Average Water Discharged or Consumed**	**GPD**	**Estimated**	**Measured**
Domestic (Sanitary)		☐	☐		Sanitary Sewer		☐	☐
Process Flow		☐	☐		Waste Hauler		☐	☐
Washdown (equipment/facility)		☐	☐		Evaporation		☐	☐
Contact cooling water		☐	☐		Consumed in product/process		☐	☐
Non-contact cooling water		☐	☐		Storm Drain		☐	☐
Boiler blowdown		☐	☐		Groundwater		☐	☐
Air pollution control device		☐	☐		Landfill		☐	☐
Other (describe) _____		☐	☐		Septic Tank		☐	☐
Other (describe) _____		☐	☐		Surface Water		☐	☐
Other (describe) _____		☐	☐		Other (describe) _____		☐	☐
Total (all of above)		☐	☐		**Total (all of above)**		☐	☐

Note: the ***WATER IN*** Total should equal the ***WATER OUT*** Total.

List all water-related processes. Indicate the discharge rate, chemical content, and method of disposal. Note next to processes that discharge to the sanitary sewer either "C" for a continuous discharge or "B" for a batch discharge.

Process	Chemical Content	Discharge Rate (GPM, GPD, MGD)	Method of Disposal

VI. Wastewater Treatment

Is any form of pretreatment currently practiced at the facility? ☐ Yes ☐ No

For all wastewater that is treated before discharge, check the appropriate boxes to indicate the type(s) of pretreatment used at your facility. Indicate the design treatment capacity for each type checked.

Type	*Capacity (GPM)*	*Type*	*Capacity (GPM)*
Grease or Oil Separation:		***Solids Separation:***	
☐ Grease abatement device	_____	☐ Centrifugation/Cyclone	_____
☐ Oil/water separator	_____	☐ Clarifier/sedimentation tank	_____
☐ Dissolved air flotation	_____	☐ Filtration (size/type):	_____
☐ Filtration (size/type): _____	_____	☐ Screening	_____
☐ Other (specify): _____	_____	☐ Other (specify): _____	_____
Metals Treatment:		***Other:***	
☐ Chemical precipitation	_____	☐ Air stripper/scrubber	_____
☐ Ion exchange	_____	☐ Biological treatment	_____
☐ Filtration (size/type): _____	_____	☐ Chlorination/Ozonation	_____
☐ Silver Recovery Unit	_____	☐ Evaporation	_____
☐ Cyanide Destruction	_____	☐ Flow equalization	_____
☐ Electrolytic recovery	_____	☐ Neutralization, pH adjustment	_____
☐ Other (specify): _____	_____	☐ Reverse Osmosis	_____
		☐ Wastestream segregation	_____
Organics Treatment:		☐ Water reclamation	_____
☐ Activated carbon	_____	☐ Other (specify): _____	_____
☐ Air stripper/scrubber	_____	☐ Other (specify): _____	_____
☐ Other (specify): _____	_____		

Provide a detailed description of pretreatment system(s) operation. Include operational set points for controllers, chemical feed rates, and alarm conditions (attach additional sheets as necessary):

Is the pretreatment operator certified to operate the system(s)? ☐ Yes ☐ No

Do you have an operations and maintenance manual for the pretreatment system(s)? ☐ Yes ☐ No

Are there any bypasses of the pretreatment system? ☐ Yes ☐ No

If "Yes," describe the reason(s) and the operational procedure for the bypass (attach additional sheets as necessary):

Is any form of pretreatment planned for the facility within the next three years? ☐ Yes ☐ No

If "Yes," indicate the form of pretreatment that is planned (attach additional sheets as necessary):

Are any material or water reclamation systems in use or planned? ☐ Yes ☐ No

If "Yes," briefly describe the recovery process, material recovered, percent recovered and the concentration of pollutants in the spent solution. Submit a flow diagram for each process (attach additional sheets as necessary):

VII. Wastewater Characteristics

After pretreatment, can wastewater streams be monitored prior to mixing with other waste streams?

☐ Yes ☐ No ☐ Not Applicable

Provide a written description of each monitoring location:

Attach the most recent calendar year's analytical data, which characterizes the facility discharge to the sewer system. Include the laboratory report(s) and chain of custody(s).

☐ Yes, the required analytical data is attached.

☐ No, the required analytical data has been previously submitted to WSSC.

☐ No wastewater analytical data has been collected.

Provide a summary of the average characteristics anticipates in the wastewater:

Parameter	Average Daily Concentration (mg/L) (except as indicated)	Parameter	Average Daily Concentration (mg/L) (except as indicated)
Inorganics		***Organics***	
Arsenic		Tetrachloroethylene	
Cadmium		Trichloroethylene	
Chromium		Total PCBs	
Copper		***Conventionals***	
Cyanide		Ammonia	
Lead		Dissolved Solids	
Mercury		Suspended Solids	
Molybdenum		Total Solids	
Nickel		BOD (5-day, 20°C)	
Selenium		Total Phosphorous	
Silver		Total Petroleum Hydrocarbons	
Zinc		Fats, Oil, Grease	
		pH (min/max)	
		Temperature °C (max)	

Include other applicable categorical specific parameters or other data as necessary

VIII. Waste Disposal

Are there any waste liquids or solids generated that are not discharged to the sanitary sewer?

☐ Yes ☐ No

If "Yes," indicate the quantity/units (lbs./mo., gal./yr., etc.).

Waste	Quantity / Units	Waste	Quantity / Units
Waste solvent	_____ / _____	Heavy metals	_____ / _____
Waste product	_____ / _____	Organic compounds	_____ / _____
Oil	_____ / _____	Paints	_____ / _____
Grease	_____ / _____	Acids/alkalis	_____ / _____
Pretreatment sludge	_____ / _____	Plating wastes	_____ / _____
Inks/dyes	_____ / _____	Pesticides	_____ / _____
Waste solvent	_____ / _____	Other: _____	_____ / _____

Does your company transport any of the above from your business or agency?

☐ Yes ☐ No

If "Yes,", describe:

_____

_____

_____

Are any of the above combined with refuse for disposal? ☐ Yes ☐ No

If "Yes," describe:

_____

_____

Are any RCRA hazardous waste(s) generated at this site? ☐ Yes ☐ No

If "Yes," describe the waste(s) and how it is handled:

_____

_____

If waste haulers are used, provide their name(s), address(es), and EPA numbers:

_____

_____

Are pollution prevention measures being employed? ☐ Yes ☐ No

If "Yes," describe (attach additional sheets as necessary):

IX. Spill Prevention and Chemical Management

Do floor drains exist in manufacturing or chemical storage areas? ☐ Yes ☐ No

If "Yes," what is their discharge destination (check all that apply)?

☐ Sanitary sewer ☐ Storm Drain ☐ Septic tank

☐ Ground ☐ Holding tank ☐ Other _____

If chemical storage containers, bins, ponds, or other containment structures exist at the company, an accidental spill would lead to (check all that apply):

☐ Sanitary sewer ☐ Storm Drain ☐ Septic tank

☐ Ground ☐ Holding tank ☐ Other _____

Attach a diagram of bermed or diked containment areas showing dimensions and layouts in relation to storage.

Do you have spill prevention or control and countermeasures or a RCRA contingency plan for your facility?

☐ Yes (If "Yes," attach a copy) ☐ No

Does your facility have a Toxic Organic Management Plan (TOMP) or Solvent Management Plan (SMP)?

☐ Yes (If "Yes," attach a copy) ☐ No

If your facility does not have any of the plans listed above in place, describe in detail your facility's spill response procedures (attach additional sheets as necessary):

Does your facility have a formal program designed to train employees in spill response? ☐ Yes ☐ No

Does your facility maintain a spill log? ☐ Yes ☐ No

X. Building and Plumbing Layout and Flow Diagrams

Plumbing Layout: Provide a scaled drawing of your site with plumbing indicated including building sewer connections, pretreatment systems, and monitoring locations identified.

Pretreatment Systems: Provide a scaled drawing for all pretreatment system(s). Show the routing of process waters from each wastewater generating process to the treatment system(s). Provide a list of treatment chemistry used. Show the flow from the treatment system to the sanitary sewer.

Process Flow Diagram: On a separate sheet, provide a process flow diagram for each process that is water-related (use list that you provided in Section V. Water Usage and Discharge Information). Show the average daily flow of water, materials and chemicals used in each process, flow to treatment systems, by-products and their disposal method, and final products.

XI. Baseline Monitoring Report (BMR) – *For Categorical Industrial Users Only*

This section is required for Industrial Users subject to categorical pretreatment requirements in accordance with 40 CFR 403.12(b).

If your facility is subject to categorial Pretreatment Standards, you must identify the Pretreatment Standards applicable to each regulated process.

In addition, you must monitor for the specified regulated pollutants. This monitoring is required to quantify the concentration of regulated pollutants for all regulated wastestream(s). Both daily maximum and average concentration (or mass, where required) shall be reported. The sample shall be representative of daily operations, a minimum of one representative sample must be taken. The Industrial User shall submit information showing the measured average daily and maximum daily flow, in gallons per day, from each of the following: regulated process streams; and other streams as necessary to allow the use of the combined wastestream formula of 40 CFR 403.6(e).

In cases where the standard requires compliance with a Best Management Practice or pollution prevention alternative, the industry shall submit documentation to determine compliance with the standard. If your industry is a new source, an estimated quantity may be reported if no historical data is available.

BMR Sampling Requirements

All samples shall be taken immediately downstream from pretreatment facilities if such exist, or immediately downstream from the regulated process if no pretreatment exists. If other wastewaters are mixed with the regulated wastewater prior to pretreatment the Industrial User should measure the flows and concentrations necessary to allow use of the combined wastestream formula of 40 CFR 403.6(e) in order to evaluate compliance with the Pretreatment Standards.

Sampling and analysis shall be performed in accordance with techniques prescribed in 40 CFR 136 and amendments thereto. Where 40 CFR 136 does not contain sampling or analytical techniques for the pollutant in question, sampling and analysis shall be performed by using validated analytical methods or any other applicable sampling and analytical procedures, including procedures required by WSSC.

A. Grab Sample

If your industry is required to sample for any of the following pollutants: pH, cyanide, total phenols, oil and grease, sulfide and volatile organic compounds, a sample must be collected over a time not to exceed 15 minutes. Using protocols (including appropriate preservation) specified in 40 CFR Part 136 and appropriate EPA guidance, multiple grab samples collected during a 24-hour period may be composited prior to the analysis. For cyanide, total phenols, and sulfides, the samples may be composited in the laboratory or in the field. Volatile organics and oil and grease samples may be composited in the laboratory.

B. Composite Sample

For all other pollutants, a minimum of one 24-hour composite sample shall be collected using flow proportional composite sampling. This requirement may be waived if the Industrial User demonstrates that flow-proportional sampling is not feasible. In such cases, samples may be composited through time-proportional composite sampling or through four (4) grab samples where the industry demonstrates that this will provide a representative sample of the effluent being discharged.

Attach a copy of the BMR Sampling data. Please include applicable lab reports and chain-of-custody forms. Lab reports must include analytical methods used.

BMR Compliance Certification

Comparison of results with applicable pretreatment standards. State whether process discharges are in compliance with, or in violation of, applicable categorical pretreatment standards (40 CFR 403.12(b)(6)).

Is your industry meeting the applicable Pretreatment Standards on a consistent basis?

☐ Yes ☐ No

If No, include information on the pretreatment equipment and/or operations and maintenance practices you propose to install, or have installed, to meet applicable Pretreatment Standards. Provide a proposed compliance schedule for completing upgrades to meet compliance with the Pretreatment Standard. The completion date in this schedule shall not be later than the compliance date established for the applicable Pretreatment Standard.

Signatory Authority

Designation of Authorized Representative[1] *(Required)*

I, _____ (Authorized Representative), _____ (Authorized Representative Title) of

_____ (Industry Name), as an individual identified in 40 CFR Part 403.12(l)(1)&(2)

of the Federal Pretreatment Regulations, shall sign all reports submitted to the Washington Suburban Sanitary Commission (WSSC) for purposes of maintaining compliance with Federal and local pretreatment requirements. In the event that I choose to delegate signatory authority to another authorized representative, I shall notify WSSC, in writing, of the change.

_____ Signature of Authorized Representative _____ Date

_____ Authorized Representative E-mail _____ Authorized Representative Phone Number

Delegation of Signatory Authority *(Optional)*

I, _____ (Authorized Representative) of _____ (Industry Name),

duly authorize _____ (Delegated Individual), _____ (Delegated Individual Title)

to sign all reports submitted to the WSSC for purposes of maintaining compliance with Federal and local pretreatment requirements. In the event that the name of the aforementioned designated individual changes, a new statement shall be submitted to WSSC, in writing, thus granting authorization to the new individual.

_____ Signature of Delegated Individual _____ Date _____ Signature of Authorized Representative _____ Date

_____ Delegated Individual E-mail _____ Delegated Individual Phone Number

[1] Authorized Representative Definition (in following 40 CFR Part 403.12(l)(1) & (2):

a. By a responsible corporate officer if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
   1. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions forthe corporation; or
   2. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations, can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
b. By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship, respectively.
c. By a principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agent.
d. By a duly authorized representative of the individual designated in paragraph a., b., or c. of this Section if:
   1. The authorization is made in writing by the individual described in paragraph a., b., or c;
   2. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well or a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
   3. The written authorization is submitted to the WSSC.

If authorization in paragraph a-d. above is no longer accurate because a different individual or position has responsibility, a new written authorization must be submitted to the WSSC prior to or together with any reports to be signed by an authorized representative.

Electronic Signature Agreement (ESA) *(Required)*

*To allow for Cross-Media Electronic Reporting Rule (CROMERR) compliant electronic reporting in the WSSC LinkoExchange (LE) portal, a separate Electronic Signature Agreement (ESA) shall be completed for the Authorized Representative and **each** Delegated Individual (Print/sign multiple copies as needed).*

I, _____

Name of Electronic Signature Holder

1) Agree to protect the electronic signature credential, consisting of my WSSC LE user identification, password, and Challenge Question/Answer, from use by anyone except me. Specifically, I agree to maintain the secrecy of the password and the Challenge Question/Answer; I will not divulge or delegate my user name, password, and/or Challenge Question/Answer to any other individual; and I will not allow by password to be written into computer scripts to achieve automated login.
2) Agree that the use of my electronic signature (Username, password, and Challenge Question/Answer) shall serve as a legally enforceable signature in the same manner as an original signature on a paper document pursuant to the provisions of the WSSC Plumbing and Fuel Gas Code. I will be held legally bound, obligated, or responsible for any use of my electronic signature as I would be using my hand-written signature in submitting an electronic document to the LE system.
3) Agree to contact the WSSC Industrial Discharge Control Section (IDC) at **301-206-8841** as soon as possible, but no later than 24 hours, after suspecting or determining that my user name and password have become lost, stolen or otherwise compromised.
4) I agree to notify WSSC IDC Section within 10 working days if my duties change and I no longer need to interact with LE on behalf of my organization. I agree to make this notification by notifying the WSSC IDC Section at **301-206-8841** or industrialdischargecontrol@wsscwater.com.
5) Understand that I will be informed through my registered electronic mail (email) address whenever my user identification or password have been modified.
6) Understand that LE reports the last date my user identification and password were used after successfully logging into the LE.
7) Understand and agree that I will be held as legally bound, obligated, and responsible for the use of my electronic signature as I would be using my hand-written signature.
8) Understand that whenever I electronically sign and submit an electronic document to LE, I will receive an email at my registered email address. This email will inform me that a submission has been made to LE from my user account and will contain instructions to view information regarding the submission, including my Copy of Record (COR).
9) Agree that if I receive an email notification for any activity that I do not believe that I performed, I will notify the WSSC IDC Section as soon as possible, but no later than 24 hours, after receipt.
10) Agree to contact WSSC IDC Section if I do not receive an email notification within 5 business days for any electronically signed submission using my credentials.
11) Agree to report, within 24 hours of discovery, any evidence of discrepancy between any electronic document I have signed and submitted and what LE has received from me by contacting the WSSC IDC Section.

12) Agree to notify WSSC IDC Section if I cease to represent the regulated entity specified above as signatory of that organization's electronic submissions by contacting WSSC IDC Section as soon as this change in relationship occurs.

13) Agree to retain a copy of this signed agreement as long as I continue to represent the regulated entity specified above as signatory of the company's electronic submissions.

14) Certify I have the authority to enter into this Agreement on behalf of the Organization identified below, and I am a signatory authorized to represent that Organization, and I am able to sign and submit reports and other information on behalf of that Organization in the capacity required by statute and/or regulation.

15) Certify that by signing and submitting this agreement, I have read, understand, and accept the terms and conditions of this electronic signature agreement. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this agreement and I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

To Be Completed by the CROMERR Signer *(Required)*:

Printed Name: _____

Title: _____

Organization (legal name): _____

Address (mailing): _____

City, State, Zip: _____

E-mail address: _____

Telephone number: _____

Discharge Authorization Permit #: _____

_____ _____

Signature of Electronic Signature Holder Date

Certification Statement *(Required)*

I certify under penalty of perjury and 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 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.

Certified by:

Authorized Representative (print): _____

Title: _____

Signature: _____ Date: _____

Prepared by:

Name (print): _____

Title: _____

Signature: _____ Date: _____

Mail completed application to:

Washington Suburban Sanitary Commission
Regulatory Services Division
Industrial Discharge Control Section, 11th Floor
14501 Sweitzer Lane
Laurel, Maryland 20707-5901

If preferred, application can be emailed to IndustrialDischargeControl@WSSCWater.com before mailing original signed document to WSSC Water.