



# Regulatory Services Division Industrial Discharge Control Section

## Industrial Wastewater Survey

### I. GENERAL INFORMATION

Business or Agency Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business or Agency Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Indicate all major activities that are performed at this location:

- |   |  |
|---|--|
| <input type="checkbox"/> Electroplating/Metal Finishing | <input type="checkbox"/> Printing            |
| <input type="checkbox"/> Printed Circuit Board Mfg.     | <input type="checkbox"/> Research Laboratory |
| <input type="checkbox"/> Food/Beverage Processing       | <input type="checkbox"/> Machine Shop        |
| <input type="checkbox"/> Wholesale/Retail               | <input type="checkbox"/> Photoprocessing     |
| <input type="checkbox"/> Pharmaceutical Mfg.            | <input type="checkbox"/> Manufacturing       |
| <input type="checkbox"/> Landfill                       | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Industrial Laundry             | <input type="checkbox"/> Other _____         |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. OPERATIONS INFORMATION

Number of workdays per week: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Process discharges are:

Batch    Continuous    Both   \_\_\_\_\_ % Batch   \_\_\_\_\_ % Continuous

### III. QUANTITIES OF CHEMICALS STORED AND USED

Include acids, bases, solvents, metals, organic and inorganic compounds (indicate usage in pounds or gallons per month).

| Chemical Name | Quantity Used | Quantity Stored |
|---------------|---------------|-----------------|
| _____         | _____         | _____           |
| _____         | _____         | _____           |
| _____         | _____         | _____           |
| _____         | _____         | _____           |
| _____         | _____         | _____           |
| _____         | _____         | _____           |
| _____         | _____         | _____           |

### IV. WATER USAGE AND DISCHARGE INFORMATION

Note applicable account number(s):

WSSC 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 the following information:

Landlord Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Check applicable sources of water usage/wastewater generation. Indicate the volume in units of gallons per day.

|                               | <u>GPD</u> | <u>Estimated</u>         | <u>Measured</u>          |
|-------------------------------|------------|--------------------------|--------------------------|
| Process flow                  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Washdown (equipment/facility) | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact cooling water         | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-contact cooling water     | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler blowdown               | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Air pollution control device  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Sanitary                      | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (describe) _____        | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (describe) _____        | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Total (all of the above)      | _____      | <input type="checkbox"/> | <input type="checkbox"/> |

## IV. WATER USAGE AND DISCHARGE INFORMATION (cont'd)

Provide average volume of water discharged or losses to:

|                             | <u>GPD</u> | <u>Estimated</u>         | <u>Measured</u>          |
|-----------------------------|------------|--------------------------|--------------------------|
| Sanitary sewer              | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Storm drain                 | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground                      | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Landfill                    | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Septic tank                 | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaporation                 | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Consumed in product/process | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Waste hauler                | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (describe) _____      | _____      | <input type="checkbox"/> | <input type="checkbox"/> |

List all water-related processes. Indicate the chemical content, process discharge rate, and method of disposal.

| <u>Process</u> | <u>Chemical Content</u> | <u>Discharge Rate</u><br>(GPM, GPD, MGD) | <u>Method of Disposal</u> |
|----------------|-------------------------|--|---------------------------|
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |
| _____          | _____                   | _____                                    | _____                     |

## V. PRETREATMENT

List all pretreatment systems and the process wastestreams treated by each system (attach additional sheets, as necessary).

| <u>Pretreatment System</u> | <u>Process Wastestream</u> |
|----------------------------|----------------------------|
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |

**VI. CERTIFICATION STATEMENT**

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 survey to:

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

**VII. FOR WSSC USE ONLY**

Reviewer's Initials \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Proceed with Discharge Authorization Permit Application  YES  NO

**AUTHORIZED REPRESENTATIVE**

- a. If the Industrial User is a corporation, authorized representative shall mean:
  - 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 for the 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 mechanisms requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. If the Industrial User is a partnership, or sole proprietorship, an authorized representative shall mean a general partner or proprietor, respectively.
- c. If the Industrial User is a Federal, State or local governmental facility, an authorized representative shall mean a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or his/her designee.
- d. The individuals described in paragraphs a.–c. above may designate another authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the Washington Suburban Sanitary Commission (WSSC).
- e. If authorization in paragraph 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.

**SIGNATORY AUTHORITY  
DESIGNATION OF AUTHORIZED REPRESENTATIVE**

I, \_\_\_\_\_, \_\_\_\_\_ of  
 Authorized Representative Title  
 \_\_\_\_\_, as an individual identified in 40 CFR Part 403.  
 Industry Name

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 the WSSC, in writing, of the change.

\_\_\_\_\_  
 Signature of Authorized Representative  
 \_\_\_\_\_ / \_\_\_\_\_  
 Title Date

# DELEGATION OF SIGNATORY AUTHORITY

I, \_\_\_\_\_, \_\_\_\_\_ of  
Authorized Representative Title

\_\_\_\_\_, duly authorize \_\_\_\_\_  
Industry Name Designated Individual

\_\_\_\_\_  
Title

to 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 the name of the aforementioned designated individual changes, a new statement shall be submitted to the WSSC, in writing, thus granting authorization to the new individual.

\_\_\_\_\_  
Signature of Designated Individual

\_\_\_\_\_/\_\_\_\_\_  
Title Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_/\_\_\_\_\_  
Title Date