



STEPHANIE RAWLINGS-BLAKE
MAYOR

WASTEWATER DISCHARGE PERMIT APPLICATION B

DEPARTMENT OF PUBLIC WORKS
BUREAU OF WATER & WASTEWATER
Pollution Control Section, 8201 Eastern Boulevard
Baltimore, Maryland 21224

410-396-9695 • pollutioncontrolsection@baltimorecity.gov



ALFRED H. FOXX
DIRECTOR

Article 25 of the Baltimore City Code, as amended, regulates sewage disposal. Any discharger of non-residential wastes into the City wastewater system is required to obtain a Wastewater Discharge Permit from the City. The information requested in this application will be used to determine if a Permit is necessary and the category designation.

Permit Application B may be used for restaurants, carry outs, and similar food service facilities, or for service stations and other types of vehicle maintenance establishments. Application B may be required for other commercial facilities on a case-by-case basis.

IMPORTANT: Applications for confidential treatment of information provided are governed by procedures specified in 40 CFR 403 Part 2.

↓ OFFICE USE ONLY ↓

Category	Industry No.
Reviewer	Date
SIC Designations	
Sewer Code	

Mail the completed and signed application to:
Program Administrator
Pollution Control Section
8201 Eastern Boulevard
Baltimore, MD 21224

SECTION A: GENERAL INFORMATION

Company Name			Type of Business		
Mailing Address			Facility Address		
City	State	Zip Code	City	State	Zip Code
Signing Official			Title		
Telephone		Fax	Email		
Alternate Contact			Title		
Telephone		Fax	Email		

SECTION B: WATER SOURCES

Check Applicable Sources			
<input type="checkbox"/> Baltimore City	<input type="checkbox"/> Private Well	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Other
Name on Water Bill			
Water Accounts A.	B.	C.	D.
E.	F.	G.	H.

If landlord supplies water, give name and address.

Landlord Name	Address
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WASTEWATER DISCHARGE PERMIT APPLICATION B (CONT'D)

SECTION C: PROCESS AND WASTE INFORMATION

Type of Business				
No. Shifts Per Workday	Work Days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Average No. Employees Per Shift	Shift 1:	Shift 2:	Shift 3:	
Shift Start Times	Shift 1:	Shift 2:	Shift 3:	
Shift End Times	Shift 1:	Shift 2:	Shift 3:	
Is the facility equipped with a grease trap or gas/oil interceptor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location		Size	
	Maintenance Schedule		Destination of Intercepted Waste	
	Hauler Name	Address	Permit #	
Does the facility use solvents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type		Usage Rate (gal. or lb. per month)	
	Storage Location (Relative to drains)		Destination of Spent Solvent	
Does the facility generate or receive any wastes that are hauled away from the facility (Other than identified above) <input type="checkbox"/> Yes <input type="checkbox"/> No	Material		Amount (gal. or lb. per month)	
	Removal Schedule			
	Hauler Name	Address	Permit #	EPA Gen. #
	If materials are stored before removal, describe storage method and location			

SECTION D: CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and attachments. 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.

X _____
Signature of Official

X _____
Date

