



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.

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

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? _____

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:

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