



Little Patuxent Water Reclamation Plant
8900 Greenwood Place
Savage, Maryland 20763
410-313-1227
410-313-1207 (FAX)

Subject: Regulation of Vehicle Maintenance Facilities

Attn: Owners and Managers:

In conformance with Federal, State and Local requirements, and to insure proper operation of the public sewerage system, Howard County has established a program to control the discharge of wastes from non-domestic sources to the public sewers. This program will affect motor vehicle fueling, maintenance, and repair establishments. The waste control program is specifically authorized by the *Howard County Code, Section 18.122A*, entitled "Regulation of Discharges to the Public Sewerage System". The intent of this regulation is:

1. To control fuel, oil, and grease type discharges that have the capability to interfere with the operations of sewage pipelines, pumping stations, or treatment plants.
2. To control discharges of fuels, solvents, chemicals, etc., that may have the capability to cause a combustible or explosive condition.
3. To control discharges of chemicals/solvents that have the capability to interfere with biological treatment processes at the sewage treatment plant.

The Bureau of Utilities is requesting motor vehicle fueling, maintenance and repair establishments to complete the application on reverse side and return it to our office. The purpose of the application is to update information related to your facility size, services, and waste disposal methods.

If you have questions or need additional information, please feel free to contact me at 410-313-1224.

Kindest Regards,

Gregory Sherman
Pretreatment Manager



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APPLICATION FOR VEHICLE MAINTENANCE WASTEWATER DISCHARGE PERMIT

| | |
|--------------------------|--------------------|
| Name of Facility: | |
| Facility Address: | |
| Phone Number: | Fax Number: |
| E-Mail Address: | |
| Contact Person: | |
| Title: | |

Does this business own or rent this building? Own Rent

Property Owner's Name: _____

| | | | | |
|-------------|---|--|-----------------------------------|---------------------------------------|
| Activities: | <input type="checkbox"/> Gas/Fuel Station | <input type="checkbox"/> Oil Change Shop | <input type="checkbox"/> Car Wash | <input type="checkbox"/> Construction |
| | <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Salvage | <input type="checkbox"/> Other |

Chemicals or chemical compounds stored at your facility:

| | | |
|---|---|--|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Motor Oil | <input type="checkbox"/> Refrigerant |
| <input type="checkbox"/> Parts cleaner (solvents) | <input type="checkbox"/> Transmission Oil | <input type="checkbox"/> Engine Cleaners |
| <input type="checkbox"/> Antifreeze | <input type="checkbox"/> Paints/ Paint Thinners | <input type="checkbox"/> Other |

Are the above chemicals stored in Leak-Free tanks and properly labeled? Yes/ No

Equipment below that is present at your facility (Check All That Apply):

| | | | |
|------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Work Rack | <input type="checkbox"/> Grease Pit | <input type="checkbox"/> Drain Trough | <input type="checkbox"/> Fuel Pump |
|------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|

| | | |
|--|--------------|-------------|
| Used Oil Tanks (above ground or underground) | Above Ground | Underground |
| Used oil being burned to heat shop | Yes | No |
| Waste Hauler For Used Oil/ Used Antifreeze | | |

| | | | |
|---|-----|----|---------|
| Do you have an oil/water separator(s)? | Yes | No | Gallons |
| Are the floor drains located in your service area connected to the oil separator? | Yes | No | |
| Waste Hauler Name: | | | |

To the best of my knowledge, I certify that the above information is true, complete and accurate.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____