



Regulatory Services Division  
Industrial Discharge Control Program

# Industrial Wastewater Survey

## 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 this facility being built by a landlord with no tenant under contract/identified?  Yes  No

If "Yes," skip to the *Signatory Authority* and *Certification Statement* Sections, An updated Industrial Wastewater Survey (IWS) is required by the tenant and sent to WSSC upon occupancy.

Indicate applicable NAICS/SIC Codes and select all activities that are performed at this location:

NAICS code(s): \_\_\_\_\_ SIC code(s): \_\_\_\_\_

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

- Electroplating/Metal Finishing
- Government
- Food/Beverage Processing
- Laboratory
- Landfill
- Laundry (Industrial/Commercial)
- Machine Shop
- Manufacturing
- Office space
- Pharmaceutical Manufacturing
- Retail/Wholesale
- School/Educational
- Vehicle/Equipment Cleaning
- Other (specify): \_\_\_\_\_

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

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## II. Operations Information

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

Typical hours of operation: \_\_\_\_\_

Process discharges are:

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

### III. Water Usage and Discharge Information

Note applicable account number:

WSSC Water account number: \_\_\_\_\_

City of Rockville 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: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contracted Waste Hauler/Scavengers: \_\_\_\_\_

Summarize applicable sources of water usage and wastewater generation.

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

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

List all water-related processes. Indicate the chemical content, process discharge rate, and method of disposal *(include attachments as necessary)*

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

**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)

**V. Wastewater Treatment**

List all wastewater treatment systems and the process wastestreams treated by each system *(include attachments as necessary)*

Treatment System	Process Wastestream

# Signatory Authority

## Designation of Authorized Representative<sup>1</sup> *(Required)*

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

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

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, \_\_\_\_\_ of \_\_\_\_\_,  
 Authorized Representative Industry Name

duly authorize \_\_\_\_\_,  
 Delegated Individual Delegated 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 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

<sup>1</sup> 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 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 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 Washington Suburban Sanitary Commission (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.

## 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 survey to:

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

If preferred, survey can be emailed to [IndustrialDischargeControl@WSSCWater.com](mailto:IndustrialDischargeControl@WSSCWater.com) before mailing original signed document to WSSC Water.