



Enter Your Transmittal Number →

**W208823**

Your [unique Transmittal Number](#) can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

## Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

### Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) copies of this form will be needed.

**Copy 1 (the original)** must accompany your permit application.

**Copy 2** must accompany your fee payment.

**Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

**For DEP Use Only**  
 Permit No. \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_  
 Reviewer \_\_\_\_\_

### A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BWP IW 38	
Name of Permit Category: Industrial Sewer User Renewal	
Type of Project or Activity: Industrial Sewer User Pretreatment at an existing facility	

### B. Applicant Information (Firm or Individual)

Name of Firm: Garelick Farms, LLC	
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*Or, if party needing this approval is clearly an individual:*

Individual's Last Name: Paul	First Name Albert	MI
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Street Address 1199 West Central Street			
City/Town Franklin	State MA	Zip Code 02038	Telephone Number (508) 528-9000 ext.5625
Contact: Albert Paul		e-mail address (optional) AL_PAUL@DEANFOODS.COM	

### C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Garelick Farms, LLC		DEP Facility Number (if Known)	
Street Address 1199 West Central Street		e-mail address: (optional)	
City/Town Franklin	State MA	Zip Code 02038	Telephone Number (508) 528 9000 ext.5625

### D. Application Prepared by (if different from Section B)

Name of Individual or Firm: Mount Hope Engineering, Inc.			
Address 1788 GAR Highway			
City/Town Swansea	State MA	Zip Code 02777	Telephone Number (508) 379 1234 ext. 13
Contact: Todd Chaplin, PE		LSP Number (21E only)	

### E. Permit - Project Coordination

Is this project subject to MEPA review?     yes     no  
 If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)  
 EOE # \_\_\_\_\_ Is an Environmental Impact Report Required?     yes     no  
 Is this application part of a larger project for which two or more DEP permits are being or will be sought?     yes     no  
 List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal Number (if application already submitted)

### F. Amount Due

- Special Provisions:**
- Fee Exempt\* (city, town or municipal housing authority )(state agency if fee is \$100 or less)
  - Hardship Request [payment extensions according to 310 CMR 4.04(3)(c)]
  - Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

\*There are no fee exemptions for 21E, regardless of applicant status

Check #: 9606	Dollar Amount: \$1605.00	Date: 3-14 -08
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211		