



Installation of Alternative Systems

BRP WP 57 Approval of Installation of Recirculating Sand Filter (RSF) or Approved Equivalent Technology

BRP WP 64b Approval of Installation of an Alternative System for Piloting

BRP WP 64c Approval of Installation of an Alternative System for Remedial Use

A. General Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Which permit category are you applying for?

- BRP WP 57 Approval of Installation of Recirculating Sand Filter or Approved Equivalent Technology
- BRP WP64b Approval of Installation of an Alternative System for Piloting
- BRP WP64c Approval of Installation of an Alternative System for Remedial Use

2. Applicant Information:

Applicant

Company Name (if applicable)

Street Address/PO Box

City/Town

Zip Code

Telephone Number

e-mail address

Fax Number

3. The legal entity which owns this facility is:

- Individual
- Private Partnership
- Corporation
- Federal
- State/County
- Municipality
- Other: _____

4. Facility Information (if different from applicant):

Street Address/PO Box

City/Town

State

Zip Code



Installation of Alternative Systems

A. General Information (cont.)

5. System Designer Information (Registered Sanitarian [RS] or Professional Engineer [PE] for systems under 2,000 gallons per day; PE for systems 2,000 gallons or more per day)

_____ Designer name		_____ Company name
_____ Street address/PO Box		_____ City/town
_____ State	_____ Zip code	_____ Telephone number
_____ e-mail address		_____ Fax number
_____ P.E.		_____ P.E. Registration number
_____ Sanitarian		_____ Sanitarian Registration Number

6. Does this project require a filing under 301 CMR 11.00, The Massachusetts Environmental Policy Act?

Yes No

If yes, has a filing been made? Yes No

If Yes, EOE File #

B. System Information

Indicate the type of use for which the approval is being sought

1. Approval for:

RSF or Approved Equivalent Technology Piloting
 Remedial Use

2. System Description including, if applicable, technology name and model number:



Installation of Alternative Systems

B. System Information (cont.)

3. Alternative Design Standards:

- Alternative soil absorption system (SAS) Enhanced nitrogen removal credit
- Alternative loading rates and SAS size
- Other (please specify design):
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4. Is the facility subject to the nitrogen loading limitations under 310 CMR 15.214?

Yes No

5. Two complete sets of plans and specifications, including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian must accompany the application and be prepared in accordance with 310 CMR 15.220. Are plans and specifications enclosed?

Yes No

6. A copy of the local approving authority's approval for this application must accompany this application. Is the approval attached?

Yes No

7. Is available data demonstrating that equivalent environmental protection is achievable attached?

Yes No

8. If the applicant is remediating a failure, is documentation identifying the system failure attached?

Yes No

9. Identify the provisions of Title 5 for which a variance is sought (if any) and attach local approving authority approval.



Installation of Alternative Systems

C. Certification

"I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are 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."

Applicant's Signature

Print Name

Name of Preparer

Date