|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection – Title 5 Permitting  Installation of Alternative Systems | | | | | | Please do not mail.  Submit through ePlace.  See instructions. |
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|  | 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** | | | | | | |
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|  | 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 | | | |
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|  | 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, EOEA 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: | | | | | | |
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|  | 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 | | | | | | |
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|  | 1. 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 | | | | | | |
|  | 1. A copy of the local approving authority’s approval for this application must accompany this application. Is the approval attached? | | | | | | |
|  | Yes  No | | | | | | |
|  | 1. Is available data demonstrating that equivalent environmental protection is achievable attached? | | | | | | |
|  | Yes  No | | | | | | |
|  | 8. If the applicant is remedying 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. | | | | | | |
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|  | 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 | | | |
|  |  | | |  | | | |