|  | 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): |
|  |        |
|  |
|  | 4. Is the facility subject to the nitrogen loading limitations under 310 CMR 15.214? |
|  |  [ ]  Yes [ ]  No |
|  |  |
|  | 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?
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|  |
|  |  [ ]  Yes [ ]  No |
|  | 1. A copy of the local approving authority’s approval for this application must accompany this application. Is the approval attached?

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|  |  [ ]  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 |
|  |  |  |