

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Title 5 Permitting **BRP WP 59c MassDEP Approval or Issuance of** Variance for Increased Flow at State and Federal Facilities and Facilities Specifically Required by MassDEP to Apply

Please do not mail. Submit through ePlace. See instructions.

Please read the Instructions and Supporting Material before filling out this form.

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.

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to move your sor - do not		Name
the return		Street Address
tab		City/Town
		Telephone
	3.	Facility/Proposed System Addres
		Address

1. Applicant:

4.

Traine				
Street Address				
City/Town	State	Zip Code		
Telephone				
Facility/Proposed System Address (if different from Applicant):				
Address				
City/Town	State	Zip Code		
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):				

	Name	Name of Company	
	Address		
	City/Town	State	Zip Code
	Telephone		
5.	Registration:		
	Massachusetts Registered P.E.		
	Massachusetts Registered Sanitarian		
	Registration Number		
6.	Does this project require a filing under 301 Cl	MR 11.00, the Massach	nusetts Environmental Policy Act?

Yes No



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Transmittal #

Facility ID (if known)

Α.	. General Information (cont.)				
	If yes, has a filin	g been made?			
	Yes	No	If yes, EOEA File #		
7.	The legal entity	that owns or will own this	facility is:		
	Individual	Municipality	Private Partnership		
	E Federal	State/Country			
	Other:		Specify		
	Name				
	Address				
	Telephone				

8. Two complete sets of plans and specifications, (four for submittals to the Springfield Office), including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian must accompany the application.

Are the plans and specifications attached? No Yes

9. If applying for approval of a variance that requires notification to abutters under 310 CMR 15.411, a copy of the certified notification sent to the abutters and proof of notice must accompany this application.

Is a copy of the notification and proof of notice attached?	Yes	No
allacheu?		

- 10. You must complete the following:
- a) I have established that enforcement of the provision(s) from which a variance is sought would be manifestly unjust, considering all of the relevant facts and circumstances of this case, as follows:
 - 1) I have attached a comparison of the costs of full compliance with the requirements applicable to new construction to the costs of compliance with the requested variance.

Yes No

2) I have attached documentation demonstrating that an upgrade in full compliance with 310 CMR 15.000 is feasible without the proposed increased flow.

Yes No



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A. General Information (cont.)

- b) I have attached documentation demonstrating that the system, with the increased flow, cannot be brought into full compliance through any of the following:
 - an upgraded system which is in full compliance with 310 CMR 15.100 through 15.293;
 - an alternative system which has been approved for such use pursuant to 310 CMR 15.284 (remedial use), 15.285 (piloting), 15.286 (provisional approval), or 15.288 (certification for general use).
 - a shared system which has been approved for such use pursuant to 310 CMR 15.290 and 15.291; or connection to a sewer system.

Yes No

c) I have attached documentation demonstrating that the upgraded system with the increased flow will provide better protection of public health and safety and the environment than the existing system with no increase in flow.

Yes No

B. 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