|  | 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 Materials 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. | 1. Applicant: | | | |
| Name | | | |
| Street Address | | | |
| City/Town | State | Zip Code | |
| Telephone |  | | |
| 3. Facility/Proposed System Address (if different from Applicant): | | | |
| Address | | | |
| City/Town | State | Zip Code | |
|  | 4. 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 CMR 11.00, the Massachusetts Environmental Policy Act? | | | |
|  | Yes  No |  | | |
|  | A. General Information (cont.) | | | |
|  | If yes, has a filing been made? |  | | |
|  | Yes  No | If yes, EOEA File # | | |
|  | 7. The legal entity that owns or will own this facility is: | | | |
|  | Individual  Municipality  Private Partnership | | | |
|  | Federal  State/Country  Corporation | | | |
|  | 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? | Yes  No | | |
|  | 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 | | |
|  | 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 | | | |
|  | 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 | | |