|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection – Title 5 Permitting  BRP WP 66a Approval of Large System Expansion or Upgrade  BRP WP 66b Public Health, Safety, Welfare, Environment, or Consistency Review | | | Please do not mail.  Submit through ePlace.  See instructions. |
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|  | **Note:** Large systems are those with design flows of more than 10,000 gallons per day (gpd) but less than 15,000 gpd design flow.  **Note:** DEP may require the issuance of a groundwater discharge permit pursuant to 310 CMR 5.00 and the installation of technology capable of discharging effluent which meets Class I groundwater standards pursuant to 314 CMR 5.00 for any system with design flow of 10,000 gpd or greater but less than 15,000 gpd. If the department makes such a determination as a result of this application for upgrade, the applicant may seek a review by DEP considering the factors set forth in 310 CMR 15.304(3). | | | |
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| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | A. General Information | | | |
| 1. Which permit category are you applying for? | | | |
| BRP WP 66a - Approval of Large System Expansion or Upgrades | | | |
| BRP WP 66b - Public Health, Safety, Welfare, Environment, or Consistency Review | | | |
| 2. Applicant: | | | |
| Name | | | |
|  | Street Address | City | | |
|  | State | Zip Code | | |
|  | Telephone | | | |
|  | 3. Facility Address / Location (if different from Applicant): | | | |
|  | Address | | | |
|  | City | State | Zip | |
|  | 4. System Designer Information (Note: ONLY a Massachusetts Registered Professional Engineer [PE] may sign and stamp this application): | | | |
|  | Name | Company Name | | |
|  | Address | | | |
|  | City | State | | |
|  | Zip | Telephone | | |
|  | 5. Registration: | | | |
|  | PE Registration Number | | | |
|  | A. General Information (cont.) | | | |
|  | 6. Does this project require a filing under 301 CMR 11.00 and M.G.L.c.. 30 ss 61-62H, the  Massachusetts Environmental Policy Act?  Yes  No | | | |
|  | If yes, has a filing been made?  Yes  No | | | |
|  | If yes, EOEA File # |  | | |
|  | 7. The legal entity which owns or will own this facility is: | | | |
|  | Individual | Federal | | |
|  | Municipality | State / County | | |
|  | Private Partnership | Corporation | | |
|  | Other (specify): |  | | |
|  | 8. Two sets of plans and specifications, including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer must accompany the application. The plans must be prepared in accordance with 310 CMR 15.220 | | | |
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|  | Are plans and specifications enclosed?  Yes  No | | | |
|  | Have the plans been revised?  Yes  No | | | |
|  | 9. Is a variance required?  Yes  No | | | |
|  | If yes, date of revision |  | | |
|  | If so, from what requirement(s) of Title 5, 310 CMR 15.000, are variances requested? | | | |
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|  | 10. If applying for a large system upgrade, is the system a subdivision entitled to MGL c. 111 or c. 127P protection; c. 40B comprehensive permit land; or in accordance with a variance allowed by DEP pursuant to 310 CMR 15.414? | | | |
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|  | Yes  No | | | |
|  | 11. If applying for a variance to Title 5 in accordance with 310 CMR 15.000, the applicant must prove that the strict enforcement of the provision of the code for which the variance is being sought would do manifest injustice, and that the same degree of environmental protection required under the code can be achieved without strict application of the particular provision. | | | |
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|  | Is documentation in support of meeting this requirement attached?  Yes  No | | | |
|  | A. General Information (cont.) | | | |
|  | 12. Does the proposed system satisfy all technical requirements of 310 CMR 15.100 through 15.293? | | | |
|  | Yes  No | | | |
|  | If not, and the application is under BRP WP 66a, a description of how the proposed system compares to systems constructed in full compliance with 310 CMR 15.100 through 15.293 in terms of its capacity to protect public health, safety, welfare and the environment must accompany this application. | | | |
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|  | Is the description attached?  Yes  No (Attach all forms) | | | |
|  | 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 | | |