|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection – Title 5 Permitting  BRP WP 70 Alternative Design Flow for Title 5 Systems  BRP WP 70a Non-Sanitary Wastewater Discharges to Title 5 Systems | | | Please do not mail.  Submit through ePlace.  See instructions. |
| --- | --- | --- | --- | --- |
|  | Please read the Instructions and Supporting Materials before filling out this form. | | | |
|  | A. General Information | | | |
|  | 1. Which permit category are you applying for? Check one box: | | | |
|  | BRP WP 70 – Alternative Design Flow for Title 5 System  Please be advised that the purpose of the BRPWP70 Alternative Design Flow in accordance with 310 CMR 15.203(6) is solely for the design of a septic system not for the expansion of a facility, the determination of available capacity in an existing system, or the issuance of an occupancy permit for vacant space in a commercial building. These determinations are made by the Local Approving Authority.  BRP WP 70a – Non-Sanitary Wastewater Discharge to Title 5 System | | | |
|  |
|  |
|  |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | 2. Applicant: | | | |
| Name | | | |
| Doing Business as (dba) | | | |
| Street Address | City/Town | | |
| State | Zip Code | | |
| Telephone | | | |
| 3. Facility Address / Location (if different from Applicant): | | | |
| Address | | | |
|  | City/Town | State | Zip Code | |
|  | 4. Professional Consultant (Registered Sanitarian [RS] or Professional Engineer [PE]) | | | |
|  | Name/Name of Company | | | |
|  | Address | | | |
|  | City | State | | |
|  | Zip | Telephone | | |
|  | 5. Registration: | | | |
|  | P.E. | | | |
|  | Sanitarian | | | |
|  | Registration Number | | | |
|  | A. General Information (continued) | | | |
|  | 6. Type of facility seeking alternative Title 5 design flow or approval to discharge non-sanitary wastewater to a Title 5 system: | | | |
|  | a. Business type/description: | | | |
|  |  | | | |
|  | b. Size (Sq. ft., seats, units, fixtures, etc.) |  | | |
|  | 7. The legal entity which owns or will own this facility is: | | | |
|  | Individual | Federal | | |
|  | Municipality | State / County | | |
|  | Private Partnership | Corporation | | |
|  | Other (specify): |  | | |
|  | 8. For **WP 70**, two copies of studies or similar type facility flow/loadings data, or for **WP 70a**, a report/description of the non-sanitary wastewater quantity and constituents and loading evaluation, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian, must accompany the application. | | | |
|  |
|  | Are studies/data/report enclosed?  Yes  No | | | |
|  | Have the data been revised?  Yes  No | | | |
|  | If yes, date of revision |  | | |
|  | 9. In accordance with 310 CMR 15.203(6), the applicant for WP 70 must provide actual water meter readings from similar institutions for alternative Title 5 design flow applications. Design flows will be based upon 200% of a MassDEP accepted average metered similar design flow or on other methods determined to be appropriate by the Department. | | | |
|  |
|  | Is documentation in support of meeting this requirement attached?  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 | Name of Preparer | | |
|  | Print Name | Date | | |