



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – General Groundwater Discharge Permits
 Notice of Intent for General Permit Coverage-New, Renewal or Modification
BRP WP 80 General Permit for Specified Discharges
BRP WP 81 General Permit for Small Wastewater Treatment Facilities

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

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 80** General Permit for Specified Discharges
- BRP WP 81** General Permit for Small Wastewater Treatment Facilities

*Please note: In accordance with 314 CMR 5.09, these permit categories may require that a Hydrogeological Evaluation be submitted **prior to** the submittal of the permit application. Please see the application form and instructions for **BRP WP 83**.*

2. Applicant Information:

In accordance with 314 CMR 5.09A(2), the owner of the treatment works or the owner of the activity resulting in a discharge of pollutants shall apply for the permit. For a Publicly Owned Treatment Works (POTW), the owner of the treatment works shall apply. For a Private Wastewater Treatment Facility, the applicant shall meet the requirements set forth in 314 CMR 5.15(1) through (3).

Name	Company Name (If applicable)	
Title		
Address		
City/Town	State	Zip Code
Telephone	Email Address	

3. Applicant Contact Information (if different from above):

Contact Name	Company Name (If applicable)	
Title		
Address		
City/Town	State	Zip Code
Telephone	Email Address	

4. The legal entity which owns this facility is:

Private: Individual Corporation Trust Partnership Sole Proprietorship

Other (specify): _____

Public: Municipality Federal State/County

Other (specify): _____



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – General Groundwater Discharge Permits
 Notice of Intent for General Permit Coverage-New, Renewal or Modification
BRP WP 80 General Permit for Specified Discharges
BRP WP 81 General Permit for Small Wastewater Treatment Facilities

Transmittal # _____

Facility ID/Permit # (if known) _____

A. General Information (cont.)

5. Facility Information:

 Name of facility

 Address

 City/Town

 State

 Zip Code

 Telephone

 Email

6. Facility Operator Information:

Give the name, as it is legally referred to, of the person, firm, public organization or other entity which will operate the facility described in this application. If the facility owner is also the operator, write owner and list mailing address only if different from that listed in A.2 above.

 Operator Name

 Operator Company

 Address

 City/Town

 State

 Zip Code

 Telephone

 License Number

 Operator Grade

 Email address

7. Preparer of the Application: (If different from the Applicant noted in Part A.2)

 Preparer's Name

 Preparer's Company

 Address

 City/Town

 State

 Zip Code

 Telephone

 Preparer's Signature

 Email address

B. Project Information

1. Does the project affect a site of historic or archeological significance, as defined in regulations of the Massachusetts Historical Commission, 950 CMR 71.00?

Yes No

2. 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? (Please indicate the EOEEA File Number)

Yes No

 EOEEA File Number



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – General Groundwater Discharge Permits
 Notice of Intent for General Permit Coverage-New, Renewal or Modification
BRP WP 80 General Permit for Specified Discharges
BRP WP 81 General Permit for Small Wastewater Treatment Facilities

Transmittal # _____

Facility ID/Permit # (if known) _____

B. Project Information (cont.)

3. Is this a RCRA facility as defined in 314 CMR 8.03?

Yes No

If yes, submit the information on Form HW contained in 314 CMR 8.20 in accordance with the provisions of 314 CMR 8.08.

4. Location of Discharge: Is the discharge for this facility within:

a. A Public Water Supply Area? Zone I Zone A Zone II IWPA

b. A private water supply area?

c. A sole source aquifer?

d. 100 feet of an Outstanding Resource Water designated in 314 CMR 4.00, a Special Resource Water designated in 314 CMR 4.00, a cold-water fishery as defined in 314 CMR 9.02, a bathing beach as defined in 104 CMR 445.000, or a shellfish growing area as defined in 314 CMR 9.02?

Yes No

e. A nitrogen-sensitive area as designated by the Department in accordance with 310 CMR 15.215?

Yes No

f. An area where the Department has determined, based on a Total Maximum Daily Load or other technical report, that more stringent effluent limits than those set forth in the General Permit are required to achieve or maintain compliance with the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?

Yes No

If the answer to any of these questions is Yes, STOP. File for either BRP WP 79 - Individual Sewage Treatment Plant, or BRP WP 85 - Other Individual Groundwater Discharge Permits.

5. Improvements - Are you required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices, or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

Yes No

If yes, answer the following:

a) Description of order or agreement (include enforcement document number, if applicable):



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – General Groundwater Discharge Permits
 Notice of Intent for General Permit Coverage-New, Renewal or Modification
BRP WP 80 General Permit for Specified Discharges
BRP WP 81 General Permit for Small Wastewater Treatment Facilities

Transmittal # _____
 Facility ID/Permit # (if known) _____

C. Facility Information

1. Facility Status: Existing Proposed Proposed Modification
2. When did or when will this discharge begin? _____
Date of Startup
3. Check type of establishment(s) producing or contributing to discharge:
 - Residential: Condominium Apartment Elderly Housing Nursing Home
 - Other: _____ Total number of bedrooms: _____
 - Municipal
 - School
 - Business _____
Describe nature of business
 - Other (specify): _____

Please note: In accordance with 314 CMR 5.15, a permittee responsible for the operation of a Private Wastewater Treatment Facility (PWTF) may be required to establish and maintain Financial Assurance mechanisms.

4. Type of Discharge (check one box only):
 - Sewage Carwash Coin Operated Laundromat
5. Design Flow:
 - a) Daily Maximum flow (gpd): _____
 - STOP.** *If the facility is either a Publicly Owned Treatment Works (POTW) or a Privately Owned Sewage Treatment Facility (PWTF) solely treating sewage, and design flow is $\geq 50,000$ gpd, file **BRP WP 79** – Individual Permit for Sewage Treatment Facility.*
 - b) Discharge occurs all year
 - Discharge is seasonal _____
List months discharge occurs/Number of days per week
6. Basis for design flow:
 - The State Environmental Code – Title 5
 - Other: _____
Specify



Transmittal # _____

Facility ID/Permit # (if known) _____

C. Facility Information (cont.)

7. Type of treatment and disposal system for discharge to ground:

8. Location and method of wastewater treatment solids disposal:

9. If a commercial establishment applying for a BRP WP 81 permit:

a) Are any types of wastewater other than sanitary sewage produced?

- Yes If Yes, **STOP** and instead file for **BRP WP 79**.
- No

b) Are any hazardous wastes generated? Yes No

10. Does or will the treatment/disposal facility receive industrial wastes? Yes No

11. Location of Facility:

a) GPS Coordinates:

1) Enter Latitude and Longitude to the nearest whole second:

Wastewater Treatment Facility:	_____	_____
	Latitude	Longitude
Effluent Disposal Area:	_____	_____
	Latitude	Longitude

2) Provide a narrative description of the site and the feature to be permitted. As an example: "The site is on the west side of Main Street, the third building north of High Street. The disposal field lies 100 feet off the southwest corner of the building."

3) Attach a site map based on the MassGIS Coordinate Information Tool that clearly indicates the site. The Coordinate Information Tool is available at https://maps.massgis.digital.mass.gov/images/dep/xyinfo/get_xy.htm



Transmittal # _____

Facility ID/Permit # (if known) _____

C. Facility Information (cont.)

- b) Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:
- 1) The legal boundaries of the facility;
 - 2) The location and serial number of each of your existing and proposed intake and discharge structures;
 - 3) All hazardous waste management facilities;
 - 4) All springs and surface water bodies in the area, plus all drinking water wells within one mile of the facility which are identified in the public record or otherwise known to you.
 - 5) All Zone II's or IWPA's.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

- c) Please list any public or private drinking water supply wells within 2,500 feet of the discharge area:

Well Location	Type of Well (Public/Private)	Status (Active/Inactive)	Safe Yield
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Water Supply Data

- a) List sources of water supply and annual water consumption for the past five years.

Water Sources	Year 1	Year 2	Year 3	Year 4	Year 5
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____

- b) Please show the location of your water sources on the map described in question 10.



D. Applicant Certification & Signature for General Permits BRP WP 80 & 81

I, _____, am eligible to sign this application in accordance with 314 CMR 5.14(1) and by signing certify that:

- 1) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my diligent inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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.
- 2) I am aware that submitting a false and misleading certification could lead to modification, suspension, or revocation of any permit granted pursuant to this application, as set forth in 314 CMR 5.12.
- 3) I am aware that 314 CMR 2.08(4) provides that by submitting an application for general permit coverage, I waive any right to request an adjudicatory hearing regarding the Department's issuance or denial of general permit coverage. I understand I have the option to apply for an individual discharge permit; and, by doing so, I would not waive any right to request an adjudicatory hearing relative to the Department's issuance of the individual permit or permit determination.
- 4) I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Section D, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult.
- 5) I will be responsible for publication of public notice of the applicable permit proceedings as required by 314 CMR 2.06.

 Signature of Applicant

 Printed Name of Applicant

 Date Signed

 Name of Preparer

 Telephone

 Title of Preparer

 Email



E. Additional Application Certification for Privately Owned Wastewater Treatment Facilities (PWTFS)

1. I hereby acknowledge that it is my responsibility:
 - a. to ensure that I understand the “Requirements for Privately Owned Wastewater Treatment Facilities” set forth at 314 CMR 5.15 (1), (2), and (3) and in related provisions of the Ground Water Discharge Permit Program regulations, 314 CMR 5.00, before I provide the certification in paragraph 2, below;
 - b. to ensure that I have compiled, evaluated and/or established all pertinent documents, instruments, records and information necessary to provide the certification in paragraph 2, below;
 - c. to consult with legal, technical and other qualified professionals, as necessary for me to understand and comply with the above requirements and to make the certification in paragraph 2, below.

2. Based on the foregoing (**select either a or b**):
 - a. I hereby certify that I have fully and completely satisfied and complied with each and every applicable requirement set forth in 314 CMR 5.15 (1), (2), and (3) for coverage under a general permit issued for the construction, installation, modification, operation and maintenance of a P WTF; and will continue to do so until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with the general permit conditions.
 - b. I hereby acknowledge that no later than sixty (60) days from the date of this application, unless I request in writing and the Department agrees in writing to a later date, and in any case prior to the issuance of a public notice of my Notice of Intent requesting General Permit coverage pursuant to 314 CMR 2.06, “Public Notice and Comment,” I am required to submit to the Department a fully signed and dated **Supplemental Applicant Certification** (Appendix A), which will include the certification in paragraph 2a, above, and the other paragraphs of this Section E.

3. I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Section E, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult in certifying as to the information set forth in paragraph 2, above.

 Signature of Applicant

 Date Signed

 Printed Name of Applicant



Appendix A: Supplemental Applicant Certification For Privately Owned Wastewater Treatment Facilities

On _____,
 (insert date)

the undersigned applicant submitted a BRP WP _____ application for a
 (insert permit type number)

_____ for the
 (insert permit type name)

_____ (insert facility name)

By its signature hereto, the undersigned applicant hereby incorporates this instrument into and makes this instrument a part of, said application.

1. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my diligent inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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. I will be responsible for publication of public notice of the applicable permit proceedings, as required by 314 CMR 2.06.
2. I am aware that submitting a false and misleading certification could lead to modification, suspension, or revocation of any permit granted pursuant to this application, as set forth in 314 CMR 5.12.
3. I hereby acknowledge that it is my responsibility:
 - a. to ensure that I understand the “Requirements for Privately Owned Wastewater Treatment Facilities” set forth at 314 CMR 5.15 (1), (2), and (3) and in related provisions of the Ground Water Discharge Permit Program regulations, 314 CMR 5.00, before I provide the certification in paragraph 4, below;
 - b. to ensure that I have compiled, evaluated and/or established all pertinent documents, instruments, records and information necessary to provide the certification in paragraph 4, below; and,
 - c. to consult with legal, technical and other qualified professionals, as necessary for me to understand and comply with the above requirements and to make the certification in paragraph 4, below.
4. Based on the foregoing:

I hereby certify that I have fully and completely satisfied and complied with each and every applicable requirement set forth in 314 CMR 5.15(1), (2), and (3) for coverage under a general permit issued for the construction, installation, modification, operation and maintenance of a PWTF; and will continue to do so until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with the general permit conditions.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – General Groundwater Discharge Permits
Notice of Intent for General Permit Coverage-New, Renewal or Modification
BRP WP 80 General Permit for Specified Discharges
BRP WP 81 General Permit for Small Wastewater Treatment Facilities

Transmittal #

Facility ID/Permit # (if
known)

**Appendix A: Supplemental Applicant Certification For Privately
Owned Wastewater Treatment Facilities**

5. I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Supplemental Certification, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult in certifying as to the information set forth in paragraph 4, above.

Signature of Applicant

Printed Name of Applicant

Date Signed