|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection – Industrial Wastewater  BRP WP 91 & BRP WP 92  Permit for Industrial Sewer User | | | | | | | | | | | | | | Please do not mail. Submit through ePlace. See instructions. | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEP Use Only**    Date Received | Important Instructions for Completing This Form  The questions on this form apply to existing and new facilities discharging industrial wastewater to sewers. If you are completing this form for an existing facility, answer the questions as they apply to its current status. If you are completing this form for a new facility, your answers will reflect your commitment to comply with the requirements as set forth in each question.  Answer all questions, except those that you are directed to skip. Please DO NOT answer questions that you are directed to skip. | | | | | | | | | | | | | | | | | |
|  |
|  |
|  |
|  | Permit Category (select one) | | | | | | | | | | | | | | | | | |
|  | BRP WP 91: Special industrial sewer user other than BRP WP 92 | | | | | | | | | | | | | | | | | |
|  | BRP WP 92: Industrial sewer user for non-IPP POTW discharging more than 25,000 gpd | | | | | | | | | | | | | | | | | |
|  | A. Facility Information | | | | | | | | | | | | | | | | | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | 1a. Facility Name | | | | | | | | | | | | | | | | | |
| 1b. Facility Address 1 | | | | | | | | | | | | | | | | | |
| 1c. Facility Address 2 | | | | | | | | | | | | | | | | | |
| 1d. City | | | | | | | | | | | 1e. State | | | | 1f. Zip Code | | |
| 1g. Phone Number | | | | | | | | | | | 1h. Fax Number | | | | | | |
| 1i. Federal Employer Tax Identification Number (FEIN or TIN) | | | | | | | | | | |  | | | | | | |
| Mailing Address: | | | Check here if same as Facility Address and skip to Contact Information. | | | | | | | | | | | | | | |
|  | 2a. Mailing Address: Street or P.O. Box | | | | | | | | | | | | | | | | | |
|  | 2b. Mailing Address 2 | | | | | | | | | | | | | | | | | |
|  | 2c. City | | | | | | | | | | 2d. State | | | | | 2e. Zip Code | | |
|  | Contact Information: | | | | | | | | | | | | | | | | | |
|  | 3a. Contact Person Name | | | | | | | | | | | | | | | | | |
|  | 3b. Contact Person Title | | | | | | | | | | | | | | | | | |
|  | 3c. Phone Number | | | | | | | | | | 3d. Extension | | | | | | | |
|  | 3e. Email Address | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | |
|  | B. Industrial Wastewater Information | | | | | | | | | | | | | | | | | |
|  | 1. Project Description (Check All That Apply) | | | | | | | | | |  | | | | | | | |
|  | 1a. New Construction | | | | | | | | | | 1b. Permit Renewal | | | | | | | |
|  | 1c. Increasing Flow From Existing Connection | | | | | | | | | | 1d. New or Modified Industrial Wastewater Pretreatment System (IWPS) | | | | | | | |
|  | 1e. Existing Unpermitted Connection | | | | | | | | | |  | | | | | | | |
|  | 2. List, in descending order of significance, the Standard Industrial Classification (SIC) codes which best describe the facility producing the discharge in terms of the principal products or services provided. Also, specify each classification title. (See Appendix A in the Instructions.) | | | | | | | | | | | | | | | | | |
|  |
|  | 2a. SIC Code | | | | | | | | | | Description | | | | | | | |
|  | 2b. SIC Code | | | | | | | | | | Description | | | | | | | |
|  | 2c. SIC Code | | | | | | | | | | Description | | | | | | | |
|  | 2d. SIC Code | | | | | | | | | | Description | | | | | | | |
|  | 3. List all sewer connection(s) and their maximum daily flow(s) in gallons per day (GPD) from your facility going to the Publicly Owned Treatment Works (POTW): | | | | | | | | | | | | | | | | | |
|  |
|  |  |  | 3a. Connection # | | | | | 3b. Connection # | | | | | 3c. Connection # | | | | | 3d. Total Flow, All Connections |
|  |  | **SANITARY** | GPD | | | | | GPD | | | | | GPD | | | | | GPD |
|  |  | **INDUSTRIAL** | GPD | | | | | GPD | | | | | GPD | | | | | GPD |
|  |  | **TOTAL** | GPD | | | | | GPD | | | | | GPD | | | | | GPD |
|  | 4. Are you in compliance with the Massachusetts Historical Commission requirements? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | | \* If No, you must comply with Massachusetts Historical Commission requirements **BEFORE** you can submit this application. | | | | | | | | | | | | | |
|  | 5. Are you in compliance with Massachusetts Environmental Policy Act (MEPA) requirements? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | | \* If No, you must comply with MEPA requirements **BEFORE** you can submit this application. | | | | | | | | | | | | | |
|  | 6. Check all pollutants that are present in your industrial wastewater **before** pretreatment, or if not treated, before discharge: | | | | | | | | | | | | | | | | | |
|  | 6a. Metals, Asbestos, Cyanide, Phenols | | | | | | | | | | | | | | | | | |
|  | If Metals, Asbestos, Cyanide, or Phenols are present, provide concentrations in milligrams per liter (mg/L): | | | | | | | | | | | | | | | | | |
|  | 1. Antimony (total) (Sb) | | | | | mg/L | | | | | 9. Nickel (total) (Ni) | | | | | | mg/L | |
|  | 2. Arsenic (total) (As) | | | | | mg/L | | | | | 10. Selenium (total) (Se) | | | | | | mg/L | |
|  | B. Industrial Wastewater Information (continued) | | | | | | | | | | | | | | | | | |
|  | 3. Beryllium (total) (Be) | | | | | mg/L | | | | | 11. Silver (total) (Ag) | | | | | | mg/L | |
|  | 4. Cadmium (total) (Cd) | | | | | mg/L | | | | | 12. Thallium (total) (Tl) | | | | | | mg/L | |
|  | 5. Chromium (hexavalent) | | | | | mg/L | | | | | 13. Zinc (total) (Zn) | | | | | | mg/L | |
|  | 6. Chrome (total) (Cr) | | | | | mg/L | | | | | 14. Asbestos | | | | | | mg/L | |
|  | 7. Copper (total) (Cu) | | | | | mg/L | | | | | 15. Cyanide (total) (CN) | | | | | | mg/L | |
|  | 8. Lead (total) (Pb) | | | | | mg/L | | | | | 16. Phenols (total) | | | | | | mg/L | |
|  | 6b. Toxic Pollutants (See Section 16B in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | If toxic pollutants are present, provide the total toxic pollutants concentration in micrograms per liter (ug/L): | | | | | | | | | | | | | | | | | |
|  | 6b1. Total Toxic Pollutants Concentration (ug/L) | | | | | | | | NOTE: Use the **Toxic Pollutants Form** to list individual toxic chemicals and their concentrations. | | | | | | | | | |
|  | 6c. Total Petroleum Hydrocarbons (TPH) > 15 mg/L | | | | | | | | | | | | | | | | | |
|  | 6d. pH <5 and >10 Standard Units (S.U) | | | | | | | | | | | | | | | | | |
|  | 6e. Other\* | | | | | | | | | | | | | | | | | |
|  | \*If other pollutants are present, describe them: | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  |
|  | 7. Is Mercury (Hg) present in your industrial wastewater **before** pretreatment, or if not treated, before discharge? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Question 8. | | | | | | | | | | | | | | |
|  | 7a. If Yes, have you identified all possible mercury sources and taken all reasonable steps to eliminate the mercury? | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 8. | | | | | | | | | | | | | | |
|  | 7b. If No, explain why. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  | B. Industrial Wastewater Information (continued) | | | | | | | | | | | | | | | | | |
|  | 8. What is the name of the Publicly Owned Treatment Works (POTW) that receives your wastewater? (See Appendix C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Name of POTW | | | | | | | | | |  | | | | | | | |
|  | 9. Do you have a current sewer connection discharge permit or a current written approval issued by your local POTW? (See Section 16B in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, you must obtain either a permit or, if a permit is not required, a written approval from your local POTW to discharge BEFORE you can submit this application. | | | | | | | | | | | | | | |
|  |  | | |
|  | If you have a permit, provide the following information, then skip to Question 10. | | | | | | | | | | | | | | | | | |
|  | 9a. Permit Number | | | | | | | | | | 9b. Permit Expiration Date | | | | | | | |
|  | If you have a written approval, provide the following information: | | | | | | | | | | | | | | | | | |
|  | 9c. Date of Approval Letter | | | | | | | | | | 9d. Name of Person Who Signed the Letter | | | | | | | |
|  | 10. Are your POTW and local Sewer Authority the same entity? (See Section 16B in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 12. | | | | | | | | | | | | | | |
|  | 11. Do you have a current sewer connection discharge permit or a current written approval issued by your local Sewer Authority? (See Section 16B in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | If No, you must obtain either a permit or written approval from your local Sewer Authority to discharge **BEFORE** you can submit this application. | | | | | | | | | | | | | | |
|  | If you have a permit, provide the following information, then skip to Question 12. | | | | | | | | | | | | | | | | | |
|  | 11a. Permit Number | | | | | | | | | | 11b. Permit Expiration Date | | | | | | | |
|  | If you have a written approval, provide the following information: | | | | | | | | | | | | | | | | | |
|  | 11c. Date of Approval Letter | | | | | | | | | | 11d. Name of Person Who Signed the Letter | | | | | | | |
|  | 12. Is your facility currently classified as a Categorical Industrial User (CIU) pursuant to Federal Regulations? (See Section 16C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If No, skip to Section C. | | | | | | | | | | | | | | |
|  | 12a. List all the Categorical Pretreatment Standards applicable to your facility. | | | | | | | | | | | | | | | | | |
|  | 12a1. Part Number | | | | | | | | | | Point Source Category | | | | | | | |
|  | 12a2. Part Number | | | | | | | | | | Point Source Category | | | | | | | |
|  | 12a3. Part Number | | | | | | | | | | Point Source Category | | | | | | | |
|  | 12a4. Part Number | | | | | | | | | | Point Source Category | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | C. Industrial Wastewater Pretreatment System | | | | | | | | | | | | | | | | | |
|  | 1. Do you have an on-site industrial wastewater pretreatment system (IWPS) to treat your industrial wastewater? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Section D. | | | | | | | | | | | | | | |
|  | 1a. How many IWPSs do you have? | | | | | | | | | | | | | | | | | |
|  | Number | | | | **NOTE:** If you have more than one IWPS, please use an Additional IWPS Form for each additional IWPS. | | | | | | | | | | | | | |
|  | 1b. Provide a unique identifier (i.e. name) for this IWPS: | | | | | | | | | | | | | | | | | |
|  | Identifier/Name | | | | | | | | | | | | | | | | | |
|  | 1c. What is the Total Design Capacity of this IWPS? | | | | | | | | | | | | | | | | | |
|  | Gallons Per Day | | | |  | | | | | | | | | | | | | |
|  | 1d. What is the Average Daily Flow of this IPWS? (Estimate if this is a new facility.) | | | | | | | | | | | | | | | | | |
|  | Gallons Per Day | | | |  | | | | | | | | | | | | | |
|  | 1e. What is the Maximum Daily Flow of this IWPS? (Estimate if this is a new facility.) | | | | | | | | | | | | | | | | | |
|  | Gallons Per Day | | | |  | | | | | | | | | | | | | |
|  | 2. Is your IWPS designed and constructed to meet all local discharge standards and the applicable Categorical Industrial User (CIU) standards in 40 CFR Chapter I, Subchapter N? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, you must take immediate steps to address the non-compliance **BEFORE** you can submit this application. | | | | | | | | | | | | | | |
|  | 3. Does this IWPS treat hazardous industrial wastewater or hazardous industrial wastewater sludge as defined in 314 CMR 12.02? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Question 12. | | | | | | | | | | | | | | |
|  | 3a. Are you treating concentrated chemical baths, e.g. spent chemical baths, or off-specification products? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Question 4. | | | | | | | | | | | | | | |
|  | 3b. If Yes, describe the concentrated chemical baths you are treating. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  | 4. Does your IWPS meet the requirements of “treatment which is an integral part of the manufacturing process” as defined in 310 CMR 30.010? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If Yes, skip to Question 7. | | | | | | | | | | | | | | |
|  | C. Industrial Wastewater Pretreatment System (continued) | | | | | | | | | | | | | | | | | |
|  | 5. Do you store hazardous industrial wastewater or hazardous industrial wastewater sludge that is generated in your IWPS or in your production processes, in tanks or containers?  **Note:** If you use in-ground tanks for storage of hazardous industrial wastewater or sludge and your IWPS is located in a Drinking Water Zone (see the Instructions; reference language in 310 CMR 30.605), you are not eligible to apply for a BRP WP 92 permit. You must obtain a sewer permit under BRP WP 91 (see the Instructions). | | | | | | | | | | | | | | | | | |
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|  |
|  |
|  | Yes  No\* | | | \* If No, skip to Question 7. | | | | | | | | | | | | | | |
|  | 6. Are you in compliance with the requirements for tanks and containers in 310 CMR 30.342 and 343? (See Section 16C in the Instructions). | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, you must take immediate steps to address the non-compliance BEFORE you can submit this application. | | | | | | | | | | | | | | |
|  | 7. Do you have a U.S. Environmental Protection Agency (EPA) hazardous waste generator identification number? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Question 7b. | | | | | | | | | | | | | | |
|  | 7a. What is your EPA identification number? | | | | | | | | | | | | | | | | | |
|  | EPA ID # | | | | | | | | | Skip to Question 8. | | | | | | | | |
|  | 7b. Explain why you do not have an EPA identification number. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  |
|  | 8. Do you have a visible sign in place that warns against unauthorized entry into the IWPS area? | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 9. | | | | | | | | | | | | | | |
|  | 8a. Explain why you do not have a visible sign in place. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  |
|  | 9. Do you have the required spill containment for the IWPS? (See Section 16C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 10. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | C. Industrial Wastewater Pretreatment System (continued) | | | | | | | | | | | | | | | | | |
|  | 9a. Explain why you do not have the required spill containment. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  |
|  | 10. Is your IWPS located on land subject to flooding from a 100-year storm? (See Section 16C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Question 12. | | | | | | | | | | | | | | |
|  | 11. Are you in compliance with the flood-proofing provisions in 310 CMR 30.701(2)? (See Section 16C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If Yes, skip to Question 12. | | | | | | | | | | | | | | |
|  | 11a. Explain why you are not in compliance with the flood-proofing provisions in 310 CMR 30.701(2). | | | | | | | | | | | | | | | | | |
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|  | 12. What type of IWPS do you have? (Check all that apply.) | | | | | | | | | | | | | | | | | |
|  | Continuous Discharge IWPS | | | | | | | | | | Batch IWPS | | | | | | | |
|  | 13. Is the IWPS exempt from classification? (See Section 16C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 14. | | | | | | | | | | | | | | |
|  | 13a. What is the classification of this IWPS? (See Section 16C in the Instructions and 257 CMR 2.13: Classification of Wastewater Treatment Facilities.) | | | | | | | | | | | | | | | | | |
|  | Class 1I | | | | | | Class 2I | | | | | | | Class 3I | | | | |
|  | Class 4I | | | | | | Class 5 or 6C | | | | | | | Class 1M | | | | |
|  | Class 2M | | | | | | Class 3M | | | | | | | Class 4M | | | | |
|  | 13b. Is the IWPS classification determined by the Board of Certification of Operators of Wastewater Treatment Facilities? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | |
|  | C. Industrial Wastewater Pretreatment System (continued) | | | | | | | | | | | | | | | | | |
|  | 14. Is the IWPS staffed in accordance with the requirements of 314 CMR 12.11(2)(j) and 257 CMR 2.13? (See Section 16C in the Instructions.) | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 15. | | | | | | | | | | | | | | |
|  | 14a. Explain why the IWPS is not staffed in accordance with 314 CMR 12.11(2)(j) and 257 CMR 2.13. | | | | | | | | | | | | | | | | | |
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|  | 15. Is this your first permit application for Industrial Sewer User for this IWPS? Or is this application a request for modification of this IWPS that currently has a permit for Industrial Sewer User? | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, you need to submit as an attachment the process flow diagram and description of the principal treatment processes for your IWPS. Otherwise, skip to Question 17. | | | | | | | | | | | | | | |
|  |  | | |
|  | 16. How many attachments are included with this application in response to Question 15? | | | | | | | | | | | | | | | | | |
|  | Number of Attachments | | | |  | | | | | | | | | | | | | |
|  | 17. Have your sewer connection and IWPS been designed and constructed in compliance with the design and construction standards as set forth in 314 CMR 12.11(1)? | | | | | | | | | | | | | | | | | |
|  | Yes  No\* | | | \* If No, skip to Question 17b. | | | | | | | | | | | | | | |
|  | 17a. What is the Massachusetts Registered Professional Engineer (MAPE) signature date on the engineering plans? | | | | | | | | | | | | | | | | | |
|  | Date | | | | Skip to Question 18. | | | | | | | | | | | | | |
|  | 17b. Explain why your sewer connection and IWPS have not been designed and constructed in compliance with the design and construction standards as set forth in 314 CMR 12.11(1). | | | | | | | | | | | | | | | | | |
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|  |
|  | 18. Provide the following information about the Massachusetts Registered Professional Engineer (MAPE) who reviewed, stamped, and signed your engineering plans: | | | | | | | | | | | | | | | | | |
|  | 18a. Name | | | | | | | | | | 18b. Phone Number | | | | | | | |
|  | 18c. Mass. P.E. License Number | | | | | | | | | | 18d. Mass. P.E. Specialty | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | |
|  | C. Industrial Wastewater Pretreatment System (continued) | | | | | | | | | | | | | | | | | |
|  | 19. Do you have an IWPS operation and maintenance manual that complies with the procedures and other requirements in 314 CMR 12.11(2)? | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 20. | | | | | | | | | | | | | | |
|  | 19a. Explain why you do not have the required IWPS operation and maintenance manual. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  |
|  | 20. Are you keeping your IWPS operation and maintenance manual current? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | |  | | | | | | |  | | | | | | | |
|  | 21. Are you implementing your IWPS operation and maintenance manual? | | | | | | | | | | | | | | | | | |
|  | Yes  No | | |  | | | | | | |  | | | | | | | |
|  | D. Monitoring, Reporting & Recordkeeping | | | | | | | | | | | | | | | | | |
|  | 1. Are you keeping your currently effective sewer discharge permit(s), IWPS plan(s), and current operation and maintenance manual(s) (as applicable) on-site at all times? | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, skip to Question 2. | | | | | | | | | | | | | | |
|  | 1a. Explain why you are not keeping these records on-site at all times. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
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|  | 2. Are you keeping all your required records, including your wastewater monitoring and analyses records, operation and maintenance records and logs, bills of lading, summary reports of all incidents requiring implementation of the safety plan, and hazardous waste manifests (as applicable) on-site for at least three years? | | | | | | | | | | | | | | | | | |
|  |
|  | Yes\* | | | No | | | | | | | \* If Yes, skip to Question 3. | | | | | | | |
|  | 2a. Explain why you are not keeping these records on-site for at least three years. | | | | | | | | | | | | | | | | | |
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|  | D. Monitoring, Reporting & Recordkeeping (continued) | | | | | | | | | | | | | | | | | |
|  | 3. [Reserved for Toxics Reporting] | | | | | | | | | | | | | | | | | |
|  | Additional reporting requirements will be added to this section in the future. | | | | | | | | | | | | | | | | | |
|  | E. General & Specific Prohibitions | | | | | | | | | | | | | | | | | |
|  | 1. After carefully reviewing all of the general and specific prohibitions listed below, are you in compliance with these General and Specific Prohibitions? | | | | | | | | | | | | | | | | | |
|  | Yes\*  No | | | \* If Yes, read Section F and then complete Section G. | | | | | | | | | | | | | | |
|  | 1a. Identify all the prohibitions you are not in compliance with and explain why. Attach an additional sheet of paper to this form, if necessary. | | | | | | | | | | | | | | | | | |
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|  | E. General & Specific Prohibitions (continued) | | | | | | | | | | | | | | | | | |
|  | **1. General Prohibitions.** The permittee shall not:  a. Discharge, or cause to be discharged, to a POTW any substances, materials, or wastewater that may:  i. harm the sewers, POTW wastewater treatment process or equipment;  ii. have an adverse impact on the receiving waters; or  iii. otherwise create a nuisance or endanger public health, safety, or the environment.  b. Introduce pollutants into POTWs that pass through the POTW or interfere with its operation or performance.  c. Discharge wastewater or allow discharge of wastewater through any sewer connection that would result in a hazard to the public health or safety.  d. Discharge bypass wastewater or allow discharge of bypass wastewater through any sewer connection. If bypassing due to an emergency condition occurs, the Department and POTW shall be notified in accordance with 314 CMR 12.03(8). Such notification or its acknowledgement shall not be construed as permission by the Department or POTW to discharge bypass wastewater.  e. Discharge hazardous waste or allow the discharge of hazardous waste through any sewer connection.  **2. Specific Prohibitions.** The permittee shall not introduce into a POTW or its wastewater collection system the following:  a. Pollutants which may create a fire, explosion, or other hazard in the POTW or its wastewater collection system.  b. Pollutants which may cause corrosive structural damage to the POTW or its wastewater collection system. In no case shall discharges with a pH lower than 5.0 Standard Units (S.U.) or more than 10.0 S.U. be allowed, unless the local limit allows such discharges.  c. Solid or viscous pollutants in amounts which may cause obstruction to the flow in the POTW or its wastewater collection system or may result in interference.  d. Any pollutant, including oxygen-demanding pollutants, discharged at a flow rate or pollutant concentration that will cause interference with the POTW or its wastewater collection system.  e. Heat in amounts which may inhibit biological activity in the POTW, resulting in interference. In no case shall heat in such quantities that the temperature at the POTW treatment plant exceeds 40º C (104º F) be discharged, unless the Department, upon request of the POTW, approves alternate temperature limits.  f. More than one part per billion (ppb) of mercury. In the event a local mercury limit established under 314 CMR 12.09(1) is applicable to an indirect discharge to a POTW, the most stringent mercury standard shall apply. | | | | | | | | | | | | | | | | | |
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|  | F. Additional Conditions | | | | | | | | | | | | | | | | | |
|  | a. All discharges shall be in compliance with the terms and conditions of this permit. The discharge of any wastewater at a level in excess of that identified and authorized by this permit shall constitute a violation of the terms and conditions of this permit. Such a violation may result in the imposition of civil and/or criminal penalties as provided for in M.G.L. c.21, Section 42.  b. After notice and opportunity for a hearing, this permit may be modified, suspended, or revoked in whole or in part during its term for cause including, but not limited to, the following:  i. Violation of any terms or conditions of the permit;  ii. Obtaining a permit by misrepresentation or failure to disclose fully all relevant facts; or  iii. A change in conditions, or the existence of a condition, which requires either a temporary or permanent reduction or elimination of the authorized discharge.  c. The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges; nor does it authorize or relieve the permittee of any liability for any injury to private property or any invasion of personal rights; nor any infringement of Federal, State, or local laws or regulations; nor does it waive the necessity of obtaining any local assent required by law for the discharge authorized herein by the Department.  d. The provisions of this permit are severable, and the invalidity of any condition or subdivision thereof shall not make void any other condition or subdivision thereof. | | | | | | | | | | | | | | | | | |
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|  | F. Additional Conditions (continued) | | | | | | | | | | | | | | | | | |
|  | e. All information and data provided by an applicant or a permittee identifying the nature and frequency of a discharge shall be available to the public without restriction. All other information (other than effluent data) which may be submitted by an applicant in connection with a permit application shall also be available to the public unless the applicant or permittee is able to demonstrate that the disclosure of such information or particular part thereof to the general public would divulge methods or processes entitled to protection as trade secrets in accordance with the provisions of M.G.L. c.21, Section 27(7). Where the applicant or permittee is able to so demonstrate, the Department shall treat the information or the particular part (other than effluent data) as confidential and not release it to any unauthorized person. Such information may be divulged to other officers, employees, or authorized representatives of the Commonwealth or the United States Government concerned with the protection of public water or water supplies.  f. Transfer of Permits. Any sewer system connection permit authorizing an industrial discharge to a sewer system is only valid for the person to whom it is issued, unless prior to transfer:  i. The current permittee notifies the Department in writing at least 30 days in advance of the proposed transfer date; and  ii. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibilities, and liability to the new permittee.  g. This permit (BRP WP 91/BRP WP 92) authorizing the discharge expires five (5) years from the date of issuance. The permittee shall apply for a renewal of this permit at least ninety (90) days prior to the expiration date, in accordance with 314 CMR 7.09(3)(b), for continued lawful discharges beyond the expiration date. If the permittee (BRP WP 92 only) is in compliance with 314 CMR 7.05(1)(h), then permit renewal is exempted.  h. All solids, sludge, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters shall be collected, treated, and disposed of in accordance with applicable provisions in the following:  i. Hazardous waste regulations (310 CMR 30.000).  ii. Solid waste regulations (310 CMR 19.00).  iii. Sewer discharge regulations (314 CMR 7.00).  iv. Any other applicable federal, state and local laws.  i. All samples shall be analyzed by a Massachusetts Certified Laboratory.  j. The permittee shall provide the Department, and the Department’s employees, authorized representatives and contractors, access at to the facility at all reasonable times, including during wastewater treatment system operation or wastewater discharge, for purposes of conducting activities related to oversight of this permit, including inspections to monitor compliance with the terms herein. The permittee shall allow the Department to obtain information related to compliance with the requirements of this permit. Notwithstanding any provision of this permit, the Department retains all of its access authorities and rights under applicable state and federal law. | | | | | | | | | | | | | | | | | |
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|  | COMPLETE SECTION G: CERTIFICATION STATEMENT ON NEXT PAGE > | | | | | | | | | | | | | | | | | |
|  | G. Certification Statement | | | | | | | | | | | | | | | | | |
|  | "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 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 certify that this facility is in compliance with all conditions and requirements of this permit, and all applicable statutes and regulations. I further certify that systems to maintain compliance are in place at the facility or unit and will be maintained even if processes or operating procedures are changed. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations."  (I will be responsible for publication of public notice of the applicable permit proceedings identified under 314 CMR 2.06(1)(a) through (d).) | | | | | | | | | | | | | | | | | |
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|  | Signature of Applicant | | | | | | | | | |  | | | | | | | |
|  | Date Signed | | | | | | | | | | Name of Preparer | | | | | | | |
|  | Printed Name of Applicant | | | | | | | | | | Title | | | | | | | |
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|  | MassDEP Use Only | | | | | | | | | | | | | | | | | |
|  | **Special Conditions:** | | | | | | | | | |  | | | | | | | |
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|  | This document is a permit issued pursuant to Massachusetts General Laws, Chapter 21, Section 43 and Massachusetts regulations at 314 CMR 7.00. The permittee shall comply with all of the provisions contained in the permit application which are hereby incorporated and made part of this permit. | | | | | | | | | | | | | | | | | |
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|  | Date Issued | | | | | | | | | |  | | | | | | | |
|  | Permit Effective Date | | | | | | | | | | Permit Expiration Date | | | | | | | |
|  | MassDEP | | | | | | | | | | Signature | | | | | | | |