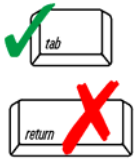




- BRP WP 86 Permit and Plan Approval for Type II Wastewater Treatment Facility**
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**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**Please Note:** A discharge is considered Industrial Wastewater only if the facility is one covered by the SIC Codes listed in Question 2 of the Permit Application Fact Sheet.

## A. General Information

1. Which permit category are you applying for?

- BRP WP 86** Permit and Plan Approval for Type II Wastewater Treatment Facility
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- BRP WP 90** Plan Approval Modification for BRP WP 86 or BRP WP 87

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

2. Applicant Information:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Street Address

City/Town	State	Zip Code
Telephone	email	
Federal Employer Tax Identification Number (FEIN or TIN)		

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

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address/PO Box

City/Town	State	Zip Code
Telephone	email	

**DEP USE ONLY**

Application #	City/Town	State		Zip Code
	Telephone	email		



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## A. General Information (cont.)

4. The legal entity which owns this facility is:

Individual       Private       Corporation       Federal

State/County       Municipality       Other: \_\_\_\_\_

**Please provide legal ownership documents with this application.**

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 that operates the treatment 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 number 1 above.

\_\_\_\_\_  
Operator Name

\_\_\_\_\_  
Operator Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
email

\_\_\_\_\_  
Operator's License Number and Grade

## 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, had a filing been made?  Yes       No

\_\_\_\_\_  
EOEA File Number



**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Industrial Wastewater Groundwater Discharge Permits

Transmittal Number # \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

**BRP WP 86 Permit and Plan Approval for Type II Wastewater Treatment Facility**

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**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. Is the discharge for this facility within:

- a. The Zone I, Zone A, Zone II or Interim Wellhead Protection Area of a public water supply?  
 Yes                       No

**STOP! The discharge of industrial wastewaters is prohibited in these areas.**

- b. A private water supply area?  
 Yes                       No

- c. A sole source aquifer?  
 Yes                       No

- 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

Specify

- 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

- 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

- a. Description of the order or agreement (include enforcement document number if applicable):



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**B. Project Information (cont)**

b. List Identification No. of Affected treatment facility, description of project, and final compliance date:

Identification Number	Description of Project	Final compliance Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has a hydrogeologic study been performed to determine the potential impact on the groundwater of the discharge or activity?

Yes: \_\_\_\_\_  
BRP WP 83 Application Transmittal Number      Date of Approval

*Please attach copy of the DEP Hydrogeologic Approval letter.*

No

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

7. Are there any ground water monitoring wells currently in place in the vicinity of the discharge or proposed discharge?

Yes *If yes, please attach information on the type and location of the wells and available monitoring data.*

No

8. Have plans and specifications for the treatment works been approved by the Department or, if approved prior to July 1975, by the Department of Public Health?

Yes *If yes, please attach copy of plans and specifications and approval letter*       No

9. Is there a local regulation governing the construction of wastewater treatment facilities?

Yes *Please attach a copy of the local approval*       No

10. Have opportunities for reclaimed water been evaluated?

Yes       No



## Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Industrial Wastewater Groundwater Discharge Permits

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Facility ID (if known) \_\_\_\_\_

---

### C. Facility Information

1. Facility Status:

Existing  Proposed  Industrial Wastewater Treatment System (IWTS) Modification

**Please Note:** If Proposed or IWTS modified, include the Certification Statement with the application.

2. Location of Facility:

a. For permit renewal only: Are conditions in 2b & 2c the same in the last 5 years?

Yes - If yes, then skip to 2d  No

b. GPS Coordinates:

1. Enter Latitude and Longitude to the nearest whole second for both the wastewater treatment facility and the effluent disposal area.

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.html](https://maps.massgis.digital.mass.gov/images/dep/xyinfo/get_xy.html)

c. 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.



**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Industrial Wastewater Groundwater Discharge Permits

Transmittal Number # \_\_\_\_\_

**BRP WP 86 Permit and Plan Approval for Type II Wastewater Treatment Facility**

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**C. Facility Information (cont)**

d. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. 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.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____

b. Please show the location of your water sources on the map described in question 2c.  
*Please note: This does not apply if answer to question 2a was "Yes".*

4. Nature of business:

a. Briefly describe the nature of your business. Include product produced or services provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**C. Facility Information (cont)**

b. Industrial Classifications:

List, in descending order of significance, the four (4) digit standard industrial classification (SIC) codes that best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words.

Please Note: Applications without SIC Codes will NOT be accepted.

SIC Code	Description
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

5. Provide location and method of wastewater treatment solids disposal?

\_\_\_\_\_

\_\_\_\_\_

6. Flow:

For each IWTS, provide an identification number, total design flow, average daily flow, maximum daily flow, and treatment technology (attach a flow schematic with all details listed in Engineering Report Requirements guidance) :

Identification Number for each IWTS	Total design flow	Ave. daily flow (estimate if it is new facility)	Max. daily flow (estimate if it is new facility)	Treatment technology
_____	_____ gpd	_____ gpd	_____ gpd	_____
_____	_____ gpd	_____ gpd	_____ gpd	_____
_____	_____ gpd	_____ gpd	_____ gpd	_____



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**C. Facility Information (cont.)**

7. Discharge point:

For each discharge point, list the average flow for each source in the following table:

<b>Sources:</b>	Discharge #	Discharge #	Discharge #	Discharge #
Treated water from IWTS	gpd	gpd	gpd	gpd
Non-contact cooling water	gpd	gpd	gpd	gpd
Sanitary wastewater	gpd	gpd	gpd	gpd
Other, please explain:	gpd	gpd	gpd	gpd
<b>Total:</b>	gpd	gpd	gpd	gpd

8. Effluent Limitations:

a. List any pollutant you know or have reason to believe is discharged or may be discharged from the IWTS, or other operation facilities. For every pollutant you list, briefly describe the reason you believe it to be present, its approximate concentration in the discharge and any analytical data in your possession which will support your statement. Additional wastewater analysis may be required as part of this application. (Attach additional sheets if necessary):

<b>Discharge #</b>	<b>Pollutant</b>	<b>Concentration</b>	<b>Source</b>	<b>Available Data</b>

b. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next five years exceed three times the approximate concentrations reported in question 8a?

- Yes       No

If Yes, explain below:

\_\_\_\_\_

\_\_\_\_\_





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- Facility ID (if known) \_\_\_\_\_

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**C. Facility Information (cont.)**

c. Are you planning on adding any new processes over the next five years?

Yes       No

If Yes, explain below:

---

---

d. Are hazardous wastes generated at your facility?

Yes       No

If Yes, explain below:

---

---

e. Are organic compounds used at your facility?

Yes       No

If Yes, explain below

---

---

9. Biological Toxicity Testing Data:

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of the discharges within the last three years?

Yes       No

If Yes, explain below:

---

---



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**C. Facility Information (cont.)**

10. Contract Analysis Information:

Were any of the analyses or testing reported in questions 8 or 9 performed by a contract laboratory or consulting firm?

Yes                       No

If Yes, please provide the laboratory information requested below:

\_\_\_\_\_  
Name of Laboratory

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town    State    Zip code

\_\_\_\_\_  
Telephone    email

**D. Certification**

"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 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 identified under 314 CMR 2.06(1)(a) through (d)."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Title of Preparer

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
email