



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES)
Permitting Program

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

WM 05, 06, 07

Surface Water Discharge (NPDES Individual) Permit Application

To be filed by all persons required to obtain a permit to discharge Industrial or Non-Industrial Wastewater to waters of the Commonwealth.

A. Facility Information

1. Permit # (if known), name, address, and telephone number of facility producing the discharge:

Permit # (if known)

Name

Street address

City

State

Zip Code

Telephone number (including extension)

E-mail address (optional)

Billing address (if different):

Street/PO Box

City

State

Zip Code

Discharge Site:

Facility Name

Street address

City

State

Zip Code

Ownership: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (specify):

Status: ☐ Private ☐ Public ☐ Other (specify):

Major/Minor: ☐ Major ☐ Minor

2. Contact Person:

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and can be contacted by the Surface Water Discharge (NPDES) Program if necessary.

Name

Title

Telephone Number (including extension)

DEP Use Only
Application #
Date Received



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A. Facility Information (cont.)

3. Facility Status:

☐ Existing ☐ Proposed

4. 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

5. Does this project require a filing under 301 CRM 11.00, the Massachusetts Environmental Policy Act (MEPA)?

☐ Yes ☐ No

If yes, has a filing been made?

☐ Yes ☐ No

6. Submit a copy of the required US EPA Forms to MassDEP:

The Forms are located at the following link: <https://www.epa.gov/npdes-permits/epa-npdes-permit-forms-attachments-new-england>

B. 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.

Signature of applicant

Date Signed

Printed name of applicant

Name of Preparer

Title

Title

Telephone Number (including extension)