|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection –Title 5 Permitting  Approval of Alternative Technologies  **BRP WP 61a, Approval of Alternative Systems for Remedial Use**  **BRP WP 61b, Approval of Alternative Systems for Piloting, Provisional Use, or Certification for General Use**  **BRP WP 75a, Modification of Alternative System Approval or Certification**  **BRP WP 75b, Renewal of Alternative System Approval or Certification** | | | | | | | | | Please do not mail.  Submit through ePlace.  See instructions. | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Important**: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.    If you press the enter or return key, please press the backspace key until the form returns to normal. | Please read the **Instructions and Supporting Materials** before filling out this form. | | | | | | | | | | | |
| A. General Information | | | | | | | | | | | |
| 1. Permit Category: | | | | | | | | | | | |
| BRP WP61a | Approval of Alternative Systems for Remedial Use | | | | | | | | | | |
| BRP WP61b | Approval of Alternative Systems for Piloting Provisional Use, or Certification for General Use | | | | | | | | | | |
| BRP WP75a | Modification of Alternative System Approval or Certification | | | | | | | | | | |
| BRP WP75b | Renewal of Alternative System Approval or Certification | | | | | | | | | | |
|  | If a modification or renewal, which type | | | | | | | | | | |
|  | Remedial Use | | | | | Piloting | | | | | |
|  | Provisional Use | | | | | Certification for General Use | | | | | |
|  |  |  | | | | |  | | | | | |
| An applicant is considered to be the firm, individual, or other legal entity seeking or required to apply for a DEP approval or determination. | 2. Applicant Information: | | | | | | | | | | | |
| Legally Responsible Official | | | | | | | | | | | |
| Company Name | | | | | | | | | | | |
| Organizational Structure, i.e., corporation, partnership, etc. | | | | If corporation, state where incorporated | | | | | | | |
| Street Address/PO Box | | | | City/Town | | | | State | | Zip Code |
| Telephone Number | | Fax Number | | | | | Email Address | | | | |
| Person to be contacted in the event of questions with this application.  If contact and applicant are the same person, write "same". |  | | | | | | | | | | | |
| Contact Person | | | | | | | | | | | |
| Company Name | | | | | | | | | | | |
| Street Address/PO Box | | | | City/Town | | | | State | | Zip Code | |
|  | Telephone Number | | Fax Number | | | | | Email Address | | | | |
|  |  | | | | | | | | | | | |
|  | B. Technology Information | | | | | | | | | | | |
|  | 1. Indicate trade name of the technology and model numbers: | | | | | | | | | | | |
|  | Trade name of technology | | | | | Model numbers | | | | | | |
|  | Trade name of technology | | | | | Model numbers | | | | | | |
|  | Trade name of technology | | | | | Model numbers | | | | | | |
|  | Trade name of technology | | | | | Model numbers | | | | | | |
|  | 2. Approval for: | | | | |  | | | | | | |
| Indicate the type of use for which the approval is being sought. | Remedial Use | | | | | Provisional Use | | | | | | |
| Certification for General Use | | | | | Modification | | | | | | |
|  | Piloting | | | | | Renewal | | | | | | |
|  | 3. Performance Data: | | | | |  | | | | | | |
|  | Is testing or performance data available for the system or has new testing or performance data become available since the last application filed with DEP? For Modifications or Renewals, has additional data become available?  Yes  No | | | | | | | | | | | |
|  |
|  | If yes, indicate source of data and attach copies: | | | | | | | | | | | |
|  | Other states | | | | | Independent third parties | | | | | | |
|  | NSF | | | | | Other | | | | | | |
|  | 4. Briefly describe the alternative system (attach additional sheets if necessary): | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |
|  |
|  |
|  |
|  |
|  |  | | | | | | | | | | | |
|  | B. Technology Information (cont.) | | | | | | | | | | | |
|  | 5. Indicate the proposed alternative design standards for which approval is being sought: | | | | | | | | | | | |
|  | Alternative leaching system  Enhanced nitrogen removal credit | | | | | | | | | | | |
|  | Alternative loading rates and leach field sizing | | | | | | | | | | | |
|  | Other (please specify design standard): | | | | | | | | | | | |
| Provide specific proposed alternative design standards, referencing relevant portions of Title 5 regulations. Attach additional pages as needed. |  | | | | | | | | | | | |
|  |
|  |
|  | 6. Cost information (not needed for renewals): | | | | | | | | | | | |
| Provide any cost information concerning this technology. Attach documents as needed. |  | | | | | | | | | | | |
| 7. Approvals/Denials: | | | | | | | | | | | |
| Has your alternative technology been approved or denied in other states? For modifications or renewals, has the system been approved or denied in other states since your last filing with MA DEP? | | | | | | | | | | | |
| Yes (Please attach copies of state approval or denial letters) | | | | | | | | | | | |
| No | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | B. Technology Information (cont.) | | | | | | | | | | | |
|  | 8. Operation and Maintenance: Summarize O&M requirements and attach an operation and maintenance manual, including information on substances that should not be discharged to the system, a maintenance checklist, and a recommended schedule for maintenance (attach additional sheets if necessary). Electronic copies of this information will be required at time of approval; do not send electronic copies with this application. | | | | | | | | | | | |
| **New Applications:** describe the design and O&M requirements.  **Modifications or Renewals:** describe any design or O&M change being proposed or implemented since the last application. |
|  | | | | | | | | | | | |
|  | 9. Sampling Protocol: Attach a standard protocol for sampling in accordance with the latest edition of Standard Methods for the Examination of Water and Wastewater, including recommended sampling ports and locations. For Renewals, attach any recommended changes to the sampling protocol since the last application. | | | | | | | | | | | |
|  |
|  | 10. Minimum installation requirements: Describe installation procedures for the units, including any special requirements (attach additional sheets if necessary): | | | | | | | | | | | |
| **New Applications:** describe the minimum requirements for installation.  **Modifications or Renewals:** describe any change since last application. |  | | | | | | | | | | | |
|  |
|  | **B. Technology Information (cont.)** | | | | | | | | | | | |
| **New Applications:** describe the training program and provide outline.  **Modifications or Renewals:** describe any change since last application. | 11. Training program for operators, designers, and installers: Outline a training program and proposed training schedule (attach additional sheets if necessary): | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |
|  | C. 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 | | | Date | | | | | | | | |
|  | Print Name | | | Name of Preparer | | | | | | | | |