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Submit through ePlace.
See instructions.

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Groundwater Discharge Program
Individual Permits: Groundwater Discharge Permits;
Reclaimed Water Use Permit; or
Permit Renewal/Modification

Application for Permit to Discharge to Groundwaters of the Commonwealth or for Reclaimed Water Use

- BRP WP 11** Individual Permit Renewal/Modification with Plan Approval
- BRP WP 12** Individual Permit Renewal/Modification without Plan Approval
- BRP WP 79** Individual Permit for Groundwater Discharge from a Sewage Treatment Plant
- BRP WP 84** Individual Permit for Reclaimed Water Use
- BRP WP 85** Individual Permit for Other Groundwater Discharges

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 11** Individual Permit Renewal/Modification with Plan Approval
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- BRP WP 85** Individual Permit for Other Groundwater Discharge

*Please Note: In accordance with 314 CMR 5.09, these permit categories may require that a Hydrogeological Evaluation 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:

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 (PWTF), the applicant shall meet the requirements set forth in 314 CMR 5.15(1) thru (3).

In accordance with 314 CMR 20.10(2), the owner of an existing or proposed reclaimed water system shall apply for the permit and shall meet the requirements set forth in 314 CMR 20.14.

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



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A. General Information (cont.)

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

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

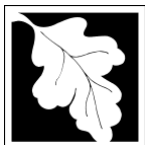
4. The legal entity which owns this facility is:

Private: Individual Corporation Trust Partnership Sole Proprietorship
 Other (specify): _____

Public: Municipality Federal State/County
 Other (specify): _____

5. Facility Information:

Name of facility		
Address		
City/Town	State	Zip Code
Telephone	Email Address	



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A. General Information (cont.)

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 number 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):

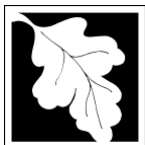
Preparer's Name	Preparer's Company		
Address			
City/Town	State	Zip Code	Telephone
Preparer's Signature	Email Address		

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

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.



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B. Project Information (cont.)

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

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):

b) Identification No. of Affected Treatment Facility _____



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B. Project Information (cont.)

c) Description of Project:

_____ Final Compliance Date

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

Yes - Application Transmittal Number: _____

Date of Approval: _____

Please attach copy of the DEP Hydrogeologic Report Approval Letter.

No – **STOP: Please Note:** *In accordance with 314 CMR 5.09, these permit categories may require that a Hydrogeological Evaluation be submitted to the Department prior to the submittal of the permit application. Please see the application form and instructions for **BRP WP 83**.*

7. Are there any groundwater 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 (see instructions) 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.**

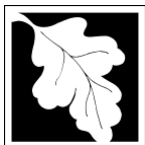
No

9. Have opportunities for reclaimed water been evaluated? Yes No

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

Yes **If yes, please include a copy of the local approval.**

No



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C. Facility Information (cont.)

6. Type of treatment and disposal system:

7. Location and method of wastewater treatment solids disposal:

8. If a commercial establishment:

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

Yes No

If yes:

Specify type of wastewater _____

Quantity gpd _____

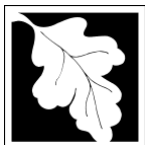
Method and location of disposal _____

b. Are any hazardous wastes generated?

Yes No

9. Does or will the treatment/disposal facility receive industrial wastes?

Yes No



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C. Facility Information (cont.)

10. 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.html

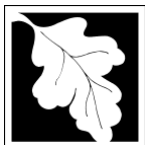
b. Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:

- 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
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C. Facility Information (cont.)

11. 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:	_____	_____	_____	_____	_____

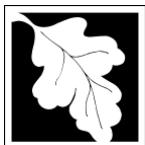
b) Please show the location of your water sources on the map described in question 10.

D. Additional Information for Reclaimed Water Use (WP 84)

1. Has a Reuse Management Plan been prepared?
 - Yes. **If yes, please attach copy.**
 - No

2. Will the reclaimed water be used by persons other than the permittee?
 - Yes. **If yes, a Service & Use Agreement must be submitted with the application.**
 - No

3. Has the reclaimed water system been prepared in accordance with all applicable requirements of 248 CMR 10.00: Uniform State Plumbing Code?
 - Yes
 - No



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D. Additional Information for Reclaimed Water Use (WP 84) (cont.)

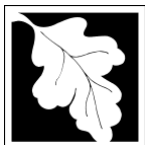
4. List the Reclaimed Water Use(s) as defined by 314 CMR 20.17.

E. Additional Information for Other Groundwater Discharges (WP 85)

1. Flows, Sources of Pollution and Treatment Technologies
- a. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more defined descriptions in Item E.1.B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units and outfalls. If a water balance cannot be determined provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
 - b. For each discharge, provide a description of:
 - 1) All operations contributing wastewater to the effluent, cooling water and runoff;
 - 2) The average flow contributed by each operation; and
 - 3) The treatment received by the wastewater. (Attach additional sheets if necessary.)
 - 4) With the exception of storm water runoff, leaks, or spills please note if any of the discharges described are intermittent or seasonal.

Operations Contributing to Flow:

Identification Number	Operations	Average Flow	Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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E. Additional Information for Other Groundwater Discharges (WP 85)

2. Effluent Limitations:

- a. List any pollutant you know or have reason to believe is discharged or may be discharged from the treatment 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.

Pollutant	Concentration	Source	Available Data
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 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 item 2a?

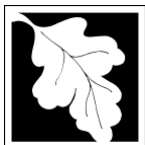
Yes (please explain) No

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

Yes (please specify) No

- d. Are organic compounds used at your facility?

Yes (please explain) No



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E. Additional Information for Other Groundwater Discharges (WP 85)

3. Were any of the analyses or testing reported in item E.2.a. performed by a contract laboratory or consulting firm?

Yes (provide contact information) No

 Name of Laboratory or Consulting Firm/Contact Person

 Address

 City/Town

 State

 Zip Code

 Telephone

 Email Address

F. Applicant Certification and Signature

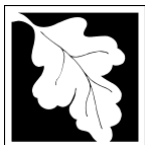
I, _____, am eligible to sign this application in accordance with 314 CMR 5.14(1) or 20.15(1), and by signing certify that:

1. **For BRP WP 11, 12, 79 or 85:**

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.

For BRP WP 84:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with the information contained in this document and all attachments, and 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 contained in this submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am authorized to make this attestation on behalf of this permittee. I am aware that there are significant penalties for submitting false, inaccurate or incomplete information, including, but not limited to, the possibility of fine and imprisonment for knowing violations.



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F. Applicant Certification and Signature (cont.)

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 and 314 CMR 20.19.
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 F, 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.
4. 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



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G. Additional Certification for Privately Owned Wastewater Treatment Facilities (PWTFs) or Privately Owned Reclaimed Water Systems

1. I hereby acknowledge that it is my responsibility:

a. **For BRP WP 11, 12, 79 or 85:**

- 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;

For BRP WP 84:

- To ensure that I understand the “Requirements for Privately Owned Reclaimed Water Systems” set forth at 314 CMR 20.14(1) and in related provisions of the Reclaimed Water Permit Program regulations, 314 CMR 20.00, 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; 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 2, below.

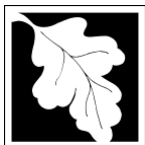
2. Based on the foregoing (**select either a or b**):

a. **For BRP WP 11, 12, 79 or 85:**

- 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 an individual 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 permit conditions.

For BRP WP 84:

- I hereby certify that I have fully and completely satisfied and complied with each and every requirement set forth in 314 CMR 20.14(1), as applicable to the existing or proposed reclaimed water system, for a permit issued under 314 CMR 20.00; 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 permit conditions.



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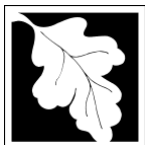
G. Additional Certification for Privately Owned Wastewater Treatment Facilities (PWTFs) or Privately Owned Reclaimed Water Systems (cont.)

- 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 draft permit 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 G.
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 G, 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

 Printed Name of Applicant

 Date Signed



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Appendix A: Supplemental Applicant Certification For Privately Owned Wastewater Treatment Facilities OR Privately Owned Reclaimed Water Systems

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 and 314 CMR 20.19.
3. I hereby acknowledge that it is my responsibility:
 - a. **For BRP WP 11, 12, 79, 85:**
 - 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;
 - For BRP WP 84:**
 - To ensure that I understand the “Requirements for Privately Owned Reclaimed Water Systems” set forth at 314 CMR 20.14(1) and in related provisions of the Reclaimed Water permit Program regulations, 314 CMR 20.00, 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,



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Groundwater Discharge Program
 Individual Permits: Groundwater Discharge Permits;
 Reclaimed Water Use Permit; or
 Permit Renewal/Modification

Application for Permit to Discharge to Groundwaters of the Commonwealth or for Reclaimed Water Use

BRP WP 11 Individual Permit Renewal/Modification with Plan Approval

BRP WP 12 Individual Permit Renewal/Modification without Plan Approval

BRP WP 79 Individual Permit for Groundwater Discharge from a Sewage Treatment Plant

BRP WP 84 Individual Permit for Reclaimed Water Use

BRP WP 85 Individual Permit for Other Groundwater Discharges

Appendix A: Supplemental Applicant Certification For Privately Owned Wastewater Treatment Facilities OR Privately Owned Reclaimed Water Systems (cont.)

- 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:

For BRP WP 11, 12, 79 or 85:

- 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 an individual 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 permit conditions; **or**

For BRP WP 84:

- I hereby certify that I have fully and completely satisfied and complied with each and every requirement set forth in 314 CMR 20.14(1), as applicable to the existing or proposed reclaimed water system, for a permit issued under 314 CMR 20.00; 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 permit conditions.

- 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