# WP58B – Approval for Installation of Shared System Application

MassDEP Bureau of Water Resources, Water Pollution Wastewater





### Overview

- This presentation is to assist in completing a new WP58B –
  Approval for Installation of a Shared System Application
- This approval is for state or federal facilities, or any individuals, businesses, or organizations specifically required by MassDEP, that are proposing to use a shared system. The Title 5 regulations require prior written approval from MassDEP before installing a shared system.
- This presentation will take you screen by screen through the ePLACE online permitting application process.



### **General Navigation**

Always Click

Continue Application »

to move to the next page.

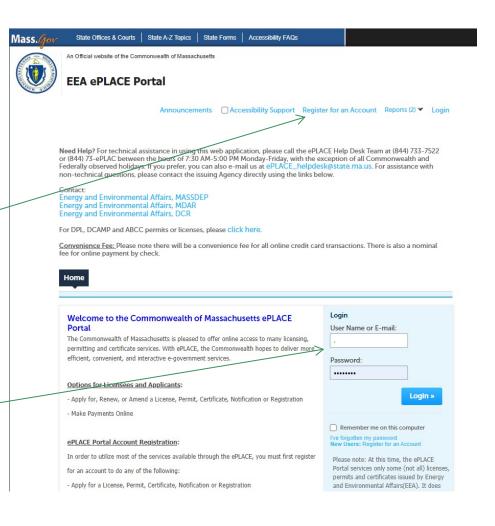
- Do NOT use the Browser Back Button as this will take you out of the system
- Any field with a red asterisk (\*)is required before you can move off the page.
- Click Save and resume later to save your work and resume at a later time.
- Click on the tool tips where applicable to get more details.
- Suggested preferred browsers are Chrome and Microsoft Edge



# How to Apply

#### First time users:

- Click or type this address on your browser: <u>https://eplace.eea.mass.g</u> <u>ov/citizenaccess</u>
- Follow the prompts to create a new user account
- Log into your account in EEA ePlace using your username/password





EEA ePlace Portal

### File an Online Application

#### Click here to start

| Home      |                       |  |
|-----------|-----------------------|--|
| Dashboard | My Records My Account |  |

#### Welcome TEST TESTING

You are now logged in to the Commonwealth's EEA ePlace Portal.

#### What would you like to do?

- New License, Permit, Certificate, Notification or Registration Click Here
- Renew License, Permit, Certificate or Registration (select "My Records" above)
- Amend License, Permit, Certificate or Registration (select "My Records" above)

Please note: At this time, the EEA ePLACE Portal services only some (not all) licenses, permits, certificates and Registrations issued by Energy and Environmental Affairs(EEA). It does not service any other type of license or permit that is issued or approved by the Commonwealth or any of its agencies or municipalities. This Portal will not service any federal licenses or permits.



#### **EEA ePlace Portal**

File an Online Application

### File an Online Application

#### Read and accept the Terms and Conditions

#### Click the checkbox and click "Continue"

#### **File an Online Application**

#### **Online Applications and Record Authorization Form**

Welcome to the Commonwealth of Massachusetts eLicensing and ePermitting portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might

I have read and accepted the above terms.

#### Continue »





# Apply for a WP58B Application

- Click on "Apply for a DEP Authorization-Water Pollution Wastewater (WP) to expand the list of applications
- You can also search for the application on the search bar field

#### Home

File an Online Application

#### Commonwealth of Massachusetts EEA ePLACE (ePermitting) Online Services

#### New Applicants

The Commonwealth of Massachusetts EEA ePLACE (ePermitting) portal provides the ability to file applications for licenses, permits, certificates, notifications and registrations. From the listing below, please click on the appropriate link to expand the options, select the service that you would like to use and click the continue button.

#### Existing Applicants:

Click Home and use the "My Records" tab to renew or amend a license, permit, certification or registration. If they are not listed under the "My Records" tab, please select the "Link your account" option found in section below. You will be prompted for a "record identification code" and "authorization code." from the Account Link notification you received. If you have not received a notification letter, please contact the ePLACE Help Desk Team at (844) 733–7522 or (844) 73–7524 or (844) 73–754 or (844) or (84

For easier and quicker way to find your application from the list below, Use Search Bar. Type in the name of your application or a keyword in the search field and click search for results.

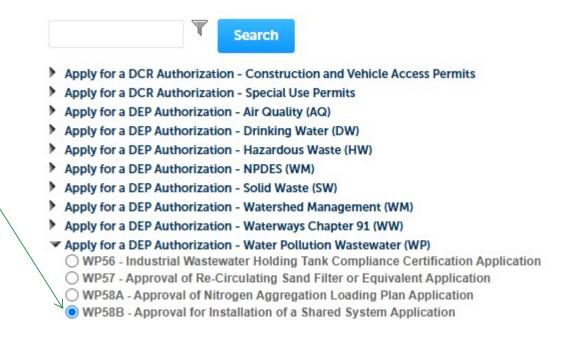
Search Apply for a DCR Authorization - Construction and Vehicle Access Permits Apply for a DCR Authorization - Special Use Permits Apply for a DEP Authorization - Air Quality (AQ) Apply for a DEP Authorization - Drinking Water (DW) Apply for a DEP Authorization - Hazardous Waste (HW) Apply for a DEP Authorization - NPDES (WM) Apply for a DEP Authorization - Solid Waste (SW) Apply for a DEP Authorization - Watershed Management (WM) Apply for a DEP Authorization - Waterways Chapter 91 (WW) Apply for a DEP Authorization - Water Pollution Wastewater (WP) Apply for a DEP Authorization - Water Pollution Residuals (WP) Apply for a DEP Authorization - Toxic Use Reduction (TUR) Apply for a MDAR Authorization Apply for an EEA General Request Link Your Account





# Apply for a WP58B Application

Select "WP58B – Approval for Installation of a Shared System Application" and click continue at the bottom of the page to start your application





# **Contact Information: Important NOTE**

#### ❑ There are three contact sections in the next screen:

- □ **Permittee**: the person or signatory authority responsible for signing and accepting all conditions of the Permit
  - If you are the Permittee, click "Add New" button and select the checkbox "Use Login Information"
  - □ If you are not the Permittee you have the option to Add New and enter all the Permittee Information or if the Permittee has an EEA ePlace account, then you have the option to look them up under "Look Up" option
- Permittee Company: here enter the company information the Permittee is affiliated with, if applicable.
- Application Contributors: use this section if multiple users will be coordinating in the preparation of this application
  - If you are unable to find the correct contributor, click on the "Save and resume later" button. Advise the contributor to create an account in the EEA ePLACE Portal and then resume the application.



# **Step 1: Contact Information**

- Add Permittee, please read the section instructions and add accordingly
- Add Permittee Company, if applicable
- Look Up "Application Contributors", if applicable
- Click "Continue Application" to proceed



**EEA ePlace Portal** 

| DEP Applications                                  | ]  |                              |                         |                                 |             |                              |                |             |      |
|---|--|------------------------------|-------------------------|---------------------------------|-------------|------------------------------|----------------|-------------|------|
|   |  |                              |                         |                                 |             |                              |                |             |      |
| 1 Contact<br>Information                          | 2 Facility Information                                 | 3 Application<br>Information | 4 Docu                  | ments                           |             | 5 Special Fe<br>Provision    | e              | 6           | 7    |
| tep 1:Contact Ir                                  | nformation > Page :                                    | l of 1                       |                         |                                 |             |                              |                |             |      |
|   |  | Instructio                   | ns                      |                                 |             |                              |                |             |      |
|   |  |                              | Please fill t           |                                 | nformatic   | on:                          |                |             |      |
| ermittee  |  |                              | Use Login In            |                                 |             |                              |                |             |      |
|   |  |                              | * Individual/C          | rganization:                    |             |                              |                |             |      |
| remittee" is the indiv                            | idual or an individual au                              | inforized by a Compan        | * First Name:           |                                 |             | Middle Name:                 | * Last Nar     | ne:         |      |
| you are the Permittee<br>ick "Continue".          | , you may click on the "                               | Add New" button and          |                         |                                 |             |                              |                |             |      |
| ick "Continue".                                   |  |                              | * Country:              |                                 |             |                              |                |             |      |
|   | engineer, attorney, or of<br>Contributor". Do not er   |                              |                         |                                 |             |                              |                |             |      |
| ou are an Application                             | Contributor . Do not er                                | itter your name or com       | *E-mail:                |                                 |             | * Telephone #:               | E              | xt #:       |      |
| If the Permittee has a<br>earch and select the ap | n EEA ePLACE account a<br>propriate Permittee.         | nd they would like to c      | *P.O. Box / Ar          | Idress Line:                    |             | 0                            |                |             |      |
|   | not have an EEA ePLACE                                 |                              | City:                   |                                 |             | *State:                      |                | Zip:        | 0    |
| ew" button and enter                              | the Permittee information                              | n on their behalf.           |                         |                                 |             | Select                       |                |             |      |
|   |  |                              | Continue                | Clear                           | Cancel      |                              |                |             |      |
| Add New Loo                                       | k Up   |                              |                         |                                 |             |                              |                |             |      |
|   |  |                              |                         |                                 |             |                              |                |             |      |
| ermittee Compan                                   | У  |                              |                         |                                 |             |                              |                |             |      |
|   |  |                              |                         | fill the belo<br>al/Organizatio |             | ation:                       |                |             |      |
| lease and the company                             | y information that the Pe                              | rmittee is amuated wit       | Crosnita                | ion<br>M Organizatio            | -           |                              | Contact Person | a           |      |
| Add New   |  |                              | - Country<br>United III | r.<br>stes                      | -           |                              |                |             |      |
| Add New   |  |                              | * E-mail:               | c / Address Lin                 |             | • Telephane<br>2007-2007-200 | • M1<br>202    | Est W.      | 1    |
|   |  |                              | • City:                 | c / Address Lin                 | e:          | - State:                     | - 2            | ip:         | Ø    |
| pplication Contril                                | outors   |                              | Contin                  | nao Clea                        | r Cancel    | Befect                       | ~              |             |      |
| multiple preparers wi                             | ll be part of filling out th                           | is application, you will     | need to ad              | them be                         | wole        |                              |                |             |      |
|   |  |                              | incea to da             | - circini bi                    |             |                              |                |             |      |
|   | e to find the correct Prep<br>ACE Portal and then resu |                              | Search for (            | Contact                         |             |                              |                |             |      |
| V   |  |                              | To search for in        | dividual con                    | tact, pleas | e enter First Name           | , Last Name,   | or Middle N | lame |
| Look Up   |  |                              | First Name:             |                                 |             | Middle Name:                 | Last Nam       | e:          |      |
| howing 0-0 of 0                                   |  |                              |                         |                                 |             |                              |                |             |      |
| nowing u-u of u                                   |  | Organizatio                  | Look Up                 | Clear                           | Cancel      |                              |                |             |      |
| Contact Type                                      | Name   |                              |                         |                                 |             |                              |                |             |      |

ave and resume later

**Continue Application** 

### **Step 2: Location Information**

Enter the Location information, accordingly

Click "Continue Application" to proceed

| Please enter your | location information | below according | y. If a location na | me is not available | e, please enter N/A. |  |
|-------------------|----------------------|-----------------|---------------------|---------------------|----------------------|--|
| *                 |                      |                 |                     |                     |                      |  |
| Name of Location  | n:                   |                 |                     |                     |                      |  |
| *Street #         | *Street Name         | 6-1             | Street Nar          | ne 2                | h                    |  |
|                   |                      |                 |                     |                     |                      |  |
| * City:           | 0                    | • State: 🧷      | *Zip:               | 0                   |                      |  |
|                   |                      | ма              |                     |                     |                      |  |
| Latitude          | 0                    | Longitude       | 0                   |                     |                      |  |



### **Step 3: Application Information**

Add any additional information that might help the agency with the review of this application

Click "Continue Application" to proceed

| Step 3:Applica  | tion Information>        | Page 1 of 1            |              |             |           |     |
|---|--------------------------|------------------------|--------------|-------------|-----------|-----|
|   |                          | Instructio             | ons          |             |           |     |
|   |                          |                        |              | * indicates | a require | d f |
| Application Info  | rmation                  |                        |              |             |           |     |
| lease enter additio   | nal information that may | seem pertinent to your | application. |             |           |     |
| Additional Informa  | ation:                   |                        |              |             |           |     |
| a data on a control and a control a |                          |                        |              |             |           |     |
|   |                          |                        |              |             |           |     |



### Step 4: Document

- Upload all required documents for your application
  - The required documents will be listed on the table
- To begin attaching documents, click "Browse"

#### WP58B - Approval for Installation of a Shared System Application

| 1   | <sup>2</sup> Information | 3 Application<br>Information | 4 Documents | 5 Special Fee<br>Provision | 6 Review        | 7              |
|-----|--------------------------|------------------------------|-------------|----------------------------|-----------------|----------------|
| Ste | p 4 : Document           | s > Page 1 of 1              |             |                            | * indicates a r | required field |
| 2   | cuments                  |                              |             |                            |                 |                |

MassDEP staff may require submission of plans and specifications at any time during the review of the application and may require this submission in hard copy. The application may be deemed deficient until these plans are received by the program staff.

# Please upload 7 Required Document(s) which are mandatory to Submit this Application: 1. Financial Assurance Mechanism 2. Grant of Title 5 Covenant and Easement 3. MassDEP Application Form 4. Operation and Maintenance Plan 5. Plans and Specifications 6. Proof of Legal Ownership 7. Shared System Proposal 7. Shared System Proposal

#### Attachment

When uploading file document(s) the maximum file size allowed is 50 MB.

The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.

The document 'Description' MUST NOT exceed 50 characters in length.

Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process. .bat: .bin; .dll; .exe; .js; .msi; .sql; .vbs; ade; adp; chm; cmd; com; cpl; hta; ins; isp; jar; jse; lib; lnk; mde; msc; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vxd; wsc; wsf; wsh are disallowed file types to upload.





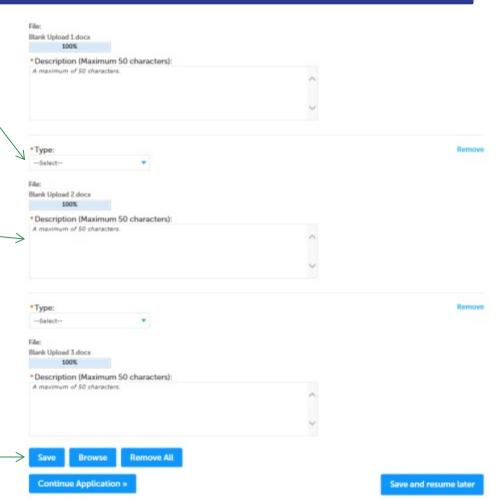
# Step 4: Documents (Attaching)

- A "File Upload" window opens
- Click "Browse"
- Choose the file(s) you want to attach.
- When all files reach 100%, click "Continue"



# Step 4: Documents (Attaching)

- Select the document type
- Provide a description of each document that you uploaded
- Click "Browse" to add more documents
- When all documents are uploaded and described, click "Save"





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### Step 4: Documents (Attaching)

- You should see a message that you have successfully attached documents
- Review the list of attached documents
- When ready, click on "Continue Application" to proceed



|     | DEP Applications          |   |                      |                            |          |   |
|-----|---------------------------|---|----------------------|----------------------------|----------|---|
| 6   |                           | hment(s) has/have<br>e a few minutes befo |                      |                            |          |   |
| /P5 | 8B - Approval for         | Installation of a Shared                  | d System Application |                            |          |   |
|     | 2 Location<br>Information | 3 Application<br>Information              | 4 Documents          | 5 Special Fee<br>Provision | 6 Review | 7 |
|     |                           |   |                      |                            |          |   |

| bocuments.                                   |  |
|--|--|
| Please upload 7 Required Document(s) which a | re mandatory to Submit this Application: |
| 1. Financial Assurance Mechanism             |  |
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| 3. MassDEP Application Form                  |  |
| 4. Operation and Maintenance Plan            |  |
| 5. Plans and Specifications                  |  |
| 6. Proof of Legal Ownership                  |  |
| 7. Shared System Proposal                    |  |
|  |  |

#### Attachment

Home

uploading file document(s) the maximum file size allowed is 50 MB The 'File Name' (including file extension) MUST NOT exceed 75 characters in length The document 'Description' MUST NOT exceed 50 characters in length. ents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process at; .bin; .dlt; .exe; .js; .msi; .sqt; .vbs; ade; adp; chm; cmd; com; cpt; hta; ins; isp; jar; jse; lib; lnk; mde; msc; msp; mst; php; pif; scr; sct; shb; sys; vb share disallowed file types to upload Latest Update Action Grant of Title 5 4 05 KB Actions -06/01/2021 Covenant and Financial File 3 - Conv Assurance 4 05 KB 06/01/2021 Actions -Copy.jpg Mechanism MassDEP 4.05 KB 06/01/2021 Actions Application Forn Shared System Actions 4 05 KE 06/01/2021 le 4 - Copy (2) Proof of Legal 4.05 KB 06/01/2021 Actions -< Prev 1 2 Next >

Save and resume later

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Continue Application

### **Step 5: Special Fee Provision**

- If Special Fee Provision is applicable, check the appropriate box and provide requested information
- Click "Continue Application" to proceed

| 1    | 2      | <sup>3</sup> Application<br>Information | 4 Documents         | 5 Special Fee<br>Provision | 6 Review | 7 Application<br>Submitted   |
|------|--------|---|---------------------|----------------------------|----------|------------------------------|
|      |        | Special Fee Pro<br>Fee Provision        | ovision > Page 1 of | 1                          |          | * indicates a required field |
| xer  | nptio  | n: 🕐                                    |                     |                            |          |                              |
|      | usion  | (special agreement                      | tor policyl:        |                            |          |                              |
|      |        | i (special agreement                    |                     |                            |          |                              |
| Dou  | ble Fe | ee for Enforcement                      | : ②                 |                            |          |                              |
|      | dship  | payment extension                       | request:            |                            |          |                              |
| lard |        |   |                     |                            |          |                              |



### Step 6: Review

- The entire application is shown on a single page for your review
- If you note something you want to change, click "Edit Application"
- Otherwise, continue to the bottom of the page

| 1 2 3 Application  | 4 Documents                     | 5 Special Fee<br>Provision                            | 6 Review            | 7 Application<br>Submitted   |
|--|---------------------------------|---|---------------------|------------------------------|
| Step 6 : Review  |                                 |   |                     |                              |
| Continue Application   |                                 |   |                     | Save and resume later        |
| Please review all the infor<br>changes. To make change<br><b>Review and (</b>  | s you will need to contact      | Once this application I<br>the agency directly.       | has been submitted, | you will not be able to make |
| Review and C   | Lertification                   |   | -                   |                              |
|  |                                 | Edit Application                                      |                     |                              |
| Permittee  |                                 |   |                     |                              |
| Individual<br>JONA KUCI<br>1 Winter St.<br>Boston, MA, 01208<br>United States  |                                 | elephone #: 111-111-1111<br>- mail: jona.kuci@mass.go | v                   |                              |
|  |                                 |   |                     |                              |
|  |                                 |   |                     |                              |
| Use Login Information: Yes   |                                 |   |                     |                              |
| Use Login Information: Yes<br>Permittee Company  | tors                            |   |                     |                              |
| Use Login Information: Yes Permittee Company Application Contribut Showing 0-0 of 0  |                                 |   |                     |                              |
| Application Contribut<br>Showing 0-0 of 0<br>Contact Type<br>No records found.   | tors<br>Name                    | Organization Name                                     | Contact Person      | Action                       |
| Use Login Information: Yes<br>Permittee Company<br>Application Contribut<br>Showing 0-0 of 0<br>Contact Type   |                                 | Organization Name                                     | Contact Person      | Action                       |
| Use Login Information: Yes Permittee Company Application Contribut Showing 0-0 of 0 Contact Type No records found. Facility Information FEST   1 Winter Street Bost DEP Resider, NE  | Name<br>on MA 11111             | Organization Name                                     | Contact Person      | Action                       |
| Use Login Information: Yes<br>Permittee Company<br>Application Contribut<br>Showing 0-0 of 0<br>Contact Type<br>No records found.  | Name                            | Organization Name                                     | Contact Person      | Action                       |
| Use Login Information: Yes Permittee Company Application Contribut Showing 0-0 of 0 Contact Type No records found. Facility Information TEST   1 Winter Street Bosto DEP Region: NI Message: rull Facility Record ID: 21-FAC-017 Additional Informatio   | Name<br>on MA 11111<br>276<br>n | Organization Name                                     | Contact Person      | Action                       |
| Use Login Information: Yes Permittee Company Application Contribut Showing 0-0 of 0 Contact Type No records found. Facility Information FEST   1 Winter Street Bost DEP Bacility Information FEST   1 Winter Street Bost Fesseign RD, mph Messeign RD, Messe | Name<br>on MA 11111<br>276<br>n | Organization Name                                     | Contact Person      | Action                       |



### Step 6: Review

#### Read the Certification Statement

- Click the check the box to complete your certification
- Click on "Continue" Application" to proceed with the submittal of your application

#### Application Submitter

| Individual                          | Telephone #:123-123-2323 |
|-------------------------------------|--------------------------|
| Testing Eipas<br>Melrose, MA, 01928 | E-mail:testing@eipas.com |

|   | lin |
|---|-----|
|   |     |
|   |     |
|   |     |
| By checking this box, I agree to the above certification. |     |



Continue Application »

Save and resume later

### Step 7: Pay Fees

- Both online payment and pay by mail are available
- Online payment will require a service charge

Click the appropriate box to continue

Home

#### WP58B - Approval for Installation of a Shared System Application

| 1 | 2 | 3 | 4 Documents | 5 Special Fee<br>Provision | 6 Review | 7 Pay Fees | 8 Application<br>Submitted |  |
|---|---|---|-------------|----------------------------|----------|------------|----------------------------|--|
|---|---|---|-------------|----------------------------|----------|------------|----------------------------|--|

#### Step 7: Pay Fees

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

#### **Application Fees**

|                      |  | Amount<br>\$1,940.00 |  |
|----------------------|--|----------------------|--|
| 58B Application Fees |  |                      |  |
| ees:                 |  | \$1,940.00           |  |
|                      |  |                      |  |
|                      |  |                      |  |



# Pay Online

- If you choose "Pay Online", you will be brought to this screen
  - Provide all payment and billing information
  - Accept the terms and conditions and click submit
- You will be e-mailed a receipt

| Billing Information | Payment Information  |
|---------------------|--|
|                     | Credit/Debit Card Electronic Check/ACH   |
| First Name          | Card Type  |
| Enter First Name    | Select Card Type V   |
| Last Name           | Card Number  |
| Enter Last Name     | TEST MODE  |
| Street              | CVV Code   |
| Enter Street        | 123  |
| City                | Expiration   |
| Enter City          | 01 ~ 2011 ~  |
| State/Territory     |  |
| Select State        | <ul> <li>Check to accept both the Commonwealth of Massachusetts<br/>and nCourt Terms Agreements.</li> </ul>          |
| Zip                 | I Accept   |
| Enter Zip           | Commonwealth of Massachusetts Terms  |
| Phone Number        | Agreement  |
|                     | I authorize the charge to my credit card for the amount<br>shown above. I agree to pay the total amount above        |
| Email               | according to the card issuer agreement. By checking the<br>box below, I certify that I am an authorized user for the |
| Enter Email Address | above referenced credit card account.  |
| Confirm Email       |  |
| Enter Email Address | nCourt Terms Agreement   |
|                     |  |
|                     |  |

Please Verify above information before the Submit Payment Button is pressed. Do not click Submit Payment button more than one time.



Back

### Pay by Mail

- If you choose "Pay by mail"
  - Check your email for instructions
- Your application will not be reviewed until payment is received

Payment online: If you have paid online by credit or ACH you will receive an additional notification from the epayment vendor that your payment is complete. Review of your application will begin. That notification will include a Reference ID # for your records.

Pay by Mail: If you chose the "Pay by Mail" option, please make your payment in the form of a check or money order made payable to the Commonwealth of Massachusetts. Do not send cash. You must include your Application Number 20-WM05-0047-APP on the check or money order that must be sent to the address below.

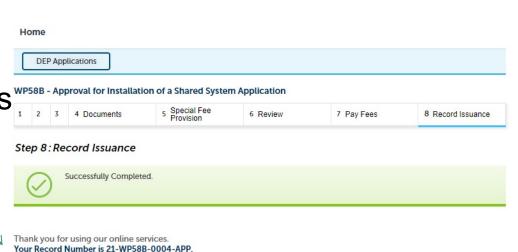
Department of Environmental Protection PO Box 4062 Boston, MA 02211

Review of your application will not begin until after your payment has been received and processed.



### Step 8: Submission Successful!

- When you submit your application, you will receive a Record ID so you can track the status of your application online
- Upon submission of your application please make sure to check your email for system notifications



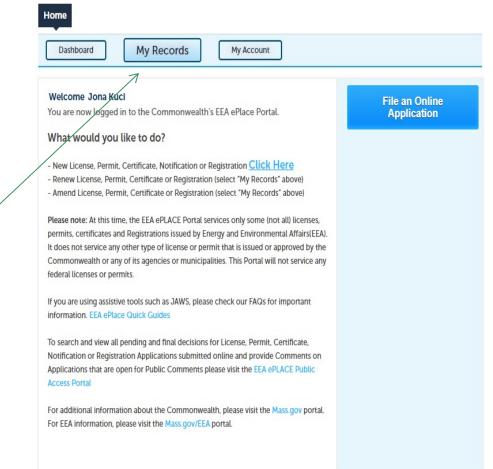
You will need this number to check the status of your application.



### To check the status of an application

#### Log on to EEA ePlace portal

- <u>https://eplace.eea.mass</u>
  .gov/citizenaccess
- Go to your "My Records" page to see and/or track the status of an application





### **Questions?**

For technical assistance:

- Contact the ePlace Help Desk Team at (844) 733-7522
- □Or send an email to: <u>ePLACE helpdesk@state.ma.us</u>

For business related questions, please visit the link below: https://www.mass.gov/how-to/wp-58b-approval-for-installation-of-shared-systemfor-state-and-federal-facilities



