



CITY OF CHICOPEE

DEPARTMENT OF PUBLIC WORKS



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APPLICATION (A) FOR LOCAL WASTEWATER DISCHARGE PERMIT

CITY OF CHICOPEE INDUSTRIAL PRETREATMENT PROGRAM

NOTE: Please read all attached instructions prior to completing this application.

Section A- GENERAL INFORMATION

1. a. Company Name: _____
b. Mailing Address: _____
c. Telephone Number: (____)-____-____ ext. _____
2. a. Facility Name (if different): _____
b. Facility Address (if different): _____
c. Telephone Number: (____)-____-____ ext. _____
3. a. Is the Company identified in 1.a., the owner of the property on which the facility is located?
Yes [] No []
4. Designate the signatory authority of the facility:
a. Name: _____
b. Title: _____
c. Business Phone #: (____)-____-____ ext. _____
(Attach similar information regarding additional authorized representative(s), as needed.)
5. Designate the facility contact:
a. Name: _____
b. Title: _____
c. Business Phone #: (____)-____-____ ext. _____
(Attach similar information regarding additional authorized representative(s), as needed.)

6. Which one of the following best describes the facility?

Residence, office, store, restaurant or other retail food service establishment with sanitary (restroom and kitchen) discharge only.
Application (B) is for this type of discharger; contact the Pretreatment Coordinator at 594-3586.

Commercial or Industrial facility not described above with sanitary discharge only.
Complete Sections A-G and K of this Application (A).

Commercial or Industrial with discharge other than sanitary.
Complete all Sections A-K of this Application (A).

Waste hauler or groundwater discharger.
Applications (C/S) is for these types of dischargers; contact the Pretreatment Coordinator at 594-3586.

Section B- SEWER INFORMATION

1. Is the business existing or new?

Existing

i. Is the building presently connected to the City sewer?

Yes. Sewer Account #(s): _____

No

New

i. Will the facility be located in an existing vacant building (such as in an industrial park)? Yes No

ii. Has the Company applied for a building permit if a new building is to be constructed? Yes No

2. List the size, descriptive location, and flow of each facility sewer which connects or will connect to the City sewer system. (If necessary, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Description Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. If the property has any storm drains connected or proposed to be connected to either the City sanitary sewer or storm sewer, list the following information regarding size, descriptive location, and flow of each connection.

<u>Storm Sewer Size</u>	<u>Description Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____

Section C- WATER USE

1. Water Sources: check each that applies.

- Private Well
- Surface Water
- City of Chicopee Water Department
 Account Number(s): _____
 Name on Account: _____
- Another Municipal Water Utility : _____
- Other: _____

2. List average (or estimated) water usage for the facility. Where a separate water meter is not available, estimate sanitary usage as 15 GPD per employee.

<u>Type</u>	<u>Average Use in GPD</u>
a. Contact Cooling Water	_____
b. Non-Contact Cooling Water	_____
c. Boiler Feed	_____
d. Process	_____
e. Sanitary	_____
f. Air Pollution Control	_____
g. Contained in Product	_____
h. Plant & Equipment Washdown	_____
i. Irrigation & Lawncare	_____
j. Other: _____	_____
TOTAL a-j	_____

Section D- BUSINESS ACTIVITY

1. Give a brief description of all operations at the facility including primary products or services. Attach additional sheets if necessary.

2. Indicate applicable Standard Industrial Classification (SIC) for all processes. If more than one applies, list in order of importance.

3. If your facility employs or will be employing processes in any of the industrial categories or business activities below, regardless of whether they generate wastewater, waste sludge, or hazardous waste, place a check beside each category of business activity that applies.

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Nonferrous Metal Manufacturing |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Organic Chemicals Manufacturing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Paint and Ink Formulating |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Paving and Roofing Manufacturing |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Petroleum Manufacturing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Plastics and Synthetic Fiber Manufacturing |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Textile Mill |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Iron and Steel | |
| <input type="checkbox"/> Leather Tanning and Finishing | |
| <input type="checkbox"/> Metal Finishing | |
| <input type="checkbox"/> Nonferrous Metals Forming | |

4. Estimate the product volume of each production or service line. Attach additional sheets if necessary.

<u>Product/Service</u>	<u>Average/ Maximum Volume, units per day</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section E- FACILITY OPERATIONAL CHARACTERISTICS

1. Detail all working shift start and stop times each day of regular operation of the facility.

Monday	[]	[]	[]
Tuesday	[]	[]	[]
Wednesday	[]	[]	[]
Thursday	[]	[]	[]
Friday	[]	[]	[]
Saturday	[]	[]	[]
Sunday	[]	[]	[]

2. Is the business activity cyclic or seasonal in nature? Describe.

3. Does operation shut down for vacation, maintenance, or other reasons? Describe.

4. List types and amounts (per day, week, month, etc., known or projected) of raw materials (except chemicals) used or processed. Attach additional sheets if necessary.

<u>Material</u>	<u>Amount Used or Processed/ Time Period</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. List types and amounts (per day, week, month, etc., known or projected) of chemicals used or processed. Include copies of Manufacturer's Safety Data Sheets for each listed. Attach additional sheets if necessary.

<u>Chemical</u>	<u>Amount Used or Processed/ Time Period</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6. Building Layout- Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A blueprint of the facilities showing all of the above items may be submitted.

Section F- SPILL PREVENTION

1. Is there or will there be any chemical storage containers, bins, or ponds at the facility?

Yes No

If yes, attach a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to any drain that leads to the sewer or storm drain. Indicate if any metal containers have cathodic protection.

2. Are there floor drains in the manufacturing, service, or storage area(s)?

Yes No

If yes, where do they discharge to? _____

3. At this facility, an accidental spill from chemical storage containers, bins, or ponds, would lead to: (check all that apply)

- an onsite disposal system
- municipal sewer system
- storm drain
- ground
- other: _____
- not applicable; no possible discharge to any of the above.

4. Does the Company have an accidental spill prevention plan or slug control plan that addresses the potential for release to the municipal sewer system?

- Yes. (Enclose a copy.)
- No.
- Not applicable, because facility has no floor drains and/or discharges only domestic waste.

5. Please describe below any previous spill events and remedial measures taken to prevent their recurrence. _____

Section G- NON-DISCHARGED WASTE

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- No.
- Yes. Describe all such wastes below. Include type and amount generated, any on-site treatment of the waste, and disposal method (e.g., hauling, incineration, etc.). Attach additional sheets if necessary.

<u>Waste Generated</u>	<u>Quantity (per yr)</u>	<u>Treat On-Site?</u>	<u>Disposal Method</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If any of the above wastes are sent off-site, identify the waste(s) and the company(ies) utilized for waste hauling and waste treatment/disposal.

<u>Waste Generated</u>	<u>Hauler/ Waste Treatment or Disposal Facility</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. Are any other Federal, State, or local environmental permits held by the facility?

No
 Yes: Permit # Type/ Issuing Agency

 _____ _____
 _____ _____
 _____ _____

4. Are any process changes or expansions planned in the next three years that could alter the type, volume, or pollutant concentration of wastewater generated from the facility?

No.
 Yes. Briefly describe these changes and their possible effects on the discharge:

5. Are any materials or water reclamation systems in use or planned?

No.
 Yes. Briefly describe the recovery process and substance(s) recovered:

[Industrial, with sanitary (restroom) discharge only, skip to Section K.]

Section H- WASTEWATER DISCHARGE INFORMATION

1. Does (or will) the facility discharge any wastewater other than from restrooms to the Chicopee sewer system?

Yes. Complete the remainder of the application.
 No. Skip to Section K.

2. Provide the following information regarding the facility's discharge.
New facilities must estimate.

a. Hours of discharge, e.g., Monday [6am-4pm]

Monday []	Wednesday []	Friday []
Tuesday []	Thursday []	Saturday []
		Sunday []

b. Maximum Peak Flow Rate: _____ gpm
c. Average Daily Flow Rate: _____ gpd

3. If any of the facility's discharge is of a batch nature, complete the following. Attach additional sheets if necessary. New facilities must estimate.

a. Description of waste: _____

b. Number of batches per day/week: _____

c. Average volume of batch: _____ gallons

d. Flow rate of batch: _____ gpm

a. Description of waste: _____

b. Number of batches per day/week: _____

c. Average volume of batch: _____ gallons

d. Flow rate of batch: _____ gpm

4. Schematic Flow Diagram- For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream. New facilities must estimate. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the municipal sewer. Use these numbers when showing this unit processes in the building layout in Section H. See attached instructions for an example of such a schematic.

5. Was any activity in Section D.3 of this application checked?

a. No. Complete the following:

For Non-Categorical Users Only.

i. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic in H.4 that corresponds to each process. New facilities must estimate.

<u>Ref. Number</u>	<u>Process Description</u>	<u>Average Flow (gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Dis. Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. [] Yes. Complete the following:

For Categorical Users Only.

i. Provide the wastewater discharge flows for each process or proposed process. Include the reference number from the process schematic in H.4 that corresponds to each process and type of discharge (batch, continuous, or both), for each plant process. New facilities must estimate.

<u>Ref. Number</u>	<u>Categorical Process Description</u>	<u>Average Flow (gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Dis. Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Ref. Number</u>	<u>Categorical Process Description</u>	<u>Average Flow (gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Dis. Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Ref. Number</u>	<u>Unregulated Process Description</u>	<u>Average Flow (gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Dis. Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Ref. Number</u>	<u>Dilution Wastestream</u>	<u>Average Flow (gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Dis. Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Does the facility have, or plan to have, any automatic sampling equipment or continuous flow or pH monitoring equipment?

Current: Sampling equipment: _____
 Effluent pH meter/recorder: _____
 Effluent Flow meter/recorder: _____

Proposed: Sampling equipment: _____
 Effluent pH meter/recorder: _____
 Effluent Flow meter/recorder: _____

Also, include the location of this equipment in the schematic in H.4.

Section I- CHARACTERISTICS OF DISCHARGE: Pollutant Information

The municipality reserves the right to require the applicant to provide any additional monitoring data to determine the discharge's impact on the system.

1. Does the facility already discharge to the Chicopee sewer system?

a. Yes. Complete the following:

i. Has analysis ever been performed of wastewater generated from any portion of or the entire facility discharge?

Yes. (Attach monitoring data, if not previously submitted to this Department.)
 No.

b. No. Complete the following:

i. Is the facility relocating from another municipality?

Yes.

Name /Address of Publicly Owned Treatment Works:

(Attach any available monitoring data.)

No.

ii. Is another similar facility owned by the Company, located elsewhere?

Yes.

Name /Address of Publicly Owned Treatment Works:

(Attach any available monitoring data.)

No.

2. Using the following table, indicate whether the following pollutants are known present ("kno pre") or known absent ("kno abs") in the facility's discharge based on the available data; if no data is available, project the suspected presence ("sus pre") or absence ("sus abs") of each pollutant based on the chemicals and raw materials used or by-products generated by the facility.

POLLUTANT	SUS PRE	KNO PRE	SUS ABS	KNO ABS
I. METALS AND INORGANICS				
Antimony	[]	[]	[]	[]
Arsenic	[]	[]	[]	[]
Asbestos	[]	[]	[]	[]
Beryllium	[]	[]	[]	[]
Cadmium	[]	[]	[]	[]
Chromium	[]	[]	[]	[]
Copper	[]	[]	[]	[]
Cyanide	[]	[]	[]	[]
Lead	[]	[]	[]	[]
Mercury	[]	[]	[]	[]
Nickel	[]	[]	[]	[]
Selenium	[]	[]	[]	[]
Silver	[]	[]	[]	[]
Thallium	[]	[]	[]	[]
Zinc	[]	[]	[]	[]
II. 624- VOLATILE ORGANIC COMPOUNDS				
Benzene	[]	[]	[]	[]
Bromo-dichloromethan	[]	[]	[]	[]
Bromoform	[]	[]	[]	[]
Bromo-methane	[]	[]	[]	[]
Carbon Tetrachloride	[]	[]	[]	[]
Chloro-benzene	[]	[]	[]	[]
Chloro-ethane	[]	[]	[]	[]
2-Chloro-vinel ether	[]	[]	[]	[]
Chloroform	[]	[]	[]	[]
Chloro-methane	[]	[]	[]	[]
Dibromo-chloromethane	[]	[]	[]	[]
1,2- Dichlorobenzene	[]	[]	[]	[]
1,3- Isopropyl)ether	[]	[]	[]	[]
1,4- Dichlorobenzene	[]	[]	[]	[]
1,1- Dichloroethane	[]	[]	[]	[]
1,2- Dichloroethane	[]	[]	[]	[]
1,1- Dichloroethene	[]	[]	[]	[]
Methylene Chloride	[]	[]	[]	[]
1,1,2,2-tetra-Chloroethane	[]	[]	[]	[]
Tetrachloro-ethane	[]	[]	[]	[]
Toluene	[]	[]	[]	[]
1,1,1- trichloroethane	[]	[]	[]	[]
1,1,2- trichloroethane	[]	[]	[]	[]
Trichloro-ethene	[]	[]	[]	[]
Trichloro- fluoromethane	[]	[]	[]	[]
Vinyl Chloride.	[]	[]	[]	[]
Trans-1,2- Dichloroethene	[]	[]	[]	[]
1,2- Dichloropropane	[]	[]	[]	[]
1,3- Dichloropropene	[]	[]	[]	[]
Ethyl Benzene	[]	[]	[]	[]

POLLUTANT	SUS PRE	KNO PRE	SUS ABS	KNO ABS
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III. 625- BASE/NEUTRAL EXTRACTABLE ORGANIC COMPOUNDS

Acenaphthene	[]	[]	[]	[]
Acenaphthylene	[]	[]	[]	[]
Anthracene	[]	[]	[]	[]
Benzidene	[]	[]	[]	[]
Benzo(a)-anthracene	[]	[]	[]	[]
Benzo(a)-pyrene	[]	[]	[]	[]
Benzo(b)-fluoranthene	[]	[]	[]	[]
Benzo(ghi)-perylene	[]	[]	[]	[]
Benzo(k)-fluorene	[]	[]	[]	[]
Bis(2-chloro ethoxy)methane	[]	[]	[]	[]
Bis(2-chloro ethyl)ether	[]	[]	[]	[]
Bis(2-chloro dichlorobenzene	[]	[]	[]	[]
Bis(2-ethyl hexyl)phthalate	[]	[]	[]	[]
4-Bromophenyl phenyl ether	[]	[]	[]	[]
Benzyl butyl phthalate	[]	[]	[]	[]
2-Chloro-naphthalene	[]	[]	[]	[]
Ether, 4-chlorophenylphenyl-	[]	[]	[]	[]
Chrysen	[]	[]	[]	[]
Anthracene, dibenzo-(a,h)	[]	[]	[]	[]
Benzene, 1,2-dichloro-	[]	[]	[]	[]
Benzene, 1,3-dichloro-	[]	[]	[]	[]
Benzene, 1,4-dichloro-	[]	[]	[]	[]
Benzidine, 3,3-dichloro-	[]	[]	[]	[]
Phthalate, Diethyl-	[]	[]	[]	[]
Phthalate, Dimethyl-	[]	[]	[]	[]
Phthalate, Di-n-butyl-	[]	[]	[]	[]
Toluene, 2,4-dinitro-	[]	[]	[]	[]
Toluene, 2,6-dinitro-	[]	[]	[]	[]
Phthalate, di-n-octyl-	[]	[]	[]	[]
Fluoranthene	[]	[]	[]	[]
Fluorene	[]	[]	[]	[]
Hexachloro-benzene	[]	[]	[]	[]
Hexachloro-butadiene	[]	[]	[]	[]
Hexachloro-cyclopentadiene	[]	[]	[]	[]
Hexachloro-ethane	[]	[]	[]	[]
Ideno(1,2,3-cd) pyrene	[]	[]	[]	[]
Isophorone	[]	[]	[]	[]
Naphthalene	[]	[]	[]	[]
Nitrobenzene	[]	[]	[]	[]
N-nitrosodi-methylamine	[]	[]	[]	[]
N-Nitrosodi-n-propylamine	[]	[]	[]	[]
N-Nitrosodi-phenylamine	[]	[]	[]	[]
Phenanthrene	[]	[]	[]	[]
Pyrene	[]	[]	[]	[]
Benzene, 1,2,4-trichloro-	[]	[]	[]	[]

POLLUTANT	SUS PRE	KNO PRE	SUS ABS	KNO ABS
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IV. 625- ACID EXTRACTABLE ORGANIC COMPOUNDS

Phenol,2-chloro	[]	[]	[]	[]
Phenol, 2,4-dichloro-	[]	[]	[]	[]
Phenol, 2,4-dimethyl-	[]	[]	[]	[]
Phenol, 2-methyl-4,6-dinitro-	[]	[]	[]	[]
Phenol, 2,4-dinitro-	[]	[]	[]	[]
Phenol, 2-nitro-	[]	[]	[]	[]
Phenol, 4-nitro-	[]	[]	[]	[]
Pheno, 4-chloro-3-methyl-	[]	[]	[]	[]
Phenol, pentachloro-	[]	[]	[]	[]
Phenol	[]	[]	[]	[]
Phenol, 2,4,6-Trichloro-	[]	[]	[]	[]
1,2-Diphenyl hydrazine	[]	[]	[]	[]
Phenol, 4-Methyl-	[]	[]	[]	[]

V. 608- PESTICIDES

Aldrin	[]	[]	[]	[]
a-BHC	[]	[]	[]	[]
b-BHC	[]	[]	[]	[]
d-BHC	[]	[]	[]	[]
g-BHC	[]	[]	[]	[]
Chlordane	[]	[]	[]	[]
4,4'-DDD	[]	[]	[]	[]
4,4'-DDE	[]	[]	[]	[]
4,4'-DDT	[]	[]	[]	[]
Dieldrin	[]	[]	[]	[]
Endosulfan I	[]	[]	[]	[]
Endosulfan II	[]	[]	[]	[]
Endosulfan Sulfate	[]	[]	[]	[]
Endrin	[]	[]	[]	[]
Endrin Aldehyde	[]	[]	[]	[]
Heptachlor	[]	[]	[]	[]
Heptachlor Epoxide	[]	[]	[]	[]
Toxaphene	[]	[]	[]	[]
Methoxy Chlor	[]	[]	[]	[]

VI. 608- PCBs

PCB 1016	[]	[]	[]	[]
PCB 1221	[]	[]	[]	[]
PCB 1232	[]	[]	[]	[]
PCB 1242	[]	[]	[]	[]
PCB 1248	[]	[]	[]	[]
PCB 1254	[]	[]	[]	[]
PCB 1260	[]	[]	[]	[]
PCB 1262	[]	[]	[]	[]
PCB 1268	[]	[]	[]	[]

Section J- PRETREATMENT

1. Is any form of pretreatment (see list below) practiced at this facility?

- Yes.
 No.

2. Is any form of wastewater pretreatment (or changes to existing pretreatment) planned for the facility within the next three years?

Yes. Briefly describe: _____

No. (*Skip to Section K if answer to J.1. above is also "No".*)

3. Check as many pretreatment devices or processes used or proposed to be used for wastewater or sludge at the facility.

- Air flotation
 Centrifuge
 Chemical precipitation
 Chlorination
 Cyclone
 Filtration
 Flow Equalization
 Grease or oil separation, type: _____
 Grease trap
 Grinding filter
 Grit removal
 Ion exchange
 Neutralization, pH correction
 Ozonation
 Reverse osmosis
 Screening
 Sedimentation
 Septic tank
 Solvent separation
 Spill protection
 Sump
 Biological treatment, type: _____
 Rainwater diversion or storage
 Other chemical treatment, type: _____
 Other physical treatment, type: _____
 Other, type: _____

Attach plans for any pretreatment device or process checked above. Include pollutant loading and flow rates, design capacity, operating procedures, equipment specifications, waste by-products and disposal methods. If the system is not yet completed, include estimated dates for milestones such as materials/equipment received, construction initiated, construction completed.

4. Does the facility require a Wastewater Treatment Operator according to State law?

Yes. Complete the following:

a. License grade required: _____

b. Operator(s) information:

i. Name: _____
Job Title: _____
License #: _____
Shift worked: _____

ii. Name: _____
Job Title: _____
License #: _____
Shift worked: _____

iii. Name: _____
Job Title: _____
License #: _____
Shift worked: _____

(Attach additional sheets as necessary.)

No.

5. Does the facility have a manual for proper operation and/or scheduled maintenance?

Yes. Attach a copy.

No.

All applicants must read and sign the following.

Section K- AUTHORIZED REPRESENTATIVE STATEMENT

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 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.

Name

Title

Signature

Date

GENERAL INSTRUCTIONS FOR COMPLETING LOCAL WASTEWATER DISCHARGE PERMIT

All questions must be answered. DO NOT LEAVE BLANKS, unless directed to skip to another section of the application. If a question is not applicable, indicate so on the form. Guidance for some questions is included below. If you are in doubt how to answer a question, call the Pretreatment Coordinator at 413-594-3586.

The application sections are as follows:

- Section A- General Information
- Section B- Sewer Information
- Section C- Water Use
- Section D- Business Activity
- Section E- Facility Operational Characteristics
- Section F- Spill Prevention
- Section G- Non-discharged Waste
- Section H- Wastewater Discharge Information
- Section I- Characteristics of Discharge
- Section J- Pretreatment
- Section K- Authorized Representative Statement

Instructions

Section A

1. "Company Name" refers to the legal name of the person, firm, public organization, or any other entity, who owns the facility.
2. "Facility Name" refers to the actual name of the facility to be located in this municipality.
3. The "signatory authority" is defined as:
 - a. A responsible corporate officer, if the applicant is a corporation;
 - b. A general partner or proprietor, if the applicant is a partnership or proprietorship, respectively;
 - c. The principal executive officer or director having responsibility for the overall operation of the discharging facility, if the applicant is a Federal, State, or local governmental agency;
 - d. A duly authorized representative of the individual designated in (a),(b),or (c), above if:
 - i. the authorization is made in writing by the individual described in (a),(b),or (c), above, and submitted to the City; and,
 - ii. the authorization specifies either an individual or position having responsibility for the overall operation of the facility from which the application originates (such as plant manager) or having overall responsibility for environmental matters.
4. The "facility contact" is the name of the individual who is thoroughly familiar with the facts provided in this application and who can be contacted by the City.

Section B

1. Applicants who are seeking authorization for sanitary discharge (restroom and kitchen waste only) from a residence, office, store, restaurant or other retail food service establishment are not required to complete Application (A). These types of facilities should obtain Application (B) by contacting the Pretreatment Coordinator at 413-594-3586. For the purposes of this application, affected establishments include single or multi-family houses, apartments, condominiums, dormitories, motels, hotels, retail establishments, restaurants and other food services.
2. Applicants who are seeking authorization for sanitary discharge only, from a commercial or industrial facility not described above need to complete Sections A-G and K of this Application (A). Again, for the purposes of this application, sanitary discharge is from restrooms and kitchens only. "Dry" commercial and industrial establishments are included here.
3. Applicants who are seeking authorization for discharge other than sanitary waste from a commercial or industrial facility need to complete all Sections of this Application (A). For the purposes of this application, "industrial waste" is waste resulting from any process of industry, manufacturing, trade, or business, or from the development or recovery of any natural resources, excluding retail food services only. Photoprocessors, gas stations, car washes, laundries, i.e., any "wet" commercial or industrial establishments, are included here.

Section C

Provide daily average water usage within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-Contact cooling water does not come into contact with process materials. Sanitary includes only water used in restrooms and can be estimated based on 15 gpd for each employee if no method of metering exists. Plant and equipment washdown includes floor washdown.

Section D

1. Standard Industrial Classification (SIC) Code Numbers for all processes, as found in the most recent Edition of Standard Industrial Classification Manual prepared by the Executive Office of the President, Office of Management and Budget. Copies of this publication are available at most public libraries.
2. Check off all operations that occur or will occur at the facility. Any questions regarding how to categorize the facility should be directed to the Pretreatment Coordinator.
3. List all products produced or services provided. The average and maximum units per day should be based on the past calendar year, or projected, for new facilities. Be sure to specify the daily units of production.

Section E

1. "Regular operation" refers to hours where production or servicing normally occurs; maintenance shifts are not to be included here.
2. Amounts of raw materials and chemicals used or processed should be based on records of the past calendar year, or projected, for new facilities.
3. See attached example of a building layout.

Section F

Describe how the spill occurred, what was spilled, when the spill happened, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to prevent a reoccurrence or what measures have been taken to limit damage if another spill should occur.

Section G

1. For all wastes not discharged to the City sewer, indicate the type (e.g., used solvents, metal sludge, etc.), and amount generated based on the past calendar year, any on-site treatment of the waste (e.g., pH neutralization, polymer or lime addition, dewatering, etc.) and the method(s) of disposal (hauling, incineration, etc.).
2. Types of other permits could include air, hazardous waste, NPDES, etc.

Section H

1. An example of a schematic flow diagram is attached.
- 2a. Non-categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present or planned at the facility. Categorical users should skip to Question 5b
- 2bi. Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A regulated wastestream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated wastestreams are wastestreams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution wastestream. Dilution wastestreams include sanitary wastewater, boiler blowdown, noncontact cooling water or blowdown, stormwater streams, demineralizer backwash streams and process wastestreams from certain industrial subcategories exempted by EPA.
- 2bii. Total Toxic Organics (TTO) means the sum of the masses or concentrations of specific total toxic organics found in the industrial user's process discharge.

Section I

The Publicly Owned Treatment Works is the municipal or regional wastewater treatment plant that accepts the facility's discharge. The intent is to extrapolate the new discharge's pollutant concentration based on any available data from the same or similar facilities.

Section J

257 CMR 2.13 provides a ratings system based on point values of various treatment and monitoring unit processes. The result dictates the required grade of State certified wastewater treatment operator(s) license. Copies of the ratings system are available through this office. For additional information, the DEP Board of Certification of Operators should be contacted at 617-292-5650.

Section K

This certification must be completed by the individual listed in Section A.4. of the application.