

Permit No. _____

Date: _____

**Industrial Discharge Permit Application Certification Statement
For Discharge to the Charles River Pollution Control District**

The information contained herein applies to: Existing Discharge _____ New Discharge _____

SECTION A: GENERAL INFORMATION

Company Name: _____

Parent Company (if applicable): _____

Company Address: _____

Mailing Address: _____

Telephone Number: _____

Person(s) to contact concerning industrial discharge:

Name: _____

Name: _____

Title: _____

Title: _____

Phone Number: _____

Phone Number: _____

E-mail: _____

E-mail: _____

Do you have any environmental permits for this facility? Yes No

If yes, please attach a list and copies of the permits.

SECTION B: PRODUCT OR SERVICE INFORMATION

Briefly describe the manufacturing or service activity at this location:

Principal product or services:

Raw materials and products used:

Shift Information:

number of shifts per work day: _____

number of work days per week: _____

average number of employees per shift: 1st. _____

2nd. _____

3rd. _____

Shift Information:

number of shifts per work day: _____

number of work days per week: _____

average number of employees per shift: 1st. _____

2nd. _____

3rd. _____

Shift Information:

number of shifts per work day: _____

number of work days per week: _____

average number of employees per shift: 1st. _____

2nd. _____

3rd. _____

Shift Information:

number of shifts per work day: _____

number of work days per week: _____

average number of employees per shift: 1st. _____

2nd. _____

3rd. _____

Shift Information:

number of shifts per work day: _____

number of work days per week: _____

average number of employees per shift: 1st. _____

2nd. _____

3rd. _____

Shift Information:

number of shifts per work day: _____

number of work days per week: _____

average number of employees per shift: 1st. _____

2nd. _____

3rd. _____

6 month period from _____ to _____ : _____ hundred cubic feet

6 month period from _____ to _____ : _____ hundred cubic feet

6 month period from _____ to _____ : _____ hundred cubic feet

6 month period from _____ to _____ : _____ hundred cubic feet

6 month period from _____ to _____ : _____ hundred cubic feet

6 month period from _____ to _____ : _____ hundred cubic feet

Volume from other sources (wells, etc.) _____ gallons per day

Volume from other sources (wells, etc.) _____ gallons per day

Process (production, cleaning, etc.): _____

Non-Process (cooling, boiler feed, etc.): _____

Sanitary (toilets, washrooms, etc.): _____

Process (production, cleaning, etc.): _____

Non-Process (cooling, boiler feed, etc.): _____

Sanitary (toilets, washrooms, etc.): _____

Process (production, cleaning, etc.): _____

Non-Process (cooling, boiler feed, etc.): _____

Sanitary (toilets, washrooms, etc.): _____

Process (production, cleaning, etc.): _____

Non-Process (cooling, boiler feed, etc.): _____

Sanitary (toilets, washrooms, etc.): _____

Municipal sewer system: _____ gal/day

Storm drainage: _____ gal/day

Septic system: _____ gal/day

Other: _____ gal/day Explain: _____

Municipal sewer system: _____ gal/day

Storm drainage: _____ gal/day

Septic system: _____ gal/day

Other: _____ gal/day Explain: _____

Municipal sewer system: _____ gal/day

Storm drainage: _____ gal/day

Septic system: _____ gal/day

Other: _____ gal/day Explain: _____

Municipal sewer system: _____ gal/day

Storm drainage: _____ gal/day

Septic system: _____ gal/day

Other: _____ gal/day Explain: _____

Municipal sewer system: _____ gal/day

Storm drainage: _____ gal/day

Septic system: _____ gal/day

Other: _____ gal/day Explain: _____

Industrial wastewater discharge type:

Batch wastewater discharge Yes No

Number of discharges per (day, week, month) _____

Average volume per discharge (specify units) _____

Continuous wastewater discharge Yes No

Average flow rate _____ gal/day

Maximum flow rate _____ gal/day

Provide schematic diagram showing wastewater discharges to the sewer system.

SECTION D: WASTEWATER CHARACTERIZATION

Has a laboratory analyzed the wastewater which the facility discharges to the municipal sewer system? Yes No

If yes, please provide the name, address and telephone number of the laboratory below and attach a copy of the laboratory results:

If yes, what kind of sample was taken? Grab Composite over _____ hours.

Please provide as much information as possible to complete the following two tables or attach data to application.

Parameter	Daily Average	Maximum for Any Day
Wastewater Discharge to Sewer	gal/day	gal/day
pH	std. units	std. units
Temperature	°F	°F
Biochemical Oxygen Demand (BOD ₅)	mg/L	mg/L
Chemical Oxygen Demand	mg/L	mg/L
Oil & Grease	mg/L	mg/L
Suspended Solids	mg/L	mg/L

Parameter	Daily Average Concentration	Maximum Concentration for Any Day
<u>Metals:</u>		
Aluminum	mg/L	mg/L
Antimony	mg/L	mg/L
Arsenic	mg/L	mg/L
Beryllium	mg/L	mg/L
Boron	mg/L	mg/L
Cadmium	mg/L	mg/L
Chromium, Total	mg/L	mg/L
Cyanide, Total	mg/L	mg/L
Copper	mg/L	mg/L
Lead	mg/L	mg/L
Mercury	mg/L	mg/L
Molybdenum	mg/L	mg/L
Nickel	mg/L	mg/L
Selenium	mg/L	mg/L
Silver	mg/L	mg/L
Thallium	mg/L	mg/L
Zinc	mg/L	mg/L
<u>Other:</u>		
Ammonia-Nitrogen	mg/L	mg/L
Cyanide	mg/L	mg/L
Phenol	mg/L	mg/L
Total Phosphorous	mg/L	mg/L
Volatile Organic Compounds (specify)		
	mg/L	mg/L
	mg/L	mg/L

Detail of Wastewater Flows: _____(gal/day)

SECTION E: PRETREATMENT

Is wastewater pretreatment currently provided? Pretreatment includes simple devices such as grease traps as well as more complex processes such as heavy metals removal.

Yes No

If yes, is the pretreatment a batch or continuous operation? _____

If batch, please describe the frequency, volume, and duration of the discharge.

Describe in general the wastewater pretreatment process, including the maximum design volume which can be treated and include schematic drawings of the facility:

Are any changes in the pretreatment system anticipated within the next two years?

Yes No

If yes, please describe the changes:

List the by-products of the system (sludge, skimmings, etc.) and the method of disposal.

If the by-products are disposed of by contractor(s) please list name(s), address(es), and telephone number(s):

Certified Statement:

Pretreatment standards for this facility are _____ are not _____ being met on a consistent basis.
Additional operation and maintenance (O&M) required insuring compliance is as follows:

Additional pretreatment required to meet the standards is as follows:

Schedule of compliance:

Please complete only if additional efforts are necessary to complete the progress.

Compliance Milestones	Scheduled Commencement Date	Scheduled Completion Date
Selection of Engineer		
Operational and/or Maintenance Modifications		
Engineering Investigations of Plant Conditions (Industrial Process Review and Wastewater Characteristics)		
Selection of Monitoring Equipment, Treatment Process & Design Criteria (Treatability Studies)		
Detailed Design of Treatment System (Plans & Specifications)		
Preparation of Operation and Maintenance Manual		
Selection of Contract Contractor		
Start of Construction		
Pretreatment System Start-Up		

I have personally examined and am familiar with the information in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.

Signature of Authorized Representative

Date

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided herein, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by procedures as specified in 40 CFR Part 2.

Fees:

Short-Form: Non-Significant Industrial User	\$150.00
Long-Form: Significant Industrial User	\$500.00
No-Discharge Non-Significant Industrial User	Free

Fee's subject to change