



# **WASTEWATER DISCHARGE**

## **PERMIT APPLICATION**

### **AUTOMOTIVE OPERATIONS**

\*\*\*\*\*

**RETURN TO:**

**NARRAGANSETT BAY COMMISSION  
PRETREATMENT SECTION  
2 ERNEST STREET  
PROVIDENCE, RHODE ISLAND 02905  
(401) 461-8848  
(401) 461-0170 FAX**

---

All sections of this permit application must be completed and properly signed by an official of the firm requesting to be issued a discharge permit in order for the Narragansett Bay Commission (NBC) to properly process this document. Submission of pretreatment plans, process plans, Spill and Slug Control plans, water bills, etc., with this application, if indicated within as being necessary, will expedite the permit issuance process. Please note that the discharge of process wastewater prior to the issuance of a discharge permit is a violation of the NBC Rules and Regulations and can subject the violator to an administrative penalty of up to \$25,000 per violation per day. Should you require assistance in completing this document, do not hesitate to contact the pretreatment staff at 461-8848.

WASTEWATER DISCHARGE PERMIT APPLICATION

PLEASE PRINT OR TYPE

SECTION A: GENERAL INFORMATION – Check all that apply:

\_\_\_\_\_ PROPOSED DISCHARGE  
\_\_\_\_\_ EXISTING DISCHARGE

1. Standard Industrial Classification Code(s) (SIC): \_\_\_\_\_  
\_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. Facility Mailing Address: \_\_\_\_\_
4. Facility Premise Address: \_\_\_\_\_
5. Business Phone Number: \_\_\_\_\_
6. Does the company own or rent the facility? \_\_\_\_\_ If rented, provide the name and the address of the property owner below:  
  
Property Owner's Name: \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_
- 7a. Designate Company Organization:  
\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Corporation      \_\_\_\_\_ Partnership

**If the company organization is designated as a corporation, then section 7(b) must be completed:**

Automotive Operations  
Permit Application

SECTION A: GENERAL INFORMATION (CONTINUED):

7b. A Corporation under the laws of \_\_\_\_\_, composed of officers as follows:

<u>Name</u>	<u>Home Address</u>	<u>Home Phone #</u>
_____ President	_____	_____
_____ Vice President	_____	_____
_____ Secretary	_____	_____
_____ Treasurer	_____	_____

8. Name, Title and Home Address of company owner(s) if sole proprietorship or partnership:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

9. List names of all agents authorized to make submittals to the NBC (attach additional sheet, if necessary):

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**NOTE: The NBC will accept the above-named person(s) as the company's authorized agent(s) until notified otherwise.**

SECTION A: GENERAL INFORMATION (CONTINUED):

An authorized agent or authorized company representative is: (1) a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or (2) a person elected by a vote of the directors if the company is a corporation; (3) a general partner or proprietor if the company is a partnership or sole proprietorship respectively; (4) a duly authorized representative with responsibility for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company. **Please complete the Designation of Authorized agent Section of this application to designate an authorized representative to make submittals to the NBC on behalf of your firm.** The NBC will not accept documents signed by persons other than the Company's authorized agent(s) or authorized representative(s).

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICIAL

\_\_\_\_\_  
(COMPANY SEAL,  
IF APPLICABLE)

Any information submitted to the Narragansett Bay Commission (NBC) pursuant to the pretreatment regulations and requirements authorized by R.I.G.L. 46-25-25 et seq. may be claimed as confidential by the submitter. This claim must be asserted at the time of the submission in the manner described below. If no claim is made at the time of the submission, the NBC or authorized state or federal agencies may make the information available to the public without further notice. Effluent data, however, shall at all times be available to the public without restriction.

A business confidentiality claim may be asserted by attaching or placing on this information, a cover sheet, or a stamped or typed legend upon each page, or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential". Allegedly confidential portions of otherwise non-confidential documents should be clearly identified as such, and may be submitted separately to facilitate identification and handling by the NBC. If confidential treatment is desired only until a certain date or until the occurrence of a certain event, this should also be clearly indicated. Information covered by such claims will be disclosed only to the extent, and by means of the procedures, set forth in the Federal EPA regulations at 40 CFR 2.

Automotive Operations  
Permit Application

SECTION A: GENERAL INFORMATION (CONTINUED):

10. List all Environmental Permits in Effect for the Facility:

<u>Permit Number</u>	<u>Permit Issued By</u>	<u>Purpose of Permit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B: PRODUCT OR SERVICE INFORMATION:

PLANT OPERATIONS AFFECTING THE CHARACTERISTICS OF DISCHARGE

1. Brief description of manufacturing or service activities performed on premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Raw Materials Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Principal Product or Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe All Water Using Processes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION C: FACILITY OPERATIONAL CHARACTERISTICS:

1. Type of Discharge: \_\_\_\_\_ Batch \_\_\_\_\_ Continuous

2. If batch, average number of batches per 24 hours: \_\_\_\_\_

SECTION C: FACILITY OPERATIONAL CHARACTERISTICS (CONTINUED):

3. Average number of employees per shift:

\_\_\_\_\_ 1st      \_\_\_\_\_ 2nd      \_\_\_\_\_ 3rd

4. Shift start times:

\_\_\_\_\_ 1st      \_\_\_\_\_ 2nd      \_\_\_\_\_ 3rd

5. Indicate with check mark for each shift normally worked each day:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1st	___	___	___	___	___	___	___
2nd	___	___	___	___	___	___	___
3rd	___	___	___	___	___	___	___

6. Is there a Spill and Slug Prevention Control and Countermeasures Plan in effect for this facility to ensure that a spill does not enter the sewer system?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, attach a copy of the facility Spill and Slug Control and Countermeasures Plan.

SECTION D: WATER CONSUMPTION:

1. Water usage:

Source (city, well, etc.)	Quantity (Estimate for New Facility):
_____	_____ gallons per day
_____	_____ gallons per day
_____	_____ gallons per day

2. Water Bill Account Number: \_\_\_\_\_

Water Meter Serial Number: \_\_\_\_\_

Attach copy of recent water bill or estimate for new facility:

3. List Water Consumption in Facility:

Cooling Water	_____ gallons per day
Boiler Feed	_____ gallons per day
Process Water	_____ gallons per day
Sanitary System	_____ gallons per day

SECTION D: WATER CONSUMPTION (CONTINUED):

Contained in Product \_\_\_\_\_ gallons per day

Other (Please Specify) \_\_\_\_\_ gallons per day

Detail all other water using operations:

---

---

---

---

---

SECTION E: WASTEWATER DISCHARGES, CHARACTERISTICS AND CONTROL MEASURES:

1. Are there any methods of water conservation practices at this facility?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

---

---

2. a. Is any form of pretreatment (see list below) practiced at this facility?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

b. If yes, list name(s) of Pretreatment System Operator(s)

---

3. For all wastestreams which are treated before discharge, check the appropriate boxes for types of pretreatment used at this facility and indicate the wastestream treated:

<u>Type of Pretreatment</u>	<u>Wastestream Treated</u>
_____ Oil Separation	_____
_____ Grease Trap	_____
_____ Sedimentation	_____
_____ Filtration	_____
_____ Chemical Addition	_____

SECTION E: WASTEWATER DISCHARGES, CHARACTERISTICS AND CONTROL MEASURES (CONTINUED):

- Neutralization/pH Adjustment \_\_\_\_\_
- Biological \_\_\_\_\_
- Equalization \_\_\_\_\_
- Recovery \_\_\_\_\_
- Gasoline Trap \_\_\_\_\_
- Ion Exchange \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Attach plans of each pretreatment system specified.

Provide any additional descriptive information regarding pretreatment of process wastewater (include process plans, pretreatment plans, drawings, manufacturer's information, etc., if available):

---

---

---

---

---

4. Does your facility comply with those discharge standards described in Article 5 of the Rules and Regulations For the Use of Wastewater Facilities Within the Narragansett Bay Water Quality Management District based on recent wastewater analysis? (Discharge standards summarized on page 14 of this application.)

Yes       No       Do not know

Attach a copy of any wastewater analyses which you may have.

If No or Do Not Know, indicate steps and time schedule that will be followed in order to achieve full compliance.

---

---

---

---



SECTION F: CHEMICALS USED AND STORED ON PREMISES:

1. List all chemicals and solvents presently used or stored at your facility:

<u>Chemical</u>	<u>Annual Usage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Are any chemicals or solvents discharged to the sewer system? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify (chemical, gallons per day, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION G: BOILER ROOMS:

1. Does your facility have a boiler room? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list type of fuel(s) utilized in facility boiler room:

\_\_\_\_\_  
\_\_\_\_\_

2. If question number 1 is answered yes, list all discharges from the boiler room (i.e., blowdown, condensate, etc.):

<u>Wastewater Source</u>	<u>Gallons Per Day Discharged</u>
_____	_____
_____	_____
_____	_____

3. Are any floor drains, discharge sumps or open sewer connections located in the boiler room? \_\_\_\_\_ Yes \_\_\_\_\_ No

SECTION G: BOILER ROOMS (CONTINUED):

4. Are there any floor drains in the process/work areas? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Does the flow from these floor drains discharge to a common interceptor or point where wastewater sampling can be conducted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, where are these various points of discharge? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there a routine washdown of the work/process area(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where is the discharge point? \_\_\_\_\_  
\_\_\_\_\_

7. Is a grease interceptor or solids separation device present? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how often is this separator or interceptor cleaned out? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION H: TO BE COMPLETED IF VEHICLE WASH OPERATIONS ARE CONDUCTED:

1. Indicate all types of vehicle wash operations conducted at the facility

_____	Commercial Car Wash
_____	Commercial Truck Wash
_____	Private Fleet Vehicle Washing
_____	Steam Cleaning
_____	High Pressure/Temperature Washing
_____	Engine Degreasing
_____	Other (Please Specify) _____

2. How many vehicles are washed per day? \_\_\_\_\_

3. How many bays exist at facility? \_\_\_\_\_

**SECTION H: TO BE COMPLETED IF VEHICLE WASH OPERATIONS ARE CONDUCTED**  
**(CONTINUED):**

4. For commercial vehicle wash facility, indicate the type of services provided:

- \_\_\_\_\_ Full Service
- \_\_\_\_\_ Automatic Drive Through
- \_\_\_\_\_ Coin Operated Self Service
- \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

5. Does the facility utilize a vehicle wash system with water reclamation and reuse?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe and attach plans of water reclamation/reuse system. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does vehicle wash wastewater flow through a grease or solids removal pretreatment system prior to sewer discharge?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe and attach plans of grease or solids removal system. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION I: TO BE COMPLETED IF ENGINE MACHINE SHOP, RADIATOR REPAIR, BODY SHOP, OR GENERAL VEHICLE REPAIR OPERATIONS ARE CONDUCTED:**

1. Indicate all the types of operations performed at the facility:

- \_\_\_\_\_ Full Service Gas Station
  - \_\_\_\_\_ Self Service Gas Station
  - \_\_\_\_\_ Radiator Recore/Repair
  - \_\_\_\_\_ Engine Rebuilding
  - \_\_\_\_\_ Engine Machine Shop
  - \_\_\_\_\_ Body Shop/Painting
  - \_\_\_\_\_ General Vehicle Repair
  - \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_
- \_\_\_\_\_

Automotive Operations  
Permit Application

SECTION I: TO BE COMPLETED IF ENGINE MACHINE SHOP, RADIATOR REPAIR, BODY SHOP, OR GENERAL VEHICLE REPAIR OPERATIONS ARE CONDUCTED (CONTINUED):

2. Are any coolants, antifreeze, cutting oil, waste oils, lubricating oils, parts cleaning or degreasing solutions ever discharged to the sewer?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please indicate the volume and frequency of discharge for each solution:

<u>Material</u>	<u>Volume Typically Discharged</u>	<u>Discharge Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no, how are spent or contaminated materials handled and disposed?

<u>Material</u>	<u>Volume Disposed Annually</u>	<u>Disposal Firm</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Indicate all types of parts cleaning or degreasing performed at the facility:

\_\_\_\_\_ Caustic Soak                      \_\_\_\_\_ Jet Spray  
\_\_\_\_\_ Acid Soak                            \_\_\_\_\_ Steam Cleaner  
\_\_\_\_\_ Vapor Degreasing                \_\_\_\_\_ Safety Kleen  
\_\_\_\_\_ Bake Off Oven  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

4. Describe the engine machine shop and radiator repair operations performed at the facility, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION I: TO BE COMPLETED IF ENGINE MACHINE SHOP, RADIATOR REPAIR, BODY SHOP, OR GENERAL VEHICLE REPAIR OPERATIONS ARE CONDUCTED (CONTINUED):

7. Indicate all process tanks utilized at the facility, the volume and the approximate dump frequency of each:

<u>Process Tank</u>	<u>Volume</u>	<u>Dump Frequency</u>
_____ Acid Soak	_____	_____
_____ Caustic Soak	_____	_____
_____ Boil Out Tank	_____	_____
_____ Test Tank	_____	_____
_____ Other (specify)	_____	_____
_____	_____	_____

Attach a sketch of the facility showing all process tanks.

SECTION J: DESIGNATION OF AUTHORIZED AGENT

I, \_\_\_\_\_, certify that I am  
the \_\_\_\_\_ of \_\_\_\_\_  
and that \_\_\_\_\_ is authorized to  
make submittals to the Narragansett Bay Commission (NBC) on behalf of \_\_\_\_\_  
\_\_\_\_\_ and that said submittals are duly signed for and in behalf of said  
corporation by authority of its governing body, and are within the scope of its corporate powers.

\_\_\_\_\_

**NBC FIELD'S POINT EFFLUENT DISCHARGE LIMITATIONS\***  
(Providence, North Providence, Johnston, small sections of Lincoln and Cranston)

<u>Parameter</u>	<u>Maximum Daily</u> <u>(Composite daily for 1 day)</u>	<u>Average</u> <u>10 day</u> <u>(mg/l)</u>
Cadmium (Total)	0.11	0.07
Chromium (Total)	2.77	1.71
Copper (Total)	1.20	1.20
Cyanide (Total)	0.58	0.58
Lead (Total)	0.60	0.40
Mercury (Total)	0.005	0.005
Nickel (Total)	1.62	1.62
Silver (Total)	0.43	0.24
Zinc (Total)	2.61	1.48

<u>Parameter</u>	<u>Limitation (Max)</u>
Total Toxic Organics (TTO)	2.13
Biochemical Oxygen Demand (BOD <sub>5</sub> )	300.00**
Total Suspended Solids (TSS)	300.00**
Total Oil and Grease (fats, oils and grease)	125.0
Oil and Grease (mineral origin)	25.0
Oil and Grease (animal/vegetable origin)	100.0
pH range (at all times)	5.0 - 11.0 standard units

**NBC BUCKLIN POINT EFFLUENT DISCHARGE LIMITATIONS\***  
(Pawtucket, Central Falls, Lincoln, Cumberland, Rumford Section of East Providence, and the Eastern Section of Smithfield)

<u>Parameter</u>	<u>Maximum Daily</u> <u>(Composite daily for 1 day)</u>	<u>Monthly Average</u> <u>Concentration</u> <u>(mg/l)</u>
Arsenic (Total)	0.20	0.10
Cadmium (Total)	0.11	0.07
Chromium (Total)	2.77	1.63
Copper (Total)	1.20	1.20
Cyanide (Total)	0.50	0.50
Lead (Total)	0.69	0.29
Mercury (Total)	0.06	0.03
Nickel (Total)	1.62	1.62
Selenium (Total)	0.40	0.20
Silver (Total)	0.40	0.20
Tin (Total)	4.00	2.00
Zinc (Total)	1.67	1.39

<u>Parameter</u>	<u>Limitation (Max)</u>
Total Toxic Organics (TTO)	2.13
Biochemical Oxygen Demand (BOD <sub>5</sub> )	300.00**
Total Suspended Solids (TSS)	300.00**
Total Oil and Grease (Fats, Oils, and Grease)	125.0
Oil and Grease (mineral origin)	25.0
Oil and Grease (animal/vegetable origin)	100.0
pH range (at all times)	5.0 - 11.0 standard units

\*All limitations are in units of mg/l unless otherwise specified.

\*\* Exceeding these limitations may be permitted but exceedance will be subject to surcharge in accordance with rates approved by the Public Utilities Commission and in accordance with R.I.G.L. §39-1-1 et seq.