



# **WASTEWATER DISCHARGE**

## **PERMIT APPLICATION**

### **COMMERCIAL BUILDINGS**

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**RETURN TO:**

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

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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:

1a. Please check all that apply

<input type="checkbox"/>	EXISTING DISCHARGE	<input type="checkbox"/>	PROPOSED DISCHARGE
<input type="checkbox"/>	NEW FACILITY/BUILDING	<input type="checkbox"/>	EXISTING FACILITY/BUILDING
<input type="checkbox"/>	EXISTING SEWER CONNECTION TO BE UTILIZED	<input type="checkbox"/>	NEW SEWER CONNECTION REQUIRED

1b. For existing facilities with existing discharges, will flow increase by 20% or more?

Yes       No

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:**

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 Telephone \_\_\_\_\_

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

**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.

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DATE	SIGNATURE OF COMPANY OFFICIAL	(COMPANY SEAL, IF APPLICABLE)
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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.



**SECTION D: BOILER ROOMS:**

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

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

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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>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

**SECTION E: COOLING TOWERS:**

1. For each cooling tower at your facility, list the cooling tower size, estimated volume of the daily purge, and the month(s) each unit may be completely drained:

<b>Cooling Tower Size</b>	<b>Volume of Daily Purge</b>	<b>Months Tower is Completely Drained</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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SECTION F: KITCHEN/CAFETERIA INFORMATION (CONTINUED):

4. Attach sketch of kitchen showing location and drain lines for all equipment detailed in question 3 above. Grease removal unit must be included on sketch, if applicable.
5. Attach a menu of the foods prepared and served at the facility.
6. Does this establishment have an installed and working grease removal unit (GRU)?  
 Yes       No  
If yes, attach sketch of interceptor and manufacturer's technical information.  
List Type of Grease Removal Unit \_\_\_\_\_  
Size \_\_\_\_\_ (gallons)      Manufacturer \_\_\_\_\_  
 Indoor       Outdoor       Automatic       Passive
7. If a grease removal unit is utilized, how often is the grease removal unit cleaned?  
\_\_\_\_\_ per year      Name of Hauler(s) \_\_\_\_\_
8. Where is existing grease removal unit located? \_\_\_\_\_  
\_\_\_\_\_

SECTION G: LAUNDRY OPERATION INFORMATION:

1. Number of washing machines at facility? \_\_\_\_\_  
What is typical washing machine size or capacity in pounds? \_\_\_\_\_  
How many pounds are washed per day? \_\_\_\_\_
2. Is this facility an industrial/commercial laundry or a coin-operated laundromat?  
\_\_\_\_\_  
If industrial/commercial laundry, are any of the following items cleaned at your facility:  
 Oily rags       Uniforms  
 Shop Rags       Carpets/Rugs  
 Restaurant Linens       Other (please specify) \_\_\_\_\_
3. How are solids removed from the laundry wastewater?  
 Lint Traps       Settling Pits



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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 10 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.

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SECTION H: 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.

\_\_\_\_\_  
(Corporate Seal)

**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.