



WASTEWATER DISCHARGE
PERMIT APPLICATION
INDUSTRIAL/COMMERCIAL LAUNDRY

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
- RECYCLE PROCESS OPERATION(S) WITH NO DISCHARGES
- RECYCLE PROCESS OPERATION(S) WITH DISCHARGES

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:

Industrial/Commercial Laundry
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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.

Industrial/Commercial Laundry
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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. Is there a regularly scheduled shutdown for vacation or other purposes?
 Yes No

If yes, indicate weeks of normal shutdown. When? _____

4. Is production seasonal? Yes No

If yes, explain indicating month(s) of peak production _____

5. Average number of employees per shift:

_____ 1st _____ 2nd _____ 3rd

6. Shift start times:

_____ 1st _____ 2nd _____ 3rd

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

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

8. Is there a Spill and Slug Prevention Control and Countermeasures Plan in effect for this facility? Yes No

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

9. 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) _____

SECTION C: FACILITY OPERATIONAL CHARACTERISTICS (CONTINUED):

10. Number of washing machines at facility? _____
What size? (Capacity in pounds) _____
How many pounds of laundry are washed per day? _____
11. What is the temperature of your effluent? _____
Are there any heat exchange systems used? _____ Yes _____ No
12. Are there any dry cleaning operations at this facility? _____ Yes _____ No
If yes, what solvent(s) is used for dry cleaning operations? _____

Is dry cleaning solvent reclaimed on site? _____ Yes _____ No
If yes, describe the solvent reclamation procedure: _____

Is any cooling water used in the dry cleaning process? _____ Yes _____ No
If yes, please describe: _____

Is a solvent/water separator located on the dry cleaning unit? _____ Yes _____ No
If yes, detail where the solvent and water streams discharge: _____

SECTION D: WATER CONSUMPTION:

Raw Water Sources:

- | 1. Source (city, well, etc.) | Quantity (Estimate for New Facility): |
|------------------------------|---------------------------------------|
| _____ | _____ gallons per day |
| _____ | _____ gallons per day |
| _____ | _____ gallons per day |

SECTION D: WATER CONSUMPTION (CONTINUED):

2. List for the past twelve months water consumption from water bills. (Attach copy of recent water bill or estimate for new facility):

Water Bill Account Number: _____

(a) 1st 6 month period, 20____: _____

(b) 2nd 6 month period, 20____: _____

Units are in: _____ gpd _____ 100 cf _____ cf _____ other

If other, please specify _____

(c) Volume from other sources: _____ gallons per day

3. Describe any raw water treatment process in use:

4. 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

Contained in Product _____ gallons per day

Other (Please Specify) _____ gallons per day

Detail all other water using operations:

SECTION E: SANITARY SEWER AND COMBINED SEWER CONNECTION INFORMATION:

(If available)

- List plant sewer connections (assign a sequential connection number to each sewer connection starting with No. 1). If more than 3, attach additional connection information on another sheet of 8 ½ x 11 paper.

Connection Number	Sewer Size (Inches)	Descriptive Location of Sewer Connection and Discharge Point	Average Flow (gpd)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

- Attach a drawing of the industrial complex showing location of sewers referenced in E-1. Show location of possible sampling points for sewers and SIC process effluents. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

SECTION F: WASTEWATER DISCHARGES, CHARACTERISTICS AND CONTROL MEASURES:

- Are there any methods of water conservation and/or waste recovery programs practiced at this facility?
 Yes No

If yes, outline methods:

- List all water using processes and indicate which wastewater streams ultimately discharge into the sewer system.

<u>Water Using Operation</u>	<u>Gallons Per Day Discharged</u>
_____	_____
_____	_____
_____	_____

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

3. 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)

4. 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	_____
_____ Neutralization/pH Adjustment	_____
_____ Biological	_____
_____ Equalization	_____
_____ Recovery	_____
_____ Gasoline Trap	_____
_____ Ion Exchange	_____
_____ Other (please specify) _____	_____

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

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

5. 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 15 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 G: 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:

SECTION H: 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 I: COOLING TOWERS:

1. Are any cooling towers in operation? _____ Yes _____ No

If yes, answer the following:

(a) How many cooling towers are there? _____

(b) What is the tonnage of each cooling tower? _____

(c) What is the volume (gallons per day) discharged to the sewer as bleed off from the tower? _____

(d) Are the towers batch discharged to the sewer? _____
If so, indicate frequency. _____

(e) Is there a sample port on the discharge line from the cooling tower? _____

(f) List all chemicals used in the water treatment for each cooling tower and attach a copy of the Material Safety Data Sheet (MSDS) for each chemical.

SECTION J: NON-DISCHARGED WASTES:

1. Are any waste liquids or sludges removed from facility site? Yes No
If yes, these may best be described and quantified as:

<u>Type</u>	<u>Estimated Gallons Per Year</u>
<input type="checkbox"/> Waste Solvent	_____
<input type="checkbox"/> Waste Product	_____
<input type="checkbox"/> Oil	_____
<input type="checkbox"/> Grease	_____
<input type="checkbox"/> Pretreatment Sludge	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Thinner	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Acids and Alkalis	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Other (please specify)	_____
_____	_____
_____	_____

2. Does your company remove the above wastes from the facility? Yes No
If no, state the name(s) and address(es) of all waste haulers:

(a) Name: _____
Address: _____
Permit #: _____
(if applicable)

(b) Name: _____
Address: _____
Permit #: _____
(if applicable)

SECTION J: NON-DISCHARGED WASTES (CONTINUED):

3. Are any sludges, liquids, etc. placed with trash for disposal? _____ Yes _____ No

Describe:

SECTION K: 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 ₅)	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 ₅)	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.