



WASTEWATER DISCHARGE
PERMIT APPLICATION
SUPERMARKETS &
FOOD PREPARATION/PROCESSING
ESTABLISHMENTS

* * * * *

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 the 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:

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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 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.

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.

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SECTION B: FACILITY OPERATIONAL INFORMATION:

1. Normal Hours of Food Preparation/Service:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____
Sunday _____

2. Indicate the types of food processing done at this site:

_____ Fruits and vegetables – canning /preserving
_____ Seafood processing – fresh/preserved
_____ Slaughterhouse – beef/chickens/other
_____ Meat packing – beef/chicken/other
_____ Dairy Products – milk/ice cream/yogurt/butter/etc.
_____ Beverages – soft drinks only
_____ Bakery products – breads/cakes/doughnuts/other (specify) _____
_____ Other (specify) _____

3. Indicate what type of washing operations are conducted at the facility:

_____ Washing of foodstuffs
_____ Washing of the process equipment
_____ Washing of the work area
_____ Other (specify) _____

4. Describe detergent, disinfectant or chemical used for each type of washing operation specified in 3 above (i.e., food equipment, floor, etc.).

5. Is there routine washdown of the work area(s)? _____ Yes _____ No
If yes, answer the following:

a. Where is the discharge point? (i.e., floor drain, grease trap, etc.)

b. Are there traps in the floor drains to prevent the discharge of solids?

_____ Yes _____ No

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SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

c. How often are solids collection traps cleaned? Explain the cleaning procedure.

6. Is any steam cleaning or high temperature/high pressure washing done?
_____ Yes _____ No If yes, describe and indicate point of discharge.

7. Details of Food Processing/Preparation Equipment:

a. Fryolators _____ Yes _____ No How Many _____

b. Grills or Ovens _____ Yes _____ No How Many _____

c. Dishwashers:

Commercial _____ Yes _____ No How Many _____

Domestic _____ Yes _____ No How Many _____

d. Sinks _____ Yes _____ No How Many _____

Number of Compartments in Each _____

e. Pre-rinsing None () Sinks () Station ()

f. Ice Making _____ Yes _____ No How Many _____
Machines

g. Garbage Disposal _____ Yes _____ No How Many _____
Units

h. Any additional water using devices _____ Yes _____ No

Type _____ How many _____

Type _____ How many _____

Type _____ How many _____

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

8. List any other process operations at the facility which generate process wastewater.

9. Does this establishment have one (1) or more grease interceptors installed and operational?
 Yes No

If yes, locate on sketch required in Section C(3)(c) and attach sketch of interceptor(s) and/or manufacturer's technical information.

List Type of Interceptors _____

Size _____ (gallons) Manufacturer _____

Indoor Outdoor Automatic Passive

10. If a grease interceptor is utilized, how often is the interceptor cleaned?

_____ per year Name of Hauler(s) _____

11. Are there 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 sewer as bleed off from the tower? _____

d. Is there a sample point in the discharge line from the cooling tower?

e. 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:

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SECTION C: WATER USE INFORMATION:

1. Water use data (attach copy of recent water bill or estimate if new facility):

Water Supply Account # _____

Period From _____ To _____

Water Meter Serial Number _____

2. 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

3. Do all process streams flow to a common point of discharge prior to combining with sanitary wastewater discharges? _____ Yes _____ No

a. If yes, what is this point of process discharge?

b. If no, where are the various discharge points?

c. Attach a sketch showing all the points of process and sanitary discharges, as well as any information relative to Section B(9).

SECTION D: 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.