



**WASTEWATER DISCHARGE**  
**PERMIT APPLICATION**  
**SHORT FORM**

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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 – 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:**

Wastewater Discharge Permit Application  
Short Form

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.

Wastewater Discharge Permit Application  
Short Form

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: FACILITY OPERATIONAL INFORMATION

PLANT OPERATIONS AFFECTING THE CHARACTERISTICS OF DISCHARGE

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

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

2. Describe all water using processes:

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

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

Water Bill Account Number: \_\_\_\_\_  
Period: From \_\_\_\_\_ To \_\_\_\_\_  
cf \_\_\_\_\_ Equivalent daily use \_\_\_\_\_ gallons per day \_\_\_\_\_

4. List Water Consumption in Facility and Estimate Volume for Each Type of Usage.

<u>Water Using Operations</u>	<u>Gallons Per Day Discharged</u>
Cooling Water	_____
Boiler Feed	_____
Process Water	_____
Sanitary System	_____
Contained in Product	_____
Other (Please Specify)	_____

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED)

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

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

SECTION C: WASTEWATER PRETREATMENT OPERATIONS

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

b. If yes, list name of Pretreatment System Operator:

\_\_\_\_\_

2. 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>
<input type="checkbox"/> Oil Separation	_____
<input type="checkbox"/> Grease Trap	_____
<input type="checkbox"/> Sedimentation	_____
<input type="checkbox"/> Filtration	_____
<input type="checkbox"/> Chemical Addition	_____
<input type="checkbox"/> Neutralization/pH Adjustment	_____
<input type="checkbox"/> Biological	_____
<input type="checkbox"/> Equalization	_____
<input type="checkbox"/> Recovery	_____
<input type="checkbox"/> Gasoline Trap	_____
<input type="checkbox"/> Ion Exchange	_____
<input type="checkbox"/> Other (please specify) _____	_____

SECTION C: WASTEWATER PRETREATMENT OPERATIONS

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

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3. 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 8 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 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 <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.