



WASTEWATER DISCHARGE
PERMIT APPLICATION
X-RAY PROCESSING AND MEDICAL
FACILITY 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
_____ 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:

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.

X-Ray Processing & Medical Facility
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: FACILITY OPERATIONAL INFORMATION:

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

2. Principal Product or Service:

3. List all sources of water (city, well, etc.):

<u>Source</u>	<u>Quantity Used Daily (Estimate for New Facility)</u>
_____	_____ gallons per day
_____	_____ gallons per day
_____	_____ gallons per day

4. List Water Bill Account Number: _____
Attach copy of most recent water bill.

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

5. 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)	_____

Detail all other water using operations:

6. a. Type of Discharge: _____ Batch _____ Continuous
b. If batch, average number of batches per 24 hours _____

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

If yes, outline methods:

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

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

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

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

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

10. Are any chemicals or solvents discharged to the sewer system? ____ Yes ____ No

If yes, please specify:

11. Are any waste liquids or sludges removed from the facility site for off-site disposal?

____ Yes ____ No

If yes, these may best be described and quantified as:

12. 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. _____	b. _____
_____	_____
_____	_____

Permit #: _____
(if applicable)

Permit #: _____
(if applicable)

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

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

Describe:

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>
_____ Oil Separation	_____
_____ Grease Trap	_____
_____ Sedimentation	_____
_____ Filtration	_____
_____ Chemical Addition	_____
_____ Neutralization/pH Adjustment	_____
_____ Biological	_____
_____ Equalization	_____
_____ Electrolytic/Recovery	_____
_____ Ion-Exchange	_____
_____ Recycle	_____
_____ Other (please specify) _____	_____

SECTION C: WASTEWATER PRETREATMENT OPERATIONS (CONTINUED):

Provide any additional descriptive information (include drawings, plans, manufacturers' information, etc., if available):

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 13 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 D: MUST BE COMPLETED IF X-RAY PROCESSING OPERATIONS ARE CONDUCTED:

1. List the number and type of each x-ray processor at the facility:

<u>Quantity</u>	<u>Processor Type</u>	<u>Manufacturers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Provide a sketch of the facility detailing the location and point of discharge for each processor and attach manufacturers' literature for each processor.

SECTION D: MUST BE COMPLETED IF X-RAY PROCESSING OPERATIONS ARE CONDUCTED
(CONTINUED):

3. List the disposal method, volume, and frequency for each of the following solutions utilized in the x-ray processing operation:

<u>Solution</u>	<u>Method of Disposal (i.e., sewer, offsite, etc.)</u>	<u>Volume</u>	<u>Frequency</u>
Fixative	_____	_____	_____
Developer	_____	_____	_____
Rinsewaters	_____	_____	_____
Other (specify)	_____	_____	_____

4. Are there any other x-ray processing discharges such as from equipment cleaning operations? Yes No

If yes, please describe the nature and frequency of cleaning operations and indicate point of discharge:

SECTION E: MUST BE COMPLETED BY DOCTORS, DENTISTS, AND VETERINARIANS:

- 1a. Are any surgical or medical procedures performed at the facility that ultimately result in sewer discharges? Yes No

- 1b. If yes, specify these procedures performed and indicate all associated sewer discharges:

<u>Procedure</u>	<u>Associated Sewer Discharge</u>
_____	_____
_____	_____
_____	_____

2. How are collected blood and body fluids disposed?

SECTION E: MUST BE COMPLETED BY DOCTORS, DENTISTS, AND VETERINARIANS (CONTINUED):

3. Describe how medical instruments are disinfected/sterilized:

4. Are there any discharges to the sewer from disinfection/sterilization procedures?

Yes No

Describe: _____

5. Is analytical equipment used at this facility? Yes No

If yes, list the analytical equipment used:

6. Are there any discharges to the sewer from analytical equipment?

Yes No

7. List acidic solutions discharged to the sewer from this facility:

<u>Acidic Solution</u>	<u>Quantity Discharged Per Day</u>
_____	_____
_____	_____
_____	_____

8. Are the sinks to which acids are discharged equipped with limestone neutralization traps?

Yes No

9. If a dental facility, how is amalgam disposed?

SECTION F: MUST BE COMPLETED BY DENTISTS:

1. How many dental chairs are there in the facility? _____
2. How many chairs are used to fill cavities? _____
3. How many chairs are equipped with chair side traps for amalgam capture? _____
Are the traps disposable? Yes No
If not, indicate how the traps are cleaned and the waste is disposed _____

4. Is there an amalgam separator currently utilized? Yes No
If yes, how many chairs discharge to it? _____
Please attach technical data on separator.
5. How are amalgam-contaminated instruments cleaned, i.e. rinsed in sink, autoclaved, other? _____

6. Are mercury spill kits on site in the event of a spill? _____
7. Do you have elemental mercury on site? Yes No
If so, please indicate quantity and designated use. _____

8. List the brand names of all cleaners are used to clean/sanitize sinks, equipment, discharge lines, etc.?

9. How is scrap amalgam disposed? _____

10. Attached is a Best Management Practice (BMP) for amalgam.
Which option will this facility be implementing? Option 1 Option 2

Please note that firms that do not wish to implement a BMP program will be required to furnish plans of sampling locations, install sampling locations downstream of each point of amalgam discharge and demonstrate and maintain compliance with the mercury discharge limit. Please note, sanitary discharges such as hand wash sinks and toilets cannot discharge through a sample location.

SECTION G: 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.