



ZERO DISCHARGE

PERMIT APPLICATION

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.

Zero Discharge 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: 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: PLANT OPERATIONAL CHARACTERISTICS:

1. Will there be any discharges to the sewer system? _____ Yes _____ No

If yes, please specify:

SECTION C: PLANT OPERATIONAL CHARACTERISTICS (CONTINUED):

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

3. Is there a regularly scheduled shutdown period, such as for vacation?
 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.

SECTION D: WATER CONSUMPTION:

Raw Water Sources:

- | | |
|---|--|
| <ol style="list-style-type: none"> 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

5. List Water Using Processes in Section D(4) above that will discharge to the sewer system:

SECTION E: WASTEWATER RECYCLE PROCESSES:

1. Do any processes recycle and/or reuse water/wastewater streams without discharge to the sewer system? Yes No

If yes, indicate which of the following process wastestreams are recycled and/or reused:

- Electroplating Metal Etching
 Vibratory/Tubbing Cooling Water
 Other, (specify) _____

SECTION F: SANITARY SEWER AND COMBINED SEWER CONNECTION INFORMATION:

(If available)

1. 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	_____	_____	_____

2. Attach a drawing of the industrial complex showing location of sewers referenced in Section F(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 G: WASTEWATER CONTROL MEASURES:

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

SECTION G: WASTEWATER CONTROL MEASURES (CONTINUED):

If yes, outline methods:

2. 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)

3. For all wastestreams which are treated, check the appropriate boxes for types of pretreatment used at this facility:

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

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

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 13 of this application.)

Yes No Do not know

Attach a copy of any wastewater analyses which you may have.

SECTION G: WASTEWATER CONTROL MEASURES (CONTINUED):

If No or Do Not Know, indicate steps and time schedule that will be followed in order to achieve full compliance.

SECTION H: 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 I: 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>
_____ Waste Solvent	_____
_____ Waste Product	_____
_____ Oil	_____

SECTION I: NON-DISCHARGED WASTES (CONTINUED):

<u>Type</u>	<u>Estimated Gallons Per Year</u>
____ Grease	_____
____ Pretreatment Sludge	_____
____ Inks/Dyes	_____
____ Thinner	_____
____ Paints	_____
____ Acids and Alkalis	_____
____ Plating Wastes	_____
____ Pesticides	_____
____ 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)

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

If yes, describe:

SECTION J: 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.