



WASTEWATER DISCHARGE

PERMIT APPLICATION

COMMERCIAL BUILDINGS

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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**

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:

1a. Please check all that apply

<input type="checkbox"/>	EXISTING DISCHARGE	<input type="checkbox"/>	PROPOSED DISCHARGE
<input type="checkbox"/>	NEW FACILITY/BUILDING	<input type="checkbox"/>	EXISTING FACILITY/BUILDING
<input type="checkbox"/>	EXISTING SEWER CONNECTION TO BE UTILIZED	<input type="checkbox"/>	NEW SEWER CONNECTION REQUIRED

1b. For existing facilities with existing discharges, will flow increase by 20% or more?

Yes No

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 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)
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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: SEWER DISCHARGES:

1. List all sewer discharges and indicate if discharge is existing or proposed:

List Source of Discharge	<u>CHECK (√)</u>	
	Existing Discharge	Proposed Discharge

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 _____
 Total Equivalent Daily Use _____ gallons per day
 Water Meter # _____

2. List All Water Uses and Estimated Process Consumption in Facility:

Sanitary _____ gallons per day
 Boiler/Heating _____ gallons per day
 Laundry Operations _____ gallons per day
 Kitchen Operations _____ gallons per day
 Cooling Towers _____ gallons per day
 Other (Please Specify) _____ gallons per day

Detail all other water using operations:

SECTION D: 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>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. Are any floor drains, discharge sumps or open sewer connections located in the boiler room? _____ Yes _____ No

SECTION E: COOLING TOWERS:

1. For each cooling tower at your facility, list the cooling tower size, estimated volume of the daily purge, and the month(s) each unit may be completely drained:

Cooling Tower Size	Volume of Daily Purge	Months Tower is Completely Drained
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

SECTION F: KITCHEN/CAFETERIA INFORMATION:

1. Seating capacity (per Fire Department Regulation) _____
Seating capacity (Actual Count) _____

2. Normal Hours of Food Preparation/Service:
Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____
Sunday _____

3. Details of Kitchen Fixtures:
- 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. Kitchen Sinks How Many _____
 Number of Compartments in Each _____
 - e. Dinnerware
 Pre-rinsing None _____ Sinks _____ Station _____
 - f. Ice Making Machines ___ Yes ___ No How Many _____
 - g. Garbage Disposal Units ___ Yes ___ No How Many _____
 - h. Exhaust Hoods with
 Automatic Cleaning System ___ Yes ___ No
 - i. Exhaust Hoods without
 Automatic Cleaning System ___ Yes ___ No
- If yes, how are hoods cleaned (i.e., in three (3) bay sink, off-site):

- j. Any additional water using devices ___ Yes ___ No
 Type _____ How many _____
 Type _____ How many _____
 Type _____ How many _____

SECTION F: KITCHEN/CAFETERIA INFORMATION (CONTINUED):

4. Attach sketch of kitchen showing location and drain lines for all equipment detailed in question 3 above. Grease removal unit must be included on sketch, if applicable.
5. Attach a menu of the foods prepared and served at the facility.
6. Does this establishment have an installed and working grease removal unit (GRU)?
 Yes No
If yes, attach sketch of interceptor and manufacturer's technical information.
List Type of Grease Removal Unit _____
Size _____ (gallons) Manufacturer _____
 Indoor Outdoor Automatic Passive
7. If a grease removal unit is utilized, how often is the grease removal unit cleaned?
_____ per year Name of Hauler(s) _____
8. Where is existing grease removal unit located? _____

SECTION G: LAUNDRY OPERATION INFORMATION:

1. Number of washing machines at facility? _____
What is typical washing machine size or capacity in pounds? _____
How many pounds are washed per day? _____
2. 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) _____
3. How are solids removed from the laundry wastewater?
 Lint Traps Settling Pits

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4. Does your facility comply with the Narragansett Bay Commission discharge limitations based on recent wastewater analysis? (Discharge limitations summarized on page 10 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 H: 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)

All limitations are in units of mg/l unless otherwise specified

NBC Field's Point Effluent Discharge Limitations

(Providence, North Providence, Johnston, small sections of Lincoln and Cranston)

<u>Parameter</u>	<u>Limitation (Max)</u>	<u>Parameter</u>	<u>Limitation (Max)</u>
Arsenic (Total)	0.02*	Zinc (Total)	2.61
Cadmium (Total)	0.11	Total Toxic Organics (TTO)	2.13
Chromium (Total)	2.77	Biochemical Oxygen Demand (BOD ₅)	300
Copper (Total)	1.20	Total Suspended Solids (TSS)	300
Cyanide (Total)	0.58**	Total Oil and Grease (fats, oils and grease)	125
Lead (Total)	0.60	Total Nitrogen	115***
Mercury (Total)	0.005	Ammonia	50***
Nickel (Total)	1.62	pH range (at all times)	5.0-11.0 s.u.
Silver (Total)	0.43		

<u>Industrial User Category/Categories</u>	<u>Parameter(s)</u>	<u>Limitation (lbs/1000 gal)</u>
14	BOD ₅ and TSS	5
23 and 29	BOD ₅ and TSS	20
25, 28, 34, and 36	BOD ₅ and TSS	10
33	BOD ₅ and TSS	75
33	Total Nitrogen	10***
33	Ammonia	2***

NBC Bucklin Point Effluent Discharge Limitations

(Pawtucket, Central Falls, Lincoln, Cumberland, Rumford Section of East Providence, and Eastern Section of Smithfield)

<u>Parameter</u>	<u>Limitation (Max)</u>	<u>Parameter</u>	<u>Limitation (Max)</u>
Arsenic (Total)	0.03	Zinc (Total)	1.67
Cadmium (Total)	0.11	Total Toxic Organics (TTO)	2.13
Chromium (Total)	2.77	Biochemical Oxygen Demand (BOD ₅)	300
Copper (Total)	1.20	Total Suspended Solids (TSS)	300
Cyanide (Total)	0.50**	Total Oil and Grease (fats, oils and grease)	125
Lead (Total)	0.69	Total Nitrogen	115***
Mercury (Total)	0.06	Ammonia	50***
Nickel (Total)	1.62**	pH range (at all times)	5.0-11.0 s.u.
Silver (Total)	0.40		

<u>Industrial User Category/Categories</u>	<u>Parameter(s)</u>	<u>Limitation (lbs/1000 gal)</u>
14	BOD ₅ and TSS	5
23 and 29	BOD ₅ and TSS	20
25, 28, 34, and 36	BOD ₅ and TSS	10
32	BOD	570
32	TSS	10
33	BOD ₅ and TSS	75
33	Total Nitrogen	10***
33	Ammonia	2***

<u>Industrial User Category/Categories</u>	<u>Parameter(s)</u>	<u>Limitation (lbs/day)</u>
32	Total Nitrogen	300***
32	Ammonia	300***

* The Arsenic Limitation in Field's Point applies to all Industrial Users except the landfill which must meet 0.4 mg/l.

** The Cyanide Limitations for each district only applies to Industrial Users in categories 11 and 15. All other users in both districts must meet 0.4 mg/l. The Nickel Limitation for Bucklin Point only applies to Industrial Users in categories 11 and 15. All other uses in Bucklin Point must meet 0.50 mg/l for nickel.

*** Total Nitrogen and Ammonia Limitations in both districts are seasonal from May 1st through October 31st.