



WASTEWATER DISCHARGE
PERMIT APPLICATION
DENTAL, MEDICAL, AND/OR X-RAY
PROCESSING 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:

- 1a. Discharge: ___ NEW or ___ EXISTING
- 1b. New sewer connection required: ___ YES or ___ NO
- 1c. 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. Business Email Address: _____
7. 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: _____
8. Designate Company Organization:
 ___ Sole Proprietorship ___ Corporation ___ Partnership ___ LLC

A business established under the laws of _____,
composed of officers as follows: (NAME OF STATE)

Name _____ Title _____
Home Address _____
Home Telephone _____ Email Address _____

Name _____ Title _____
Home Address _____
Home Telephone _____ Email Address _____

Name _____ Title _____
Home Address _____
Home Telephone _____ Email Address _____

Name _____ Title _____
Home Address _____
Home Telephone _____ Email Address _____

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.

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 medical and/or service activities performed on premises:

2. 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

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

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):

Detail all other water using operations:

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

If yes, outline methods:

4. List all water using process operations and indicate which wastewater streams ultimately discharge into the sewer system.

<u>Water Using Process</u>	<u>Gallons Per Day Discharged</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

<u>Chemical</u>	<u>Annual Usage</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

6. Are any chemicals or solvents discharged to the sewer system? _____ Yes _____ No

If yes, please specify:

9. 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:

10. 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)

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

Describe:

SECTION C: DENTAL OPERATIONS:

1. How many dental chairs are there in the facility? _____
2. How many chairs are used to place amalgam? _____
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, please attach technical data on separator and answer the following:
(a) When was the amalgam separator installed? _____
(b) How many chairs discharge to the separator? _____
(c) Does a third party maintain amalgam separator? _____ Yes _____ No
If yes, please specify: _____
If no, provide a brief description of practices employed by your facility to ensure proper operation maintenance of separator: _____

If no, you will be required to propose an amalgam separator that meets the specifications set forth in 40 CFR §441 and the NBC Best Management Practices for the Management of Waste Dental Amalgam.

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? _____

SECTION D: MEDICAL OPERATIONS:

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?

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

SECTION D: MEDICAL OPERATIONS (CONTINUED):

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

SECTION E: X-RAY PROCESSING OPERATIONS:

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.

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</u> <u>(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 F: 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.