

**SPRINGFIELD WATER AND SEWER COMMISSION
INDUSTRIAL PRETREATMENT PROGRAM
TEMPORARY DISCHARGE PERMIT APPLICATION**

GENERAL INFORMATION:

Facility Name: _____

Type of Business: _____

SIC Code: _____

Facility Address:

Street: _____

City: _____ State: _____ Zip: _____

Site Address: (if different):

Street _____

City: _____ State: _____ Zip: _____

Billing Mailing / Billing Address:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

_____ Contact Person (with authority) Name: _____

_____ Title: _____ Tel. #: _____

_____ Alternate Contact (with authority) Name: _____

_____ Title: _____ Tel. #: _____

_____ Is there an environmental consultant or a licensed site professional (LSP) on the job?

[] Yes [] No [] N/A

Consultant or LSP Name (if applicable): _____

Consultant Address:

Street: _____

City: _____ State: _____ Zip: _____

Contact Person (with authority) /Title: _____

Telephone #: _____

Alternate Contact (with authority) /Title: _____

Telephone #: _____

(check one) :

Facility

Consultant

Type of TDP permit requested (check one):

New Permit

Renewal Current permit expires on:_____

State Reason for TDP Application:

Characteristics of the Wastewater:

Complete this section and supply supporting documents from a Massachusetts Environmental Certified Laboratory. All analyses must be performed according to 40 CFR Part 136 and proper chain of custody forms must be included.

Pollutants in Wastewater (including Hazardous and Toxic Substances):

<u>Pollutants</u>	<u>EPA Method</u>	<u>Concentration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach Additional Sheet if Necessary

Is the facility site in an Environmental Enforcement Action?

Yes No

Massachusetts DEP personnel associated with site ? (if applicable):

Nature of Discharge:

Is the TDP for (check one):

- Industrial Process Wastewater
 - Site Clean-up Wastewater
 - Other (explain)
-

The discharge will be (check one):

- Continuous
 - Batch
 - Other (explain)
-

Volume of wastewater to discharge:

Volume to discharge in total gallons

Volume will be (check one):

- Measured
- Estimated

Discharge rate expected in gallons per minute:

- Measured
- Estimated

The expected time of discharge is estimated to be:

Days per week: _____

Hours per day: _____

Flow to the sewer will be (check one) :

- Pump
 - Gravity
 - Other Explain: _____
-
-
-
-

The connection to the sewer system is (check one):

Existing sewer connection

Temporary connection

Applicant must submit proof of proper sewer connection permit.

Size of the sanitary sewer line to which the wastewater will be discharged: _____

Wastewater flow cannot exceed the capacity of the receiving sanitary sewer connection. Storm Sewer connections are not permitted.

Is any type of pretreatment expected to be done on the wastewater before being discharged?

No Yes

Explain: _____

Process Description:

Attach the following documentation:

Background History of Site

Site Map

Schematic of Process Discharge Lines

Applicable MSDS (s)

Pretreatment Facility Description and Schematic

Location of Sewer Control Manhole

Time Table of Project

TDP Sewer Use Fee:

A sewer use fee will be assessed using the following formula:

$$\text{fee} = [(\text{flow}) * (1.2 * \text{applicable residential sewer rate})]$$

Application Process Fee:

A nonrefundable process fee of \$150.00 is required from all applicants. Please submit check or money order, do not send cash, payable to Springfield Water and Sewer Commission. Please submit application and process fee to:

SPRINGFIELD WATER AND SEWER COMMISSION

P.O. BOX 995

SPRINGFIELD, MA 01101-0995

Att: Industrial Pretreatment Program

The TDP permit application will be processed within 15 days of receipt of the completed application and fee.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name

Title

Signature

Date

Phone

*Code of Federal Regulations, Sec. 403.6 (a) (2) (ii)