



MASSACHUSETTS WATER RESOURCES AUTHORITY SEWER USE  
DISCHARGE PERMIT APPLICATION

INSTRUCTION SHEET

In accordance with Massachusetts Water Resources Authority (MWRA) Sewer Use Regulations, 360 C.M.R. §§ 10.007, 10.052, 10.072, and 10.092, users must complete and file a Sewer Use Discharge Permit Application. The Application must be filed with the MWRA and the Municipality in which the sewer user's discharge is located. Failure to submit a copy of the application to the Municipality is a violation of 360 C.M.R. 10.052 and may delay the processing of the permit. In addition, if your facility is either a treatment, storage, or disposal facility (TSDF) or Level III recycler under the Massachusetts hazardous waste regulations, a third copy must be sent to the Massachusetts Department of Environmental Protection. Please read the following instructions before completing the form. If you have any questions, please call the Toxic Reduction and Control at (617)305-5627 and ask to speak to the Industrial Coordinator for the city or town in which the facility to be permitted is located.

1. Answer all questions carefully.
2. The application is designed to apply to a wide range of users. It consists of a "standard application," sections A-J, which every user must complete, and three addenda. The tables which you must complete may not entirely reflect your operations. You may slightly alter the tables to better suit your needs so long as you do not significantly change the question by doing so. You must complete the first and second addenda if the facility to be permitted engages in one or more of the operations described in them (or answer N/A as appropriate). If you would like to be covered by the MWRA's General Permit for Low Flow and Low Pollutant Dischargers, you must complete the third addendum.
3. For the questions which do not apply, please write "N/A" or "not applicable" in the space provided. Please do not leave the question blank, because we may assume you missed the question and send the application back to you.
4. If more space is needed, please attach additional pages.
5. A waste water analysis for PFAS compounds must be included with this permit application. This permit application will not be considered complete if an analysis for each sampling site(s) does not include analysis for PFAS compounds. Please analyze the facility waste water for the following PFAS compounds utilizing the recommended analysis. Please see table on next page.

Target Analyte Name	Abbreviation	CAS Number	Required EPA Analysis
<b>Perfluoroalkyl carboxylic acids</b>			
Perfluorobutanoic acid	PFBA	375-22-4	EPA Method 1633
Perfluoropentanoic acid	PFPeA	2706-90-3	EPA Method 1633
Perfluorohexanoic acid	PFHxA	307-24-4	EPA Method 1633
Perfluoroheptanoic acid	PFHpA	375-85-9	EPA Method 1633
Perfluorooctanoic acid	PFOA	335-67-1	EPA Method 1633
Perfluorononanoic acid	PFNA	375-95-1	EPA Method 1633
Perfluorodecanoic acid	PFDA	335-76-2	EPA Method 1633
Perfluoroundecanoic acid	PFUnA	2058-94-8	EPA Method 1633
Perfluorododecanoic acid	PFDoA	307-55-1	EPA Method 1633
Perfluorotridecanoic acid	PFTTrDA	72629-94-8	EPA Method 1633
Perfluorotetradecanoic acid	PFTeDA	376-06-7	EPA Method 1633
<b>Perfluoroalkyl sulfonic acids</b>			
<b>Acid Form</b>			
Perfluorobutanesulfonic acid	PFBS	375-73-5	EPA Method 1633
Perfluoropentanesulfonic acid	PFPeS	2706-91-4	EPA Method 1633
Perfluorohexanesulfonic acid	PFHxS	355-46-4	EPA Method 1633
Perfluoroheptanesulfonic acid	PFHpS	375-92-8	EPA Method 1633
Perfluorooctanesulfonic acid	PFOS	1763-23-1	EPA Method 1633
Perfluorononanesulfonic acid	PFNS	68259-12-1	EPA Method 1633
Perfluorodecanesulfonic acid	PFDS	335-77-3	EPA Method 1633
Perfluorododecanesulfonic acid	PFDoS	79780-39-5	EPA Method 1633
<b>Fluorotelomer sulfonic acids</b>			
1H,1H,2H,2H-Perfluorohexane sulfonic acid	4:2FTS	757124-72-4	EPA Method 1633
1H,1H,2H,2H-Perfluorooctane sulfonic acid	6:2FTS	27619-97-2	EPA Method 1633
1H,1H,2H,2H-Perfluorodecane sulfonic acid	8:2FTS	39108-34-4	EPA Method 1633
<b>Perfluorooctane sulfonamide s</b>			
Perfluorooctanesulfonamide	PFOSA	754-91-6	EPA Method 1633
N-methyl perfluorooctanesulfonamide	NMeFOSA	31506-32-8	EPA Method 1633
N-ethyl perfluorooctanesulfonamide	NEtFOSA	4151-50-2	EPA Method 1633
<b>Perfluorooctane sulfonamidoacetic acids</b>			
N-methyl perfluorooctanesulfonamidoacetic acid	NMeFOSAA	2355-31-9	EPA Method 1633
N-ethyl perfluorooctanesulfonamidoacetic acid	NEtFOSAA	2991-50-6	EPA Method 1633
<b>Perfluorooctane sulfonamide ethanols</b>			
N-methyl perfluorooctanesulfonamidoethanol	NMeFOSE	24448-09-7	EPA Method 1633
N-ethyl perfluorooctanesulfonamidoethanol	NEtFOSE	1691-99-2	EPA Method 1633
<b>Per- and Polyfluoroether carboxylic acids</b>			
Hexafluoropropylene oxide dimer acid	HFPO-DA	13252-13-6	EPA Method 1633
4,8-Dioxa-3H-perfluorononanoic acid	ADONA	919005-14-4	EPA Method 1633
Perfluoro-3-methoxypropanoic acid	PFMPA	377-73-1	EPA Method 1633
Perfluoro-4-methoxybutanoic acid	PFMBA	863090-89-5	EPA Method 1633
Nonafluoro-3,6-dioxaheptanoic acid	NFDHA	151772-58-6	EPA Method 1633
<b>Ether sulfonic acids</b>			
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid	9Cl-PF3ONS	756426-58-1	EPA Method 1633
11-Chloroeicosafluoro-3-oxaundecane-1-sulfonic acid	11Cl-PF3OUdS	763051-92-9	EPA Method 1633
Perfluoro(2-ethoxyethane)sulfonic acid	PFEESA	113507-82-7	EPA Method 1633
<b>Fluorotelomer carboxylic acids</b>			
3-Perfluoropropyl propanoic acid	3:3FTCA	356-02-5	EPA Method 1633
2H,2H,3H,3H-Perfluorooctanoic acid	5:3FTCA	914637-49-3	EPA Method 1633
3-Perfluoroheptyl propanoic acid	7:3FTCA	812-70-4	EPA Method 1633

6. If you have previously submitted information required by this application and that information is unchanged, you must resubmit the information. If there are only minor changes, you may resubmit the information and on a separate sheet indicate the changes that have occurred with page references for each change.
7. If you have not already done so, submit to the Massachusetts Department of Environmental Protection (MADEP) a classification of your pretreatment system by completing the attached pretreatment facility grading report form. Include a process flow diagram of the pretreatment system and send to:

Board of Certification DEP Training  
Center  
100 Cambridge Street, Suite 900  
Boston, MA 02114

8. The form must be signed and dated by an authorized representative of the user to be valid. The MWRA has adopted the EPA's definition of an Authorized Representative, 40 CFR 403.12., as follows:
  - (A) For a corporation, its (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy-or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  - (B) For a partnership or sole proprietorship, a general partner or proprietor.

By a duly authorized representative of an individual designated in paragraph (A) or (B) if: (i) the authorization is made in writing by the individual described in paragraph (A) or (B); (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and (iii) the written authorization is submitted with this form.

9. Submit the completed application in the following manner, please keep a copy for your own records:
  - Please submit two copies of the application, one hard copy and one electronic copy to the TRAC office. Please send an additional copy to the municipality that the facility resides in.

- The hard copy of the application should contain a “wet” signature and be mailed to the TRAC office address listed on the top page of page 1 of this application.
  - The electronic copy of the application should be a **single** pdf document that is a compilation of the permit application document and all supporting information. The electronic copy of the application should be emailed to TRACApplications@mwra.com
  - In the subject line of the email submittal, please identify the submittal as follows: PERMIT APPLICATION, Industry’s Permit Number, Industry Name.
  - Because of file size limitations with the MWRA email server, please scan the permit application and all supporting information at the lowest scan setting. Most scanners will default to a very high photo realistic DPI (dots per inch) setting. Please use the lowest DPI setting to obtain a readable document, yet compressed file size.
  - After scanning, if the pdf file is slightly larger than 5 MB, try compressing a zip file. There may be enough compression with the zip file to get below the 5 MB server limitation. If the file is too large to email, please send an email to [TRACApplications@mwra.com](mailto:TRACApplications@mwra.com) requesting a link to the MWRA Share File server.
10. You must submit a completed application no later than sixty (60) days before your current permit expires in order for your current permit to remain in effect pending a decision on your new application.

MWRA ADDRESS:

2 Griffin Way  
Chelsea, MA 02150-3334 Attention: TRAC

MUNICIPAL ADDRESS:

Refer to: <https://www.mwra.com/03sewer/html/tracpermits.htm>

Note: The MWRA has special applications for certain facility types. If your facility engages solely in a) photo processing and/or printing operations or b) food processing operations, you should call MWRA as directed on Page 1 of these instructions and request the Notice of Intent to Discharge for your type of discharge. Special applications are also required for Colleges and Universities, Landfills, Publicly Owned Drinking Water Treatment Plants, Septage Haulers, and Municipalities. In addition, a separate addendum is required for applicants seeking to discharge from construction site dewatering activities. If you believe you need one of these, please call as directed on Page 1 of these instructions and speak with your Industrial Coordinator.

# SEWER USE DISCHARGE PERMIT APPLICATION



**TOXIC REDUCTION AND CONTROL**  
2 GRIFFIN WAY  
CHELSEA, MASSACHUSETTS 02150-3334

## CONTENTS

Section A	General Information	Page 1
Section B	Product or Service Information	Page 3
Section C	Plant Operational Characteristics	Page 4
Section D	Water Usage	Page 5
Section E	Sanitary Sewer Connection	Page 6
Section F	Wastewater Discharge	Page 7
Section G	Wastewater Pretreatment	Page 9
Section H	Wastewater Process Changes	Page 11
Section I	Non-Discharged Waste	Page 12
Section J	Characteristics of Discharge	Page 13
Attachments	Other Filings	
	Addendum for Photoprocessing and Printing Operations	
	Addendum for Electroplating and Metal Finishing Operations	
	Addendum for Cooling Systems Anti-corrosion Chemicals Information	

Permit Number \_\_\_\_\_ Applicant Name \_\_\_\_\_

Facility Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MASSACHUSETTS WATER RESOURCES AUTHORITY  
TOXIC REDUCTION AND CONTROL  
2 GRIFFIN WAY  
CHELSEA, MASSACHUSETTS 02150-3334**

**SEWER USE DISCHARGE PERMIT APPLICATION**

**SECTION A - GENERAL INFORMATION**

1. Business Name of Applicant: \_\_\_\_\_

2. Facility Address: \_\_\_\_\_

3. Facility Representative to Contact Concerning Information Provided Herein.

Name : \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

4. Name and Title of Authorized Representative: Name : \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Mailing Address: (If Different from Facility Address): \_\_\_\_\_

5. Name of Person to Receive Permit (If Different from  Above):

Name : \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

e-mail Address\*: \_\_\_\_\_

Mailing Address: (If Different from Facility Address): \_\_\_\_\_

6. Name of Person to Receive Permit Bill (If Different from  Above):

Name : \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Mailing Address: (If Different from Facility Address): \_\_\_\_\_

\*e-mail Address - required if you want the MWRA to send you e-mail when it receives analytical data from your laboratory via the e-SMART program.

7. Check One:  Existing Discharge  Proposed Discharge If  
proposed discharge, anticipated date of initial discharge: \_\_\_\_\_

**Note to Authorized Representative:** In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and M.G.L. c.21 and 27, information and data provided in this questionnaire which identified the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 C.F.R. part 2 and 360 C.M.R. § 10.011. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

I have personally examined and am familiar with the information submitted in this document and attachments. I believe that the submitted information 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 Authorized Representative

**SECTION B - PRODUCT OR SERVICE INFORMATION**

1. Check all operations which are present at your facility:

- |  |  |
|--|--|
| <input type="checkbox"/> Electroplating*                     | <input type="checkbox"/> Leather Tanning             |
| <input type="checkbox"/> Metal Finishing*                    | <input type="checkbox"/> Photographic Developing*    |
| <input type="checkbox"/> Machine Shop                        | <input type="checkbox"/> Printing*                   |
| <input type="checkbox"/> Foundry                             | <input type="checkbox"/> Food or Beverage Processing |
| <input type="checkbox"/> Battery Manufacturing               | <input type="checkbox"/> Medical Care                |
| <input type="checkbox"/> Porcelain Enameling                 | <input type="checkbox"/> Laboratory                  |
| <input type="checkbox"/> Electronics Manufacturing           | <input type="checkbox"/> Painting/Finishing          |
| <input type="checkbox"/> Printed Circuit Board Manufacturing | <input type="checkbox"/> Repair Shop/Garage          |
| <input type="checkbox"/> Organic Chemical Manufacturing      | <input type="checkbox"/> Equipment Cleaning/Washing  |
| <input type="checkbox"/> Inorganic Chemical Manufacturing    | <input type="checkbox"/> Military                    |
| <input type="checkbox"/> Pharmaceutical Manufacturing        | <input type="checkbox"/> Residential                 |
| <input type="checkbox"/> Steam/Electric Power Manufacturing  | <input type="checkbox"/> Office Units/Retail Shops   |
| <input type="checkbox"/> Timber Products                     | <input type="checkbox"/> Other _____                 |

\*The enclosed addendum for this process must be completed.

1a. Provide a brief description of the operation(s) checked above. \_\_\_\_\_  
 \_\_\_\_\_

2. List applicable Standard Industrial Classification (SIC) code(s) for all processes in descending order of importance.  
 \_\_\_\_\_

3. List chemicals and raw materials used in manufacturing processes or supporting operations that could contribute to wastewaters discharged to the sanitary sewer system. List only those present in quantities of 5 gallons/5 pounds or greater.

Chemical/Material	Quantity used per year	Chemical/Material	Quantity used per year
_____	_____	_____	_____
_____	_____	_____	_____

4. Has your company prepared a Toxic Chemical Release Inventory reporting form (Form R) in response to the Superfund Amendment and Reauthorization Act (SARA) section 313?  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**SECTION C - PLANT OPERATIONAL CHARACTERISTICS**

1. Production Information:

- a. Total production hours per work day \_\_\_\_\_
- b. Production shift schedule:
  - First shift start \_\_\_\_\_ stop \_\_\_\_\_
  - Second shift start \_\_\_\_\_ stop \_\_\_\_\_
  - Third shift start \_\_\_\_\_ stop \_\_\_\_\_
- c. Production days per week \_\_\_\_\_
- d. Average annual work days per year \_\_\_\_\_
- e. Number of employees \_\_\_\_\_

2. If the operation is subject to seasonal variation, please describe:

3. Does the operation shut down for vacation, maintenance, or other reasons?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate period when shut down occurs:

4. Does the facility implement any of the following management plans?

- \_\_\_\_\_ Spill Prevention Control and Countermeasure Plan
- \_\_\_\_\_ Source Reduction Plan
- \_\_\_\_\_ Toxic Organic Management Plan
- \_\_\_\_\_ Toxicity Reduction Evaluation



**SECTION D - WATER USAGE**

1. Water Sources:

Name the water sources for your facility. Include the amount contributed from each source in 100 cubic feet (ft<sup>3</sup>) or gallons from the beginning of July to the end of June. Indicate the year. (100 ft<sup>3</sup> = 748 gallons)

Source	Name	Annual Water Use 7/1/____ - 6/30____
Municipal (Town or City)	_____	_____ 100 ft <sup>3</sup>
Private Water Company	_____	_____ 100 ft <sup>3</sup>
Surface Water (Lake,Pond)	_____	_____ gallons
On Site Well	_____	_____ gallons
Other Source	_____	_____ gallons
		Total: _____

2. Has incoming water been analyzed within the past year?  
If so, attach a copy of the results.

3. Is any water used in product manufacturing or lost through evaporation?  
If so, describe and provide amount(s).

4. Describe any sewer discharge produced from clean water purification or conditioning systems. Include amount(s).

**SECTION E - SANITARY SEWER CONNECTION**

1. List all plant sewer connections from your facility to the street sewer. If more than 3 are connections exist, attach the additional connection information on another sheet.

Connection	Location of Sewer Connection or Discharge Point (Name of street, buildings, etc.)
1	<hr/>
2	<hr/>
3	<hr/>

2. Provide in the space below or attach a drawing of the industrial complex showing locations of sewer connections referenced above. Assign connection numbers using the numbers provided. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

**SECTION F - WASTEWATER DISCHARGE**

- Complete tables A and B. Quantities should be expressed in gallons. Sanitary wastewater may be estimated based on 25 gallons per person per day (gpd). Check all applicable spaces and total the gallons per day column.

**A. CONTINUOUS DISCHARGES**

Type	Gallons per day	Estimated	Measured	Pretreatment	Discharge Location			
					Sanitary Sewer			
					Connection from E-1 Storm Drain Surface			
				1	2	3	Other:	
Sanitary Wastewater <sup>1</sup>	_____	_____	_____	_____	_____	_____	_____	_____
Process Wastewater <sup>2</sup>	_____	_____	_____	_____	_____	_____	_____	_____
Process Wastewater <sup>3</sup>	_____	_____	_____	_____	_____	_____	_____	_____
Contaminated Cooling Water	_____	_____	_____	_____	_____	_____	_____	_____
Uncontaminated Cooling Water	_____	_____	_____	_____	_____	_____	_____	_____
Boiler/Tower Blowdown	_____	_____	_____	_____	_____	_____	_____	_____
Air Pollution Control Wastewater	_____	_____	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____	_____	_____	_____

<sup>1</sup>Wastewater including human and domestic waste from such sources as lavatories, showers and kitchens.

<sup>2</sup>Process wastewater not regulated by National Categorical Pretreatment Standards.

<sup>3</sup>Process wastewater regulated by National Categorical Pretreatment Standards.

For a list of industries subject to National Categorical Pretreatment Standards refer to the Code of Federal Regulations, 40 CFR 403, Appendix C.40 CFR 400-471 contains a complete list of regulations governing National Categorical Pretreatment Standards.

1a. How is wastewater flow measured?

If unmeasured, is there a reason for not installing a measuring device?

**B. BATCH INTERMITTENT AND SEASONAL DISCHARGES**

Type	Frequency (check one)				Gallons per Discharge	Pretreatment	Discharge Location					
	Daily	Weekly	Monthly	Yearly			Sanitary Sewer Connection from E-1			Storm Drain	Surface Water	
							1	2	3			other:
Process Wastewater <sup>2</sup>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Process Wastewater <sup>3</sup>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Cooling System	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Plant Washdown	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Equipment Washdown	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Boiler/Tower Blowdown	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Spent Chemical Solutions	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Backwash	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Other: \_\_\_\_\_

<sup>2</sup>Process wastewater not regulated by National Categorical Pretreatment Standards.

<sup>3</sup>Process wastewater regulated by National Categorical Pretreatment Standards.

Are all discharges accounted for in Tables A and B?      Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain:

**SECTION G - WASTEWATER PRETREATMENT**

Wastewater treatment performed before sewer system discharge

1. Is there any form of pretreatment practiced at your facility? Yes\_\_\_\_No\_\_\_\_  
(Refer to list below)
2. Complete the following table.  
Identify any treated wastestream.

In the spaces provided in the pretreatment column, fill in the number corresponding to the applicable treatment method(s).

- |                                 |                        |
|---------------------------------|------------------------|
| 1. Neutralization/pH adjustment | 6. Silver Recovery     |
| 2. Chemical precipitation       | 7. Screen/Grit removal |
| 3. Sedimentation                | 8. Grease trap         |
| 4. Filtration                   | 9. Gas/Oil separator*  |
| 5. Ion exchange                 | 10. Other _____        |

Treated Wastestream	Pretreatment	Discharge Frequency		Sewer Connection from E-1			
		batch	continuous	1	2	3	other:_____
_____	_____	___	___	—	—	—	___
_____	_____	___	___	—	—	—	___
_____	_____	___	___	—	—	—	___

\* Provide a drawing for each gas/oil separator at the facility. Describe maintenance and maintenance frequency.

3. List all the applicable Federal Categorical Pretreatment Standards established by the USEPA (Environmental Protection Agency), for your facility.  
\_\_\_\_\_
4. Provide the Massachusetts Department of Environmental Protection (DEP) classification for your pretreatment system. Pretreatment system class\_\_\_\_\_
5. List name and DEP operator grades for certified pretreatment system operators working at your facility.
 

Operator Name_____	Grade_____
Operator Name_____	Grade_____
Operator Name_____	Grade_____

**SECTION G - WASTEWATER PRETREATMENT (continued)**

6. Provide a process flow diagram for each pretreatment system. Include the location of flow meters, accessible sampling points and sewer connection(s) which receive treated wastewater. Provide sewer connection number from Section E.

## SECTION H - WASTEWATER PROCESS CHANGES

1. Are any process changes planned for the next two years which would effect wastewater volume or characteristics including pretreatment modifications, variations in wastewater volume, and/or additional sewer connections.? Yes\_\_\_\_ No\_\_\_\_

If yes, briefly describe these changes and their effects on the wastewater volume and characteristics.

**SECTION I - NON-DISCHARGED WASTE**

1. Are any waste liquids or sludge removed from the facility site? Yes \_\_\_ No \_\_\_  
 If yes, they may be best quantified as:

Waste Type	Estimated Gallons/Year
Waste Solvent	_____
Waste Product	_____
Oil	_____
Grease	_____
Pretreatment Sludge	_____
Inks/Dyes	_____
Thinner	_____
Paints	_____
Acids and Alkalis	_____
Plating Waste	_____
Photodeveloping Waste	_____
Pesticides	_____
Other _____	_____

2. Attach a copy of the most recent Hazardous Waste Manifest for each applicable waste listed above. In place of Manifests, Large Quantity Hazardous Waste Generators may submit a copy of Part III, the Waste Summary, from their DEP Annual Waste Report.

3. State the name and address of any waste hauler(s) employed by your company.

_____	_____
_____	_____
_____	_____

4. Are any sludges, liquids or spill clean up materials placed with the trash for disposal?  
 Yes \_\_\_ No \_\_\_

Describe discarded waste: \_\_\_\_\_  
 State name and address of hauler for this waste: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Does your facility employ the service of a commercial laundry? Yes \_\_\_ No \_\_\_  
 State name and address of the company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SECTION J - CHARACTERISTICS OF DISCHARGE

1. Identify the conventional toxic and hazardous pollutants expected to be present in your wastewater discharge.

### CONVENTIONAL POLLUTANTS

\_\_\_ pH (provide average) \_\_\_ s.u.      high pH \_\_\_ s.u.      low pH \_\_\_ s.u.  
\_\_\_ Oil and grease (petroleum or mineral origin)  
\_\_\_ Oil and grease (animal or vegetable origin)  
\_\_\_ Ammonia  
\_\_\_ Total Suspended Solids (TSS)      Concentration: \_\_\_\_\_ mg/l

### VOLATILE COMPOUNDS

- acrolein	1,2 - dichloropropane
- acrylonitrile	1,2 - dichloropropylene
- benzene	ethylbenzene
- bromoform	methyl bromide
- carbon tetrachloride	methyl chloride
- chlorobenzene	methylene chloride
- chlorodibromoethane	1,1,2,2 - tetrachloroethane
- chloroethane	tetrachloroethylene
- 2-chloroethylvinyl ether	toluene
- chloroform	1,2 - trans - dichloroethylene
- dichlorobromomethane	1,1,1 - trichloroethane
- 1,1 - dichloroethane	1,1,2 - trichloroethane
- 1,2 - dichloroethane	trichloroethylene
- 1,1 - dichloroethylene	vinyl chloride

### ACID COMPOUNDS

___ 2 - chlorophenol	- 4 - nitrophenol
___ 2,4 - dichlorophenol	- p-chloro-m-cresol
___ 2,4 - dimethylphenol	- pentachlorophenol
___ 4,6 - dinitro-o-cresol	- phenol
___ 2,4 - dinitrophenol	- 2,4,6 - trichlorophenol
___ 2 - nitrophenol	

## SECTION J - CHARACTERISTICS OF DISCHARGE (continued)

### BASE/NEUTRAL COMPOUNDS

- acenaphthene	dimethyl phthalate
- acenaphthylene	di-n-butyl phthalate
- anthracene	2,4 - dinitrotoluene
- benzidine	2,6 - dinitrotoluene
- benzo(a) anthracene	di-n-octyl phthalate
- benzo (a) pyrene	1,2 - diphenyl hydrazine
- 3,4 - benzofluoranthene	fluoranthene
- benzo (ghi) perylene	fluorene
- benzo (k) fluoranthene	hexachlorobenzene
- bis (2 - chloroethoxy) methane	hexachlorobutadiene
- bis (2 - chloroethyl) ether	hexachlorocyclopentadiene
- bis (2 - chloroisopropyl) ether	hexachloroethane
- bis (2 - ethylhexyl) phthalate	indeno (1,2,3 - cd) pyrene
- 4 - bromophenyl phenyl ether	isophorone
- butylbenzyl phthalate	naphthalene
- 2 - chloronaphthalene	nitrobenzene
- 4 - chlorophenyl phenyl ether	N-nitrosodimethylamine
- chrysene	N-nitrosodi-n-propylamine
- dibenzo (a,h) anthracene	N-nitrosodiphenylamine
- 1, 2 - dichlorobenzene	phenanthrene
- 1,3 - dichlorobenzene	pyrene
- 1,4 - dichlorobenzene	1,2,4 - trichlorobenzene
- 3,3 - dichlorobenzidine	
- diethyl phthalate	

### PESTICIDES/PCBs

- aldrin	endrin
- alpha - BHC	endrin aldehyde
- beta - BHC	heptachlor
- gamma - BHC (Lindane)	heptachlor epoxide
- delta - BHC	PCB - 1242
- chlordane	PCB - 1254
- 4,4 - DDT	PCB - 1221
- 4,4 - DDE	PCB - 1232
- 4,4 - DDD	PCB - 1248
- dieldrin	PCB - 1260
- alpha-endosulfan	PCB - 1016
- beta-endosulfan	toxaphene
- endosulfan sulfate	

## METALS , CYANIDE

<ul style="list-style-type: none"> <li>- antimony (total)</li> <li>- arsenic (total)</li> <li>- beryllium (total)</li> <li>- boron (total)</li> <li>- cadmium (total)</li> <li>- chromium (total)</li> <li>- copper (total)</li> <li>- lead (total)</li> </ul>	<ul style="list-style-type: none"> <li>mercury (total)</li> <li>nickel (total)</li> <li>selenium (total)</li> <li>silver (total)</li> <li>thallium (total)</li> <li>zinc (total)</li>   <li>cyanide (total)</li> </ul>
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## HAZARDOUS SUBSTANCES

<ul style="list-style-type: none"> <li>- acetaldehyde</li> <li>- allyl alcohol</li> <li>- allyl chloride</li> <li>- amyl acetate</li> <li>- asbestos (fibrous)</li> <li>- aniline</li> <li>- benzonitrile</li> <li>- benzyl chloride</li> <li>- butyl acetate</li> <li>- butylamine</li> <li>- captan</li> <li>- carbaryl</li> <li>- carbofuran</li> <li>- carbon disulfide</li> <li>- chlorpyrifos</li> <li>- coumaphos</li> <li>- cresol</li> <li>- crotonaldehyde</li> <li>- cyclohexane</li> <li>- 2,4 - D (2,4 - dichlorophenoxy acetic acid)</li> <li>- diazinon</li> <li>- dicamba</li> <li>- dichlobenil</li> <li>- dichlone</li> <li>- 2,2 - dichloropropionic acid</li> <li>- dichlorvos</li> <li>- diethyl amine</li> <li>- dimethyl amine</li> <li>- dinitrobenzene</li> </ul>	<ul style="list-style-type: none"> <li>kelthane</li> <li>kepone</li> <li>malathion</li> <li>mercaptodimethur</li> <li>methoxychlor</li> <li>methyl mercaptan</li> <li>methyl methacrylate</li> <li>methyl parathion</li> <li>mevinphos</li> <li>mexacarbate</li> <li>monoethyl amine</li> <li>monomethyl amine</li> <li>naled</li> <li>napthenic acid</li> <li>nitrotoluene</li> <li>parathion</li> <li>phenosulfonate</li> <li>phosgene</li> <li>propargite</li> <li>propylene oxide</li> <li>pyrethrins</li> <li>quinoline</li> <li>resorcinol</li> <li>strontium</li> <li>strychnine</li> <li>styrene</li> <li>2,4,5 - T(2,4,5 - trichlorophenoxy acetic acid)</li> <li>TDE (tetrachlorodiphenylethane)</li> <li>2,4,5-TP[2-(2,4,5-trichlorophenoxy)propanol ]</li> </ul>
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**SECTION J - CHARACTERISTICS OF DISCHARGE (continued)**

-	dioxin (TCDD)	trichlorfon
-	diquat	triethanolamine dodecylbenzenesulfonate
-	disulfoton	triethylamine
-	diuron	trimethylamine
-	epichlorohydrin	uranium
-	ethion	vanadium
-	ethylene diamine	vinyl acetate
-	ethylene dibromide	xylene
-	formaldehyde	xlenol
-	furfural	zirconium
-	guthion	
-	isoprene	
-	isopropanolamine dodecylbenzenesulfonate	

1. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Materials Safety Data Sheets (MSDS) for those products.
2. For the pollutants listed in this Section, indicate on a separate sheet the total amount used for the past year.
3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facility to the sanitary sewer system, attach a copy of the two most recent results. Include the following with the results: the date of the analysis, name of the DEP certified laboratory performing the analysis and location(s) from which sample(s) were taken.
4. A waste water analysis for PFAS compounds must be included with this permit application. This permit application will not be considered complete if an analysis for each sampling site(s) does not include analysis for PFAS compounds. Please analyze the facility waste water at each permitted Sampling Location for the following PFAS compounds utilizing the recommended analysis as described on the table below on Page 16:

Target Analyte Name	Abbreviation	CAS Number	Required EPA Analysis
<b>Perfluoroalkyl carboxylic acids</b>			
Perfluorobutanoic acid	PFBA	375-22-4	EPA Method 1633
Perfluoropentanoic acid	PFPeA	2706-90-3	EPA Method 1633
Perfluorohexanoic acid	PFHxA	307-24-4	EPA Method 1633
Perfluoroheptanoic acid	PFHpA	375-85-9	EPA Method 1633
Perfluorooctanoic acid	PFOA	335-67-1	EPA Method 1633
Perfluorononanoic acid	PFNA	375-95-1	EPA Method 1633
Perfluorodecanoic acid	PFDA	335-76-2	EPA Method 1633
Perfluoroundecanoic acid	PFUnA	2058-94-8	EPA Method 1633
Perfluorododecanoic acid	PFDoA	307-55-1	EPA Method 1633
Perfluorotridecanoic acid	PFTTrDA	72629-94-8	EPA Method 1633
Perfluorotetradecanoic acid	PFTeDA	376-06-7	EPA Method 1633
<b>Perfluoroalkyl sulfonic acids</b>			
<b>Acid Form</b>			
Perfluorobutanesulfonic acid	PFBS	375-73-5	EPA Method 1633
Perfluoropentanesulfonic acid	PFPeS	2706-91-4	EPA Method 1633
Perfluorohexanesulfonic acid	PFHxS	355-46-4	EPA Method 1633
Perfluoroheptanesulfonic acid	PFHpS	375-92-8	EPA Method 1633
Perfluorooctanesulfonic acid	PFOS	1763-23-1	EPA Method 1633
Perfluorononanesulfonic acid	PFNS	68259-12-1	EPA Method 1633
Perfluorodecanesulfonic acid	PFDS	335-77-3	EPA Method 1633
Perfluorododecanesulfonic acid	PFDoS	79780-39-5	EPA Method 1633
<b>Fluorotelomer sulfonic acids</b>			
1H,1H,2H,2H-Perfluorohexane sulfonic acid	4:2FTS	757124-72-4	EPA Method 1633
1H,1H,2H,2H-Perfluorooctane sulfonic acid	6:2FTS	27619-97-2	EPA Method 1633
1H,1H,2H,2H-Perfluorodecane sulfonic acid	8:2FTS	39108-34-4	EPA Method 1633
<b>Perfluorooctane sulfonamide s</b>			
Perfluorooctanesulfonamide	PFOSA	754-91-6	EPA Method 1633
N-methyl perfluorooctanesulfonamide	NMeFOSA	31506-32-8	EPA Method 1633
N-ethyl perfluorooctanesulfonamide	NEtFOSA	4151-50-2	EPA Method 1633
<b>Perfluorooctane sulfonamidoacetic acids</b>			
N-methyl perfluorooctanesulfonamidoacetic acid	NMeFOSAA	2355-31-9	EPA Method 1633
N-ethyl perfluorooctanesulfonamidoacetic acid	NEtFOSAA	2991-50-6	EPA Method 1633
<b>Perfluorooctane sulfonamide ethanols</b>			
N-methyl perfluorooctanesulfonamidoethanol	NMeFOSE	24448-09-7	EPA Method 1633
N-ethyl perfluorooctanesulfonamidoethanol	NEtFOSE	1691-99-2	EPA Method 1633
<b>Per- and Polyfluoroether carboxylic acids</b>			
Hexafluoropropylene oxide dimer acid	HFPO-DA	13252-13-6	EPA Method 1633
4,8-Dioxa-3H-perfluorononanoic acid	ADONA	919005-14-4	EPA Method 1633
Perfluoro-3-methoxypropanoic acid	PFMPA	377-73-1	EPA Method 1633
Perfluoro-4-methoxybutanoic acid	PFMBA	863090-89-5	EPA Method 1633
Nonafluoro-3,6-dioxaheptanoic acid	NFDHA	151772-58-6	EPA Method 1633
<b>Ether sulfonic acids</b>			
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid	9Cl-PF3ONS	756426-58-1	EPA Method 1633
11-Chloroeicosafluoro-3-oxaundecane-1-sulfonic acid	11Cl-PF3OUdS	763051-92-9	EPA Method 1633
Perfluoro(2-ethoxyethane)sulfonic acid	PFEESA	113507-82-7	EPA Method 1633
<b>Fluorotelomer carboxylic acids</b>			
3-Perfluoropropyl propanoic acid	3:3FTCA	356-02-5	EPA Method 1633
2H,2H,3H,3H-Perfluorooctanoic acid	5:3FTCA	914637-49-3	EPA Method 1633
3-Perfluoroheptyl propanoic acid	7:3FTCA	812-70-4	EPA Method 1633

**OTHER FILINGS ADDENDUM:**

*There are circumstances when the MWRA cannot issue a permit to you until you fulfill the requirements of another agency. This page asks for information about whether you are required to file with the Massachusetts Historical Commission (MHC) or under the Massachusetts Environmental Policy Act (MEPA) and the status of your filing, if any. If you have any questions about the requirements of those agencies, please contact them for information: MHC may be reached at 617-727-8470; the MEPA office may be reached at 617-727-5830.*

- a. **Is the activity for which you require an MWRA permit a part of a project that is likely to impact a geographic area and affect or cause a change in the historical, architectural, archeological, or cultural qualities of a property as defined by the Massachusetts Historical Commission (MHC)?** *(For example, answer “no” if this application is for a permit renewal or you are not doing new construction. MHC defines “new construction” as a modification to the land or any existing structure.)*  yes  no  
*If “no,” skip question B.*
  
- b. **If your answer to question A is “yes:”**
  - i. **Have you provided the required project notification form (950 CMR 71, Appendix A) to the MHC?**  yes  no
  
  - ii. **Briefly describe the status of the project with MHC. Provide documentation (see 950 CMR 71.07) allowing the MWRA to act on this application. If you have not provided notice to the MHC, explain why you have not provided notice and when you will provide notice.**
  
- c. **Is the activity for which you require an MWRA permit a part of a project that is subject to review under the Massachusetts Environmental Policy Act (MEPA)?** *(For example, answer “no” if this application is for a permit renewal or not part of a larger project. The MEPA review thresholds are found in 301 CMR 11.00.)*  yes  no  
*If “no,” skip question D.*
  
- d. **If your answer to question C is “yes:”**
  - i. **Have you made the required MEPA filing?**  yes  no
  
  - ii. **Briefly describe the status of the MEPA review. Provide documentation (see 301 CMR 11.10) allowing the MWRA to act on this application. If you have not filed with MEPA, explain why you have not filed and when you will file.**

**Addendum to the MWRA Sewer Use Permit Application  
for  
Photoprocessing and Printing Operations**

This addendum must be completed by establishments engaged in photodeveloping and/or printing.

Indicate the type of process operations performed on site:

- \_\_\_ Photodeveloping/Finishing
- \_\_\_ Arts/Graphics
- \_\_\_ X-ray
- \_\_\_ Printing
- \_\_\_ Other \_\_\_\_\_

**1. Photodeveloping/Finishing Processes**

1. Indicate the type of photoprocessor(s) in use:

- \_\_\_ Manual processor for
- \_\_\_negatives \_\_\_paper

2. Where are the photochemicals and rinses discharged?

- \_\_\_ Floor drain
- \_\_\_via collection tray
- \_\_\_ sink
- \_\_\_via collection tray
- \_\_\_ other \_\_\_\_\_

## Addendum for Photoprocessing and Printing Operations

3. Complete the table below.

PHOTOPROCESSING DISCHARGE				Other Photochemicals and Rinses		
Fixer Usage						
Processor Name	Location	Quantity Used Gallons per day (gpd)	Treatment	Discharge Frequency	Treatment	Discharge Frequency
_____	_____	_____gpd	Type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>	type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>
_____	_____	_____gpd	Type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>	type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>
_____	_____	_____gpd	Type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>	type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>
_____	_____	_____gpd	Type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>	type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>
_____	_____	_____gpd	Type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>	type: _____  __ none	__ batch __ intermittent __ continuous __ no discharge <sup>1</sup>

<sup>1</sup> If spent chemicals or wastewaters are not discharged, identify disposal method:



## 2. PRINTING

1. Indicate type of printing operations performed on site:

- Offset
- Letter Press
- Serigraphy (silk screening)
- Deep Etch Plate
- Captive

2. Type of Plate Used:

- Metal
- Paper
- Polymer

Specify the plate type used \_\_\_\_\_

3. Where are the plate developers and rinses discharged?

- Floor drain
- Sink
- Other \_\_\_\_\_

4. Is the discharge treated?    Yes \_\_\_\_\_    No \_\_\_\_\_

If it is treated, describe treatment:

## Addendum for Electroplating and Metal Finishing Operations

This addendum must be completed by independent circuit board manufacturers and industries engaged in electroplating or metal finishing. These industries are regulated by Federal Categorical Standard 40 CFR 413 or 40 CFR 433.

1. What was or will be the date of commencement of the electroplating/finishing processes at your facility?

\_\_\_\_\_

2. Do you own 50% or more of the product that is plated? Yes \_\_\_ No \_\_\_

3. List the base materials that are finished.

\_\_\_\_\_

4. List finishes.

\_\_\_\_\_

\_\_\_\_\_

5. Indicate metal finishing operations.

\_\_\_ Electroplating                      \_\_\_ Electroless plating                      \_\_\_ Anodizing

\_\_\_ Coating (chromating, phosphating and coloring)                      \_\_\_ Chemical etching milling

\_\_\_ Printed Circuit Board Manufacturing

6. Indicate the auxiliary processes associated with finishing operations.

\_\_\_ Cleaning  
\_\_\_ Solvent Degreasing  
\_\_\_ Paint Stripping  
\_\_\_ Sand Blasting  
\_\_\_ Welding

\_\_\_ Shearing  
\_\_\_ Electric Discharge Machining  
\_\_\_ Machining  
\_\_\_ Impact Deformation  
\_\_\_ Grinding

\_\_\_ Abrasive Jet Machining  
\_\_\_ Electrochemical Machining  
\_\_\_ Laser Beam Machining  
\_\_\_ Ultrasonic Machining  
\_\_\_ Electron Beam Machining

\_\_\_ Soldering

\_\_\_ Pressure Deformation

\_\_\_ Plasma Arc Machining

\_\_\_ Heat Treating  
\_\_\_ Polishing  
\_\_\_ Tumbling

\_\_\_ Thermal Cutting  
\_\_\_ Flame Spraying  
\_\_\_ Brazing

\_\_\_ Hot Dip Coating  
\_\_\_ Salt Bath Descaling  
\_\_\_ Vapor Plating

\_\_\_ Electrostatic Painting  
\_\_\_ Testing  
\_\_\_ Calibration  
\_\_\_ Laminating

\_\_\_ Burnishing  
\_\_\_ Sintering  
\_\_\_ Vacuum Metalizing

\_\_\_ Thermal Infusion  
\_\_\_ Electropainting  
\_\_\_ Assembly

## Addendum for Electroplating and Metal Finishing Operations (continued)

7. Attach a floor plan of the process area(s) on an 8 ½ x 11" sheet.

8. Indicate the types of treatment included in your pretreatment system:

Cyanide Treatment  
Method of Cyanide Treatment:  
 Ion Exchange  
 Chlorination  
 Electrolytic Decomposition  
 Other \_\_\_\_\_

Chromium Reduction  
 Precipitation  
 Flocculation  
 Filtration  
 Electrolytic Recovery  
 Ion Exchange  
 Neutralization / pH Adjustment

9. Provide the average total daily flow from the pretreatment system.

gallons per day \_\_\_\_\_

10. What is the type of device measuring final pretreated effluent flow?

Weir  
Type of Weir:  
 V-Notch  
 60°  45°  30°  22½°  
 Contracted Rectangular Sharp Crested Weir  
(with end contractions)  
 Suppressed Rectangular Sharp Crested Weir  
(without end contractions)  
 Parshall Flume  
Size \_\_\_\_\_"  
 Magmeter  
 Venturi meter  
 Other \_\_\_\_\_

## Addendum for Cooling Systems Anti-corrosion Chemicals Information

1) Does the facility have a cooling system? Yes ( ) No ( )

2) Is it a closed-loop system? Yes ( ) No ( )

3) Is it a water or glycol system? \_\_\_\_\_

4) How many cooling towers? \_\_\_\_\_

5) What chemicals does the facility use for corrosion inhibition in each cooling system?

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6) Are they Molybdenum based? Yes ( ) No ( )

7) Amount of product added to the system on a weekly/monthly basis?

8) Does the system have a blow down? Yes ( ) No ( )

8a) What's the daily blow down flow? \_\_\_\_\_gpd

8b) What's the blow down frequency? \_\_\_\_/\_\_\_\_\_(day,week,month,year)

9) If closed loop, does the system drain down?

9a) How often is the system drained down and how much volume?

10) Is there a place to access the system blowdown to collect a sample?

11) Name and address of the chemical manufacturer and supplier of the anti-corrosion products?

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12) Attach copies of MSDS for each chemical.

13) Is the system maintained in-house or contracted out for maintenance?

In-house ( ) Contractor ( )

13a) Name and phone's number of contractor: \_\_\_\_\_

14) If information on the cooling system can not be provided (multi-tenants facilities, leased building, etc.) provide landlord or building maintenance manager's name and phone number.

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