



MASSACHUSETTS WATER RESOURCES AUTHORITY

Chelsea Facility
2 Griffin Way
Chelsea, Massachusetts 02150

Telephone: (617) 242-6000
Facsimile: (617) 371-1604

SENT ELECTRONICALLY

TO: Holders of MWRA Group Permit for Food Processing Operations

FROM: MWRA, Toxic Reduction and Control (TRAC)

DATE: May 23, 2022

SUBJECT: MWRA Food Processing Biennial Compliance Report-2022

Please, complete the attached MWRA Group Permit Biennial Compliance Report for calendar years 2020 and 2021. Complete the report based upon your operations during calendar years 2020 and 2021. **The 2022-Biennial Compliance Report must be completed and submitted to the MWRA's TRAC, by June 30, 2022.**

- You **must** submit the report electronically, submit the 2022-MWRA G2-Biennial Compliance Report and its supporting documents to: TRACPermits@mwra.com
- Also, you **must** submit the report via standard mail, submit the 2022-MWRA G2-Biennial Compliance Report and its supporting documents to: **MWRA, Toxic Reduction and Control (TRAC), 2 Griffin Way, Chelsea, Massachusetts 02150, Attention: 2022-G2-Permit-Biennial Compliance Report Submittal.**
- You must complete the MWRA Biennial Compliance Report, provide information regarding the facility contacts and email addresses for Permit/Mailing, Billing, and Facility (Page-1).
- Along with your completed compliance report you must submit to the MWRA copies of the following log(s) if applicable: log for the servicing & cleaning of each grease trap/interceptor on site, a log for pesticide application, and a log for removal of spent cooking oil off site during calendar years 2020 and 2021. Remember the submittal of these logs to the MWRA are part of your permit requirements.
- The report must be signed by a responsible individual capable of certifying that the information is true, accurate, and complete.
- Completion and submittal of the report constitutes only partial compliance with your Group Permit for Food Processing operations (for instance, you must notify the MWRA in writing at least thirty (30) days before you close or move your facility or substantially change your operations). Refer to your permit for the other requirements with which you must comply.

If you have any questions regarding the completion of this report, please contact the MWRA electronically at:

TRACPermits@mwra.com

Failure to submit a completed report may result in financial penalties and other enforcement. In 2020, the MWRA issued penalties to Group Permit holders who failed to complete and return the Group Permit Biennial Compliance Report on time or failed to submit the required log(s). Your completed report including the required log(s) must be received by the MWRA by June 30, 2022.



MASSACHUSETTS WATER RESOURCES AUTHORITY
GROUP PERMIT BIENNIAL COMPLIANCE REPORT
For Food Processing Operations
 (for calendar years 2020 and 2021)

Due Date: June 30, 2022

Submit Completed Form Via Email To: TRACPermits@mwra.com
and Submit Completed Form To: Massachusetts Water Resources Authority
 Chelsea Facility
 2 Griffin Way
 Chelsea, MA 02150-3334
 Attention: TRAC-G2 Biennial Compliance Report-2022

Please, complete this form to update information you reported in your last Compliance Report or Notice of Intent (NOI) Form. Answer all questions. If a question does not apply, please indicate N/A. Return the signed report and supporting documentation to the above address by the due date of **June 30, 2022**. **Failure to submit a completed form by June 30, 2022, may result in financial penalties and other enforcement actions.**

If you have any questions about completing this form, please contact MWRA via Email To: TRACPermits@mwra.com

1. General Information (Complete this information form)

MWRA Permit Number: _____
Company Name: _____

Facility Contact: _____
Facility Contact Title: _____
Facility Address: _____
Facility Telephone: _____
Facility Fax Number: _____
Facility E-Mail Address: _____

Permit Contact: _____
Permit Contact Title: _____
Permit/Mailing Address: _____
Permit Telephone: _____
Permit Fax Number: _____
Permit E-Mail Address: _____

Billing Contact: _____
Billing Contact Title: _____
Billing Address: _____
Billing Telephone: _____
Billing Fax Number: _____
Billing E-Mail Address: _____

PLEASE ANSWER ALL QUESTIONS UNLESS OTHERWISE INDICATED.

2. Type of Discharge:

- Check one: Discharge to sewer
 Discharge to holding tank (if its content will be hauled away for off site disposal)
 Discharge to septic tank (if yes, is it ultimately discharged into the MWRA sanitary sewer system?) Yes No

3. Nature of your facility's operations that discharge to the sewer (check all that apply):

- 311611 Meat Packing Plants (except poultry)
- 311615 Poultry Processing
- 311612 Meat Processing (sausages and other prepared meats)
- 31152 Ice Cream and Frozen Desert Manufacturing
- 311511 Fluid Milk Manufacturing
- 311512 Creamery Butter Manufacturing
- 311514 Dry, Condensed, Evaporated Dairy Product Manufacturing
- 311421 Fruit and Vegetable Canning
- 311941 Pickled Fruits & Vegetables, Vegetable Sauces, & Seasoning, and Salad Dressings
- 311411 Frozen Fruit, Juice and Vegetable Processing
(*Condiments*)
- 311211 Flour Milling
- 31123 Breakfast Cereal Manufacturing
- 311812 Commercial Bakeries
- 311821 Cookie and Cracker Manufacturing
- 311919 Other Snack Food Manufacturing
- 31134 Non-chocolate Confectionery Manufacturing
- 31133 Confectionery Manufacturing from Purchased Chocolate
- 31132 Chocolate and Confectionery Manufacturing from Cacao Beans
- 311911 Roasted Nuts and Peanut Butter Manufacturing
- 312120 Breweries (Ale, Beer, Malt liquors, Nonalcoholic, Porter, and Stout brewing)
- 311213 Malt Manufacturing
- 31213 Wineries
- 31214 Distilleries
- 312111 Soft Drink Manufacturing
- 312112 Bottled Water Manufacturing
- 311942 Spice and Extract Manufacturing
- 31193 Flavoring Syrup and Concentrate Manufacturing
- 311711 Seafood Canning
- 311712 Fresh and Frozen Seafood Processing (*prepared seafoods*)
- 31192 Coffee and Tea Manufacturing
- 311823 Dry Pasta Manufacturing
- 311423 Dried and Dehydrated Food Manufacturing
- 311999 All Other Miscellaneous Food Manufacturing
- 722320 Catering Services (*provide a description*) _____
- Food Preparation, not elsewhere classified (*sandwiches assembled and packaged for wholesale, etc.*)
- Other (write in NAICS code and describe) NAICS: _____ Description: _____

4. Do your operations consist solely of packaging for transport and distribution without generating wastewater? Yes No

5. Do your operations consist solely of preparation of meals or snacks for immediate consumption on the premises, or for take-out, or other retail sales? Yes No

6. Do your operations consist solely of preparation of meals or snacks for immediate consumption on the premises, or for take-out, or other retail sales? Yes No

7. Does your facility discharge any industrial wastewater to the sewer other than food processing wastewater? Yes No

If yes, describe: _____

8. On average, does your facility discharge 25,000 gallons per day or more of industrial and/or food processing wastewater to the sewer? Yes No

9. Do you use pretreatment at your facility other than a grease trap, grease interceptor, gas/oil separator, limestone chip tank, chemical addition pH neutralization system, or screen/grit removal? Yes No

If yes, check all that applies and list how many of each:

<u>Type</u>	<u>How many of each type</u>	<u>Location</u>
<input type="checkbox"/> Ion Exchange	_____	_____
<input type="checkbox"/> Filtration	_____	_____
<input type="checkbox"/> Chemical Precipitation	_____	_____
<input type="checkbox"/> Dissolved Air Floatation System	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

SECTION A - OPERATIONAL CHARACTERISTICS

10. Production Information:

Hours of operation: _____
 Hours/day: _____
 Days/week: Shut down periods (if applicable) _____
 Number of employees: _____

11. Does your facility implement any of the following management plans? (please check all that apply)

- Spill Prevention Control and Countermeasure Plan
- Laboratory Chemical Management Plan
- Schedule/Plan for the removal of all non-contact cooling water from the sanitary sewer system

SECTION B - WATER USAGE

12. Water usage per year:

Name the water source for your facility. Include the amount contributed from each source. In 100 cubic feet or gallons (100 cubic feet = 748 gallons). For calendar years 2020 & 2021.

<u>Source</u>	<u>Name</u>	<u>Annual Water Use</u>	<u>Calendar Year</u>
<input type="checkbox"/> Municipal (Town or City)	_____	_____ 100 cubic feet	<u>2020</u>
<input type="checkbox"/> Private Water Company	_____	_____ 100 cubic feet	<u>2020</u>
<input type="checkbox"/> Surface Water (Lake/Pond)	_____	_____ gallons	<u>2020</u>
<input type="checkbox"/> On Site Well	_____	_____ gallons	<u>2020</u>
<input type="checkbox"/> Other Source	_____	_____ gallons	<u>2020</u>
<u>Source</u>	<u>Name</u>	<u>Annual Water Use</u>	<u>Calendar Year</u>
<input type="checkbox"/> Municipal (Town or City)	_____	_____ 100 cubic feet	<u>2021</u>
<input type="checkbox"/> Private Water Company	_____	_____ 100 cubic feet	<u>2021</u>
<input type="checkbox"/> Surface Water (Lake/Pond)	_____	_____ gallons	<u>2021</u>
<input type="checkbox"/> On Site Well	_____	_____ gallons	<u>2021</u>
<input type="checkbox"/> Other Source	_____	_____ gallons	<u>2021</u>

SECTION C - SEWER CONNECTION

13. List information on all sewer connections from facility to street sewer. If more than 3 are present, attach the additional connection information on another sheet.

<u>Connection(s)</u>	<u>Location(s) of sewer connection of discharge point (name of street, buildings, etc.)</u>
1.	_____
2.	_____
3.	_____

SECTION D - WASTEWATER INFORMATION

14. Complete Table A. Quantities should be expressed in gallons. Check below all applicable wastestreams from your facility that discharges into the MWRA sewer system and total the gallons per day column.

Table A

Wastewater Source	Gallons Per Day	Discharge Type	Flow is Determined	Pretreatment Type	Discharge Location			Wastewater Is Discharged through
					Sanitary Connection	Storm Drain	Surface Water	
(see Question #13 - From Section C)								
Food Processing Wastewater (see Question #3)	_____	_____	_____	_____	_____	_____	_____	_____
Floor Washdown	_____	_____	_____	_____	_____	_____	_____	_____
Fruit/vegetable Washing	_____	_____	_____	_____	_____	_____	_____	_____
Equipment/vessel Washdown	_____	_____	_____	_____	_____	_____	_____	_____
Fruit/vegetable Grinding	_____	_____	_____	_____	_____	_____	_____	_____
Cleaning/sanitizing Discharges	_____	_____	_____	_____	_____	_____	_____	_____
Laboratory Wastewater	_____	_____	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL(G.P.D.)	_____							

* provide a drawing for each gas/oil separator at the facility. Describe maintenance procedures & maintenance frequency.

In the chart above, fill in the applicable corresponding codes (letter and/or number)

<u>Discharge Type</u>	<u>Flow Is Determined How?</u>	<u>Pretreatment Type</u>	<u>Wastewater Is Discharged Through</u>
<input type="checkbox"/> C-Continuous	<input type="checkbox"/> E- Estimated	1. <input type="checkbox"/> Grease Trap	<input type="checkbox"/> F-Floor Drain
<input type="checkbox"/> B-Batch	<input type="checkbox"/> M-Measured	2. <input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> S-Sink
<input type="checkbox"/> I-Intermittent	<input type="checkbox"/> C-Calculated	3. <input type="checkbox"/> Limestone chip tank	<input type="checkbox"/> P-Stand pipe
		4. <input type="checkbox"/> Gas/oil separator*	<input type="checkbox"/> O-Other: _____
		5. <input type="checkbox"/> Chemical addition pH adjustment	
		6. <input type="checkbox"/> Screen Grit Removal (indicate mesh size in inches) _____	
		7. <input type="checkbox"/> Other _____	
		8. <input type="checkbox"/> None	

15. Do you discharge to:
 Storm Drain? Yes No
 Surface Water? Yes No

If you discharge to a storm drain or surface water, provide NPDES Permit Number: _____

SECTION D - WASTEWATER INFORMATION (continued)

16. Complete Table B. Quantities should be expressed in gallons
Check below all applicable wastestreams from your facility that discharge into the
MWRA sewer system and fill in total the gallon per day column.
Sanitary waste streams may be estimated based on 25 gallons per person (GPD)

Table B

Wastewater Type	Gallons Per Day	Discharge Type	Flow is Determined	Pretreatment Type	Discharge Location			Wastewater Is Discharged through
					Sanitary Connection (From C-13)	Storm Drain	Surface Water	
Sanitary Wastewater ¹	_____	_____	_____	_____	_____	_____	_____	_____
Contact Cooling Water	_____	_____	_____	_____	_____	_____	_____	_____
Non-contact Cooling Water ²	_____	_____	_____	_____	_____	_____	_____	_____
Reverse osmosis Reject Water ³	_____	_____	_____	_____	_____	_____	_____	_____
Filter Backwash ³	_____	_____	_____	_____	_____	_____	_____	_____
Boiler Blowdown	_____	_____	_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL (G.P.D.)	_____							

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

In the chart above, fill in the applicable corresponding codes (letter and/or number)

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> C-Continuous | <input type="checkbox"/> E- Estimated | 1. <input type="checkbox"/> Grease Trap | <input type="checkbox"/> F-Floor Drain |
| <input type="checkbox"/> B-Batch | <input type="checkbox"/> M-Measured | 2. <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> S-Sink |
| <input type="checkbox"/> I-Intermittent | <input type="checkbox"/> C-Calculated | 3. <input type="checkbox"/> Limestone chip tank | <input type="checkbox"/> P-Stand pipe |
| | | 4. <input type="checkbox"/> Gas/oil separator* | <input type="checkbox"/> O-Other: _____ |
| | | 5. <input type="checkbox"/> Chemical addition pH adjustment | |
| | | 6. <input type="checkbox"/> Screen Grit Removal (indicate mesh size in inches) _____ | |
| | | 7. <input type="checkbox"/> Other: _____ | |
| | | 8. <input type="checkbox"/> None | |

¹ Human and domestic waste from such sources as lavatories, showers, and kitchens.

² The discharge of non-contact cooling water into the sanitary sewer is prohibited pursuant to 360 C.M.R. 10.006(2). If you discharge non-contact cooling water it must be removed from the sanitary sewer system. You must submit a schedule with this Biennial Compliance Report that indicates the date that you will remove all of the non-contact cooling water from the sanitary sewer system.

³ The discharge of reverse osmosis and/or backwash is prohibited, pursuant to 360 C.M.R. 10.023(2) and (19), unless specifically authorized by the MWRA. If you discharge reverse osmosis and/or backwash, you must either remove it from the sanitary sewer system, or request approval to continue to discharge the stream(s) to the sanitary sewer system. The request for approval must contain a report that: a) identifies the stream; b) provides sampling analyses for each stream for pH, copper, lead, and zinc, prior to mixing with any other streams; c) indicates alternative ways to recycle and/or reuse the water within the facility, and d) indicates how much water may be reused or recycled and you must implement such reuse options. If you conclude that there are no available options, the report should discuss the options that were considered and why they were rejected. The request must be submitted with this Biennial Compliance Report.

SECTION E - LABORATORY INFORMATION

17. Do you operate a laboratory at your facility? Yes No

18. Do you use chemicals and/or solvents that are regulated by 360 C.M.R. 10.021-10.025?
Yes No

19. Has your use of chemical, raw materials, and cleaning products changed since your last submittal to the MWRA? Yes No

If yes, list the chemicals, raw materials, and cleaning products that are used in the facility that could contribute to wastewaters discharged to the sanitary sewer system. List only those present in quantities of 5 gallons/5 pounds per year or greater.

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

SECTION F - PESTICIDE USAGE

20. Are pesticides applied at your facility? Yes No

Have the pesticide application procedures at your facility changed since your last submittal to the MWRA? Yes No

If yes, describe change: _____

21. If pesticides are used, list names of the pesticides used where they are applied, and how often they are applied per year.

Pesticide Name(s)	<u>Location(s) applied on site</u>	<u>Frequency applied per year</u>

22. List the name(s), address(es), and license number(s) of the company that applies the pesticides at your facility:

<u>Company Name(s)</u>	<u>Address(es)</u>	<u>License Number(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Are pesticides stored at your facility? Yes No

If yes, where are they stored on site: _____

SECTION G - PRETREATMENT

24. For each grease trap/interceptor at your facility, indicate its location, total treatment capacity (gallons), the source of wastewater, daily discharge flow (G.P.D.), and its maintenance servicing frequency by completing the following chart. If more than four are present, please attach the additional information on another sheet.

Pretreatment	Location in The facility	Total Treatment Capacity (gallons)	Source of wastewater	Daily Discharge Flow (G.P.D.)	Maintenance Servicing Frequency
Grease Trap /Interceptor #1					
Grease Trap /Interceptor #2					
Grease Trap /Interceptor #3					
Grease Trap /Interceptor #4					

In the space provided in the chart, fill in the letter corresponding to the applicable **source** of the wastewater.

- | | |
|---|---|
| <input type="checkbox"/> A. Food processing (<i>Operations listed in question #2</i>) | <input type="checkbox"/> E. Cleaning Solutions |
| <input type="checkbox"/> B. Equipment/Vessel washes down | <input type="checkbox"/> F. Grinded fruits/vegetables |
| <input type="checkbox"/> C. Floor wash down | <input type="checkbox"/> G. Laboratory |
| <input type="checkbox"/> D. Rinses containing spent/discarded food products | <input type="checkbox"/> H. Other (describe): _____ |

In the space provided in the chart, fill in the number corresponding to the applicable **maintenance service frequency**.

- | | |
|---|--|
| 1. <input type="checkbox"/> Daily | 5. <input type="checkbox"/> Once every six months |
| 2. <input type="checkbox"/> Weekly | 6. <input type="checkbox"/> Once every twelve months |
| 3. <input type="checkbox"/> Every Month | 7. <input type="checkbox"/> Other (describe) _____ |
| 4. <input type="checkbox"/> Once every three months | |

• **IMPORTANT NOTE:** The Group Permit for Food Processing requires that you must clean your grease trap/interceptor **at least once every three months**, unless you have requested and received advance written authorization from the MWRA.

Have you received an amended permit from the MWRA authorizing you to clean your grease trap(s)/interceptor(s) less than once every three months? Yes No

If Yes, indicate the authorization date:

If Yes, indicate the annual cleaning frequency for each grease trap/interceptor:

For calendar year 2020 and 2021, in the space provided below please describe blockages, accidental spills, substances prohibited/limited by 360 C.M.R. 10.021-10.024, or other events that were reported to public authorities that have entered the sanitary sewer system from your facility. You must also indicate the location of the discharge, date, time, duration of the event, type of waste including concentration, and the corrective actions taken.

In the space provided below, please describe substantial changes in the volume or nature of your discharge that have occurred at your facility since the submittal of your MWRA Sewer Use Discharge Application and the Notice of Intent (NOI) Form or the 2020 Biennial Compliance Report. Changes at your facility may include the following actions: expansion or contraction of the facility, substantial increase or decrease in production, major modification of any process, alteration of the pretreatment system, or discharge from a different or relocated sewer connection.

SECTION H - NON DISCHARGED WASTE

25. Indicate below each type of waste that is hauled from your facility and list the name and address of the hauler(s) and the average amount hauled:

Waste Type(s)	Estimated Amount/Calendar Year (include units)			
	Calendar Year 2020	Calendar Year 2021	Company name(s) and address(es) of haulers used	
	Units	Units	Company name(s) of haulers(s)	Address(es) of haulers
Food processing (<i>Operations listed in question #2</i>)	_____	_____	_____	_____
Equipment/vessel washdown	_____	_____	_____	_____
Floor washdown	_____	_____	_____	_____
Grinded fruits/vegetables/produce	_____	_____	_____	_____
Cleaning solutions	_____	_____	_____	_____
Rinsewater from produce wash	_____	_____	_____	_____
Rinses containing spent/discarded food products	_____	_____	_____	_____
Fryolator grease	_____	_____	_____	_____
Spent chemicals/organic solvents from the laboratory	_____	_____	_____	_____
Pesticides	_____	_____	_____	_____
Waste Oil From Machinery	_____	_____	_____	_____
Thinner	_____	_____	_____	_____
Paint	_____	_____	_____	_____
Sludge	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

PLEASE ATTACH THE FOLLOWING MATERIALS:

- a. Copy of a manifest for each type of regulated hazardous waste hauled from your facility, if any.
- b. The Material Safety Data Sheets or a list of the brand names and product descriptions of pesticides and chemicals used in the facility if different than the sheets submitted with the NOI or the 2020 Biennial Compliance Report.
- c. Copies of any wastewater analyses recently performed on the wastewater discharge(s) from your facility to the sanitary sewer or holding tank(s).
- d. Copies of grease trap servicing records for the past 24 months.
- e. Copies of water bills for the past 24 months. (If not available, explain why.)

REMEMBER:

- a. If you have written authorization to sign this form, attach the written authorization (see the explanation on the next page of who can sign this form and when written authorization is required).
- b. Sign the form on the next page.

CERTIFICATION:

IMPORTANT! Only certain persons may sign the certification for this form

Certification Form/Authorized Representative

The permittee shall submit the Certification Form required by this Group Permit Biennial Compliance Report – Food Processing Operations. The certification form shall be signed and dated by an Authorized Representative of the permittee. An Authorized Representative is a:

- (a) *Responsible corporate officer, if the permittee is a corporation. For the purpose of this requirement, a responsible corporate officer means a 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 the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for the permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.*
- (b) *General partner or proprietor if the permittee is a partnership or sole proprietorship respectively.*
- (c) *Duly authorized representative of the individual designated in (a) or (b) of this section if:*
 - i) *the authorization is made in writing by the individual described in (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, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company;*
 - iii) *the written authorization is submitted to the MWRA*

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the permittee, a new authorization satisfying the requirements of this section must be submitted to the MWRA prior to or together with the next report required of the permittee.

CERTIFICATION:

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.

Signature: _____

Print the name of the person whose signature is above: _____

Title: _____

Date: _____ Email-Send: _____

END OF COMPLIANCE REPORT

- Attached for use are the Grease Trap Cleaning/Service Log, Pesticide Application Log, and the Fryolator Grease Log, complete and submit if they are applicable for your facility for the previous two calendar years. Submit completed Compliance Report Form and Logs Via **Email To: TRACPermits@mwra.com**
- and Submit Completed Form To: **MWRA, Chelsea Facility, 2 Griffin Way, Chelsea, MA 02150-3334, Attention: TRAC-G2 Biennial Compliance Report-2022.**

**GROUP PERMIT FOR FOOD PROCESSING
SAMPLE LOG FOR
SERVICING AND CLEANING OF GREASE TRAP(S) AND/OR INTERCEPTOR(S)**

Facility Name: _____ MWRA Permit Number: _____

Calendar Year: _____ Period covered by log: __/__/__ Through: __/__/__

(use separate log for each calendar year)

	Location at the facility	Date of cleaning /servicing _____ and the pounds of grease removed off site	Name of the company that provided the maintenance	Initials	Notes
GREASE TRAP/ INTERCEPTOR		Date: _____ Pounds: _____			
GREASE TRAP/ INTERCEPTOR		Date: _____ Pounds: _____			
GREASE TRAP/ INTERCEPTOR		Date: _____ Pounds: _____			
GREASE TRAP/ INTERCEPTOR		Date: _____ Pounds: _____			
GREASE TRAP/ INTERCEPTOR		Date: _____ Pounds: _____			

**GROUP PERMIT FOR FOOD PROCESSING
SAMPLE LOG FOR
PESTICIDE APPLICATION**

Facility Name: _____ **MWRA Permit Number:** _____

Calendar Year: _____ **Period covered by log:** __/__/__ **Through:** __/__/__

(use separate log for each calendar year)

Date	Company name of the licensed applicator	Name of the pesticide applied	Location of application area at the facility	Has the pesticide the potential to be discharged into the sewer? (yes/no)	Initials	Notes

**GROUP PERMIT FOR FOOD PROCESSING
SAMPLE LOG FOR
SPENT COOKING OIL REMOVED OFF SITE**

Facility Name: _____ **MWRA Permit Number:** _____

Calendar Year: _____ **Period covered by log:** __/__/__ **Through:** __/__/__
(use separate log for each calendar year)

Date	The amount of spent cooking oil removed	Indicate disposal method	Company name that removed the spent cooking oil	Initials	Notes