MASSACHUSETTS WATER RESOURCES AUTHORITY

ONE-TIME ONLY DISCHARGE REQUEST

Return the completed form submittal to:
Massachusetts Water Resources Authority
TRAC
Chelsea Facility
2 Griffin Way
Chelsea, MA 02150

Category: 1T

MWRA Permit Number: _____

Permit Information (Primary person to contact for this form submittal)
Permit Contact Name: _____
Permit Contact Title: _____
Permit Address: _____
Permit Contact Telephone No. _____
Permit Contact Fax No.: _____
Permit Contact Email: _____

Facility - Physical Location of Discharge:
Facility Contact Name: _____
Facility Contact Title: _____
Facility Address: _____
Facility Contact Telephone No. _____
Facility Contact Fax No.: _____
Facility Contact Email: _____

Billing Information:
Billing Contact Name: _____
Billing Contact Title: _____
Billing Address: _____
Billing Contact Telephone No.: _____
Billing Contact Fax No.: _____
Billing Contact Email: _____

_____ _____
Owner/Applicant Name **Owner/Applicant Signature**

_____ _____
Owner/ Applicant Title **Date**

Please, return this completed form along with a check, payable to Massachusetts Water Resources Authority, in the amount of **$180.00** for the initial implementation charge. An additional charge of $60.00 per hour will be assessed to any request requiring over three hours to process**. Note: Your request will not be processed until the initial implementation charge payment is received and a determination letter will not be issued until payment for all additional charges is received.**

PROVIDE INFORMATION FOR THE ITEMS CHECKED BELOW:

❑ **Source of wastewater:**

_____
_____
_____
_____

❑ **Proposed volume in gallons of wastewater discharged into the MWRA Sanitary Sewer System :** _____ Gallons

❑ **Provide copy of analytical data**: (attach) *Check all that applies*

Parameter	**Recommended EPA Method**	**Parameter**	**Recommended EPA Method**
☐ TTO (Volatile Organic Fraction)	624.1	☐ Cadmium (total)	200.7
☐ TTO (Extractable Organics Fraction)	625.1	☐ Chromium (total)	200.7
☐ Chromium (+6)	218.4	☐ Copper (total)	200.7
☐ pH	SM 4500H+B	☐ Lead (total)	200.7
☐ Pesticides	608.3	☐ Nickel (total)	200.7
☐ PCB	608.3	☐ Silver(total)	200.7
☐ Total Suspended Solids	2540D	☐ Zinc (total)	200.7
☐ Biochemical Oxygen Demand (5 Day)	5210B	☐ Arsenic (total)	200.7
☐ Phenol	625.1	☐ Mercury (total)	245.1
☐ Acrolein	603	☐ Selenium (total)	200.7
☐ Oil and Grease ** **Required analytical method for Total Fats, Oils and Grease is Method 1664.	1664A42	☐ Antimony	200.7
☐ OTHER Provide Name: _____	Test Method _____	☐ Cyanide (Total)	335.4
☐ OTHER: Provide Name: _____	Test Method _____	☐ Molybdenum	200.7

❑ **Provide Description of pretreatment of wastewater to be discharged**

_____
_____
_____
_____

❑ **PROPOSED HOURS OF DISCHARGE**: From: _____ To: _____

❑ **PROPOSED DATES OF DISCHARGE:** From: _____ To: _____

❑ **SAFETY DATA SHEETS (SDSs), (attach)**

❑ **MUNICIPAL APPROVAL/DENIAL LETTER, (attach):**

❑ **OTHER ATTCHMENT: _____**