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. 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.

6. 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
Route 20
Milbury, MA 01527

7. 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.

8. Submit the completed application in the following manner, please <u>keep a copy for your own records:</u>

- 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, permit number (if you have a previously issued permit), your company 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 to 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** requesting a link to the MWRA Share File server.

9. 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

Permit Number_____ Applicant Name_____

Facility Address_____

_____

_____

Last Revised 03/30/2021

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:

- ☐ Electroplating*
- ☐ Metal Finishing*
- ☐ Machine Shop
- ☐ Foundry
- ☐ Battery Manufacturing
- ☐ Porcelain Enameling
- ☐ Electronics Manufacturing
- ☐ Printed Circuit Board Manufacturing
- ☐ Organic Chemical Manufacturing
- ☐ Inorganic Chemical Manufacturing
- ☐ Pharmaceutical Manufacturing
- ☐ Steam/Electric Power Manufacturing
- ☐ Timber Products
- ☐ Leather Tanning
- ☐ Photographic Developing*
- ☐ Printing*
- ☐ Food or Beverage Processing
- ☐ Medical Care
- ☐ Laboratory
- ☐ Painting/Finishing
- ☐ Repair Shop/Garage
- ☐ Equipment Cleaning/Washing
- ☐ Military
- ☐ Residential
- ☐ Office Units/Retail Shops
- ☐ 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^3) or gallons from the beginning of July to the end of June. Indicate the year. (100 ft^3 = 748 gallons)

Source	Name	Annual Water Use 7/1/____ - 6/30_____
Municipal (Town or City)	_____	_____ 100 ft^3
Private Water Company	_____	_____100 ft^3
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	_____
2	_____
3	_____

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

1. 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 1	2	3	Other:	Storm Drain	Surface
Sanitary Wastewater [1]										
Process Wastewater [2]										
Process Wastewater [3]										
Contaminated Cooling Water										
Uncontaminated Cooling Water										
Boiler/Tower Blowdown										
Air Pollution Control Wastewater										
Other:										
TOTAL										

[1]Wastewater including human and domestic waste from such sources as lavatories, showers and kitchens.
[2]Process wastewater not regulated by National Categorical Pretreatment Standards.
[3]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

Discharge Location

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

Other:

[2]Process wastewater not regulated by National Categorical Pretreatment Standards.
[3]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
   2. Chemical precipitation
   3. Sedimentation
   4. Filtration
   5. Ion exchange
   6. Silver Recovery
   7. Screen/Grit removal
   8. Grease trap
   9. Gas/Oil separator*
   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
_ acrylonitrile
_ benzene
_ bromoform
_ carbon tetrachloride
_ chlorobenzene
_ chlorodibromoethane
_ chloroethane
_ 2-chloroethylvinyl ether
_ chloroform
_ dichlorobromomethane
_ 1,1 - dichloroethane
_ 1,2 - dichloroethane
_ 1,1 - dichloroethylene
1,2 - dichloropropane
1,2 - dichloropropylene
ethylbenzene
methyl bromide
methyl chloride
methylene chloride
1,1,2,2 - tetrachloroethane
tetrachloroethylene
toluene
1,2 - trans - dichloroethylene
1,1,1 - trichloroethane
1,1,2 - trichloroethane
trichloroethylene
vinyl chloride

ACID COMPOUNDS

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

SECTION J - CHARACTERISTICS OF DISCHARGE (continued)

BASE/NEUTRAL COMPOUNDS

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

PESTICIDES/PCBs

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

METALS , CYANIDE

- antimony (total)
- arsenic (total)
- beryllium (total)
- boron (total)
- cadmium (total)
- chromium (total)
- copper (total)
- lead (total)
- mercury (total)
- nickel (total)
- selenium (total)
- silver (total)
- thallium (total)
- zinc (total)
- cyanide (total)

HAZARDOUS SUBSTANCES

- acetaldehyde
- allyl alcohol
- allyl chloride
- amyl acetate
- asbestos (fibrous)
- aniline
- benzonitrile
- benzyl chloride
- butyl acetate
- butylamine
- captan
- carbaryl
- carbofuran
- carbon disulfide
- chlorpyrifos
- coumaphos
- cresol
- crotonaldehyde
- cyclohexane
- 2,4 - D (2,4 - dichlorophenoxy acetic acid)
- diazinon
- dicamba
- dichlobenil
- dichlone
- 2,2 - dichloropropionic acid
- dichlorvos
- diethyl amine
- dimethyl amine
- dinitrobenzene
- kelthane
- kepone
- malathion
- mercaptodimethur
- methoxychlor
- methyl mercaptan
- methyl methacrylate
- methyl parathion
- mevinphos
- mexacarbate
- monoethyl amine
- monomethyl amine
- naled
- napthenic acid
- nitrotoluene
- parathion
- phenosulfonate
- phosgene
- propargite
- propylene oxide
- pyrethrins
- quinoline
- resorcinol
- strontium
- strychnine
- styrene
- 2,4,5 - T (2,4,5 - trichlorophenoxy acetic acid)
- TDE (tetrachlorodiphenylethane)
- 2,4,5-TP[2-(2,4,5-trichlorophenoxy)propanol]

SECTION J - CHARACTERISTICS OF DISCHARGE (continued)

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

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 the 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.

OTHER FILINGS:

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:"

(1) Have you provided the required project notification form (950 CMR 71, Appendix A) to the MHC? [] yes [] no

(2) 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:"

(1) Have you made the required MEPA filing? [] yes [] no

(2) 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_____

A. 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

		Fixer Usage			Other Photochemicals and Rinses	
Processor Name	Location	Quantity Used Gallons per day (gpd)	Treatment	Discharge Frequency	Treatment	Discharge Frequency
___________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
___________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
___________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
___________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
___________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]

[1] If spent chemicals or wastewaters are not discharged, identify disposal method:

B. 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 auxilary processes associated with finishing operations.

___ Cleaning
___ Solvent Degreasing
___Paint Stripping
___Sand Blasting
___Welding

___Soldering

___Heat Treating
___Polishing
___Tumbling

___Electrostatic Painting
___Testing
___Calibration
___Laminating

___Shearing
___Electric Discharge Machining
___Machining
___Impact Deformation
___Grinding

___Pressure Deformation

___Thermal Cutting
___Flame Spraying
___Brazing

___Burnishing
___Sintering
___Vacuum Metalizing

___Abrasive Jet Machining
_____Electrochemical Machining
___Laser Beam Machining
___Ultrasonic Machining
___Electron Beam Machining

___Plasma Arc Machining

___Hot Dip Coating
___Salt Bath Descaling
___Vapor Plating

___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?

_____

_____

_____

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?

_____

_____

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.

_____

_____

_____

_____