

**QUONSET DEVELOPMENT CORPORATION
QUONSET BUSINESS PARK ♦ WASTEWATER TREATMENT FACILITY
WASTEWATER TREATMENT PERMIT APPLICATION**

PART I GENERAL INFORMATION

A. STATUS

1. Application
 - a. _____ New Permit b. _____ Renewal

2. Discharge
 - a. Existing Facility
 - 1) _____ Existing Discharge
 - 2) _____ Proposed Discharge
 - b. _____ New Construction

B. FACILITY INFORMATION

1. Name of Facility

2. Facility Contact
 - a. Name _____
 - b. Title _____
 - c. Telephone _____

3. Facility Address:

4. Mailing Address (complete if different from B.3 above)

PART II CLASSIFICATIONS

- A. SIC Codes _____

B. FACILITY CATEGORY – Check the one box which you believe represents the most accurate description of your facility and its discharges.

1. Industrial Manufacturing

- a. _____ subject to Federal EPA Categorical Standards
- b. _____ discharging toxic substances/prohibited pollutants but not subject to federal EPA Categorical Standards.
- c. _____ discharging or having the potential to discharge high-level conventional (BOD, TSS, pH, oil & grease, fecal coliforms) pollutant loads.
- d. _____ sanitary or non-toxic discharges, but using solvents, toxic and/or hazardous chemicals that could potentially be discharged to the sewers.
- e. _____ discharging only sanitary wastes and/or non-toxic discharges.

2. Non-Manufacturing/Commercial

- a. _____ non-manufacturing businesses that generate only a small amount of domestic waste from their employees.
- b. _____ non-manufacturing businesses that generate domestic waste but may potentially discharge one or more conventional pollutants (BOD, TSS, pH, oil and grease, fecal coliform) at higher levels. (Example: restaurants, grease)

3. Miscellaneous

- a. _____ Residential
- b. _____ Housing developments or apartment complexes that have no possibility of generating a process waste.
- c. _____ Schools or governmental agencies that generate only domestic waste from students or employees.
- d. - Governmental or Quasi-public agencies
 - 1) _____ discharging toxic substances/prohibited pollutants, but who are not subject to Federal EPA Categorical Standards.
 - 2) _____ sanitary or non-toxic discharges using solvents, toxic and/or hazardous chemicals that could potentially be discharged to the sewers.

PART III AUTHORIZATIONS

A. Designate Company Organization:

_____ Sole Proprietorship _____ Corporation _____ Partnership

B. Name and Title of Signing Official:

_____ (Name) _____ (Title)

C. Name(s) of Authorized Agent(s):

Name _____ (Title)

Address _____

Phone _____

Name _____ (Title)

Address _____

Phone _____

D. NOTE: The Authority will accept the above named persons as the user’s (Company’s) authorized agent or representative until notified otherwise.

1. An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company’s by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative of an individual designated above if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company’s name and otherwise bind the company. Please complete and submit appropriate certification form on the following pages with this application.
2. The Authority will not accept documents signed by persons other than the Company’s authorized agent(s) or authorized representative(s).

E. CONFIDENTIALITY

Any information submitted to the Rhode Island Port Authority pursuant to the pretreatment regulations may be claimed as confidential by the submitter. This claim must be asserted at the time of the submission in the manner described below. If no claim is made at the time of the submission, the Authority or authorized state or federal agencies may make the information available to the public without further notice. Effluent data, however, shall at all times be available to the public without restrictions

A business confidentiality claim may be asserted by attaching or placing on this information, a cover sheet, or a stamped or typed legend upon each page, or other suitable form of notice employing language such as “trade secret”, “proprietary”, or “company confidential.” Allegedly confidential portions of otherwise non-confidential documents should be clearly identified as such, and may be submitted separately to facilitate identification and handling by the Authority. If confidential treatment is desired only until a certain date or until the occurrence of a certain event, notice should also state such.

Information covered by such claims will be disclosed only to the extent, and by means of the procedures, set forth in the federal EPA regulations at 40- CFR 2.

- F. I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted 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 Official (Seal if applicable)

(Print Name & Title)

CERTIFICATION OF AUTHORITY, PARTNERSHIP

I, _____, certify

that I am a general partner of the company herein: that _____

who signed this _____ on behalf of the

company, was then _____ of said company; that
(Title)

said Permit Application _____ was duly signed for and in

behalf of said company by authority of its governing body, and is within the scope of the

company's powers.

CERTIFICATION OF AUTHORITY, SOLE PROPRIETORSHIP

I, _____, certify

that I am the sole proprietor and _____ of the
(Title)

company herein: that _____ who

signed this _____ on behalf of the

company, was then _____ of said company; that
(Title)

said Permit Application _____ was duly signed for and in

behalf of said company and is within the scope of the company's powers.

CORPORATE CERTIFICATION OF AUTHORITY

I, _____, certify

that I am the _____ of the
(Title)

corporation herein: that _____

who signed this Permit Application _____ on behalf of the

corporation, was then _____

of said corporation; that said document was duly signed for and in behalf of said

corporation by authority of its governing body, and is within the scope of the

corporation's powers.

CORPORATE CERTIFICATION OF VOTE

At a duly authorized meeting of the Board of Directors of the

_____ held on _____
(Name of Corporation) (Date)

at which all the Directors were present or waived notice, it was voted that

_____ _____
(Name) (Title)

of this company shall be, and hereby is, authorized to execute permit applications, permits, contracts, bonds, monitoring results, and other documents in the name and on behalf of said company, and to affix the corporate seal thereto, and such execution of any documents in this company's name on its behalf by its _____

(Title)

shall be valid and binding upon this company.

A true copy

ATTEST _____
Clerk

Place of business _____

I hereby certify that I am the clerk of the _____

that _____ is the duly elected

_____ of said company, and that the above vote has not
(Title)

been amended or rescinded and remains in full force and effect as of the date of this

permit/ permit application.

Clerk

(CORPORATE SEAL)

IV. OPERATIONS/PRODUCT INFORMATION

A. Product or Service Information

1. Plant Operations Affecting the Characteristics of Discharge
Brief description of manufacturing or service activity on premises:

Raw Materials Used: _____

2. Principal Product or Service: _____

3. Describe Water Using Processes: _____

B. Plant Operational Characteristics

1. Type of Discharge: _____ Batch _____ Continuous

2. If batch, average number of batches per 24 hours _____

3. Is there a regularly scheduled shutdown? _____

When? _____

4. Is production seasonal? If yes, explain indicating month(s) of peak production:

5. Average number of employees per shift:

_____ 1st; _____ 2nd; _____ 3rd

6. Shift start times:

_____ 1st; _____ 2nd; _____ 3rd

7. Shift normally worked each day:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1 st	___	___	___	___	___	___	___
2 nd	___	___	___	___	___	___	___
3 rd	___	___	___	___	___	___	___

8. Is there a Spill Prevention Control and Countermeasure Plan in effect for this plant?
_____Yes _____No

C. Water Consumption

1. Raw Water Sources: If other than the Rhode Island Port Authority

- a. Source (city, well, etc.) Quantity
- _____ gallons per day
- _____ gallons per day
- _____ gallons per day

b. List past twelve months water consumption from water bills:

Water Bill Acct. # _____

1st 6 month period, 20___: _____

2nd 6 month period, 20___: _____

Units are in: _____gpd _____100 cf _____ other (specify)

Volume from other sources: _____ gallons per day

2. Describe any raw water treatment processes in use: _____

3. List Water Consumption in Plant

Cooling Water _____ gallons per day
Boiler Feed _____ gallons per day
Process Water _____ gallons per day
Sanitary System _____ gallons per day
Contained in product _____ gallons per day
Other _____ gallons per day

D. DISCHARGE INFORMATION

- Quantity of Wastewater Discharged 6:00 am – 9:00 am _____ gal.
Quantity of Wastewater Discharged 9:00 am – 12:00 N _____ gal
Quantity of Wastewater Discharged 12:noon – 3:00 pm _____ gal
Quantity of Wastewater Discharged 3:00 pm – 6:00 pm _____ gal.
Quantity of Wastewater Discharged 6:00 pm – 12:00 M _____ gal
Quantity of Wastewater Discharged 12:00 M – 6:00 am _____ gal

*If Quantity unavailable, estimate the percentage of Total Wastewater Discharged at the various periods.

- How many Points of Discharge are there to sewer? What is the Location and size of the outfall to sewer? _____

- Are there any methods of water conservation and/or waste recovery programs practiced at this facility?

Yes _____ No _____

If yes, outline methods _____

- Is any form of pretreatment (see following list) practiced at this facility?

Yes _____ No _____

- For all waste streams which are treated before discharge, check the appropriate boxes for types of pretreatment used at this facility.

5.(continued) (check appropriate boxes)

____ Oil Separation

____ Biological

- | | |
|---|--|
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Equalization |
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Gasoline Trap |
| <input type="checkbox"/> Chemical Addition | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Neutralization/pH Adjustment | _____ |
| | _____ |

Provide any additional descriptive Information (Include drawings, etc. if available): _____

6. a. Does the Industry have a copy of Sewer Rules & Regulations?

Yes _____ No _____

If answer is No, contact Authority at 295-0044 immediately and request a copy.

b. Does your facility comply with those discharge standards described in Article III of the Rules & Regulations?

Yes _____ No _____ Do not know _____

If NO or Do Not Know, indicate steps and schedule that will be followed in order to comply _____

7. Check the box beside each constituent which is present or suspected to be present in the effluent (discharge water).

Parameter 216	present	Parameter 216	present
Color 00080		Copper 01042	
Ammonia 00610		Iron 01045	
Organic Nitrogen 00605		Lead 01051	
Nitrate 00620		Magnesium 00927	
Nitrite 00615		Manganese 01055	
Phosphorus 00665		Mercury 71900	
Sulfate 00945		Molybdenum 01062	
Sulfide 00745		Nickel 01067	
Sulfite 00740		Selenium 01147	
Bromide 71870		Silver 01077	
Chloride 00940		Potassium 00937	
Cyanide 00720		Sodium 00929	
Fluoride 00951		Thallium 01059	
Aluminum 01105		Titanium 01152	
Antimony 01097		Tin 01102	
Arsenic 01002		Zinc 01092	
Beryllium 01012		Algaecides* 74051	
Barium 01007		Chlorinated organic compounds* 74052	
Boron 01022		Pesticides* 74053	
Cadmium 01027		Oil & grease 00550	
Calcium 00216		Phenols 32730	
Cobalt 01047		Surfactants 38260	
Chromium 01034		Chlorine 50060	
Fecal coliform bacteria 74055		Radioactivity* 74050	

*See following pages for listing

Priority Pollutants (from 40 CFR 401.5)

1. acenaphthene	45. methyl chloride (chloromethane)
2. acrolein	46. methyl bromide (bromomethane)
3. acrylonitrile	47. bromoform (tribromomethane)
4. benzene	48. dichlorobromomethane
5. benzidine	49. trichlorofluoromethane
6. carbon tetrachloride (tetrachloromethane)	50. dichlorodifluoromethane
7. Chlorobenzene	51. chlorodibromomethane
8.1,2,4 – trichlorobenzene	52. Hexachlorobutadiene
9. hexachlorobenzene	53. hexachlorocyclopentadiene
10.1,2-dichloroethane	54. isophorone
11. 1,1,1-trichloroethane	55. naphthalene
12. hexachloroethane	56. nitrobenzene
13. 1,1-dichloroethane	57. 2-nitrophenol
14. 1,1,2-trichloroethane	58. 4-nitrophenol
15. 1,1,2,2-tetrachloroethane	59. 2,4-dinitrophenol
16. chloroethane	60. 4,6-dinitro-o-cresol
17. bis (chloroethyl) ether	61. N-nitrosodimethylamine
18. bis (2-chloroethyl) ether	62. N-nitrosodiphenylamine
19. 2-chloroethyl vinyl ether (mixed)	63. N-nitrosodi-n-propylamine
20. 2-chloronaphthalene	64. pentachlorophenol
21. 2,4,6-trichlorophenol	65. phenol
22. parachlorometa cresol	66. bis(2-ethylhexyl) phthalate
23. chloroform (trichloromethane)	67. butyl benzyl phthalatae
24. 2-chlorophenol	68. di-n-butyl phthalate
25. 1,2,dichlorobenzene	69. di-n-octyl phthalate
26. 1,3-dichlorobenzene	70. diethyl phthalate
27. 1,4-dichlorobenzene	71. dimethyl phthalate
28. 3,3-dichlorobenzidine	72. 1,2-benzanthracene (benzo (a) anthracene)
29. 1,1-dichloroethylene	73. benzo (a) pyrene (3,4-benzopyrene)
30. 1,2-trans-dichloroethylene	74. 3,4-benzofluoranthene (benzo(b) fluoranthene)
31. 2,4-dichlorophenol	75. 11,12-benzofluoranthene (benzo(k) fluoranthene)
32. 1,2-dichloropropane	76. chrysene
33. 1,2-dichloropropylene (1,3-dichloropropene)	77. acenaphthylene
34. 2,4-dimethylphenol	78. anthracene
35. 2,4-dinitrotoluene	79. 1,12-benzoperylene (benzo(ghi) perylene)
36. 2,6-dinitrotoluene	80. fluorene
37. 1,2-diphenylhydrazine	81. phenathrene
38. ethylbenzene	82. 1,2,5-6-dibenzanthracene (dibenzo (a,h) anthracene)
39. fluoranthene	83. indeno (1,2,3-cd) pyrene (1,2-o-phenylene pyrene)
40. 4-chlorophenyl phenyl ether	84. pyrene
41. 4-bromophenyl phenyl ether	85. tetrachloroethylene
42. bis(2-chloroisopropyl) ether	86. toluene
43. bis(2-chloroethoxy) methane	87. trichloroethylene
44. methylene chloride (dichloromethane)	88. vinyl chloride (chloroethylene)

Priority Pollutants (from 40 CFR 201.5) continued

89. aldrin
90. dieldrin
91. chlordane (technical mixture)
92. 4,4'-DT
93. 4,4'-DDE (p,p'-DDX)
94. 4,4''-DDD (p,p'-TDE)
95. alpha-endosulfan
96. beta-endosulfan
97. endosulfan sulfate
98. endrin
99. endrin aldehyde
100. heptachlor
101. heptachlor epoxide (BHC=hexachlorocyclohexane)
102. alpha-BHC
103. beta-BHC
104. gamma-BHC (lindane)
105. delta-BHC (PCB-polychlorinated biphenyls)
106. PCB 1242 (Arochlor 1242)
107. PCB-1254 (Arochlor 1254)
108. PCB-1221 (Arochlor 1221)
109. PCB-1232 (Arochlor 1232)
110. PCB-1248 (Arochlor 1248)
111. PCB-1260 (Arochlor 1260)
112. PCB-1016 (Arochlor 1016)
113. Toxaphene
114. Antimony
115. Arsenic
116. Asbestos
117. Beryllium
118. Cadmium
119. Chromium
120. Copper
121. Cyanide
122. Lead
123. Mercury
124. Nickel
125. Selenium
126. Silver
127. Thallium
128. Zinc
129. 2,3,7,8-tetrachloro-dibenzo-p-dioxin (TCDD)

E. LIST ALL CHEMICALS USED AT THE FACILITY

Attach a Material Safety DATA SHEET (MSDS) for each chemical

F. NON-DISCHARGED WASTES

1. Are any waste liquids or sludges removed from facility site?
 Yes _____ No _____

If YES, these may best be described and quantified as:

TYPE	ESTIMATED GALLONS/YEAR
_____ Waste Solvent	_____
_____ Waste Product	_____
_____ Oil	_____
_____ Grease	_____
_____ Pretreatment Sludge	_____
_____ Inks/Dyes	_____
_____ Thinner	_____
_____ Paints	_____
_____ Acids & Alkalis	_____
_____ Plating Wastes	_____
_____ Pesticides	_____
_____ Other (specify)	_____
_____	_____
_____	_____
_____	_____

2. Does your company remove the above wastes from the facility?

Yes _____ No _____

If "NO", state the name(s) and address(es) of all waste haulers.

a. _____	b. _____
_____	_____
_____	_____
_____ Zip _____	_____ Zip _____
Permit No. _____	Permit No. _____
(If applicable)	(If applicable)

3. Are any sludges, liquids, etc. placed with trash for disposal?

Yes _____ No _____

Describe _____

4. Do you have an EPA ID No. Yes _____ No _____
If yes, please list it _____

G. SPILL CONTROL

1. Do you have any formal plan in the event of a chemical spill to insure that chemicals do not get into the sewer?

Yes _____ No _____

H. EMERGENCY INFORMATION

In the event of an emergency at the facility during non-working hours, list the names, addresses and telephone numbers of at least two individuals who can be called.

Name _____	Name _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

1. Do you have a list of substances used at your facility as required under "Right to Know" regulations? Yes _____ No _____

If "Yes", attach the most current listing.

If "No", Explain _____

