



**City of Attleboro Department of Wastewater
Pretreatment Division – Industrial Pretreatment Program**

**APPLICATION FOR
INDUSTRIAL WASTEWATER DISCHARGE PERMIT
CLASS I**

Return To:

**City of Attleboro Department of Wastewater
Aaron Dumont
Industrial Pretreatment Division
77 Park Street
Attleboro, MA 02703
(774) 203-1823 (FAX (508) 761-9837
industrialpretreatment@cityofattleboro.us**

A permit fee of \$10,000.00, payable by check to the “**City of Attleboro**”, must accompany this application, per City of Attleboro Sewer Use Regulations, 16-15.11 2.d. An Industrial Wastewater Discharge Permit cannot be transferred to another person or entity and shall be renewed every five (5) years.

All sections of this permit application must be completed and properly signed by an official of the firm requesting to be issued a discharge permit by the City of Attleboro, Wastewater Department, Industrial Pretreatment Coordinator. If this is a renewal, the application must be completed and returned 90 days prior to the expiration date of any current permit. Please note that the discharge of process wastewater prior to the issuance of a discharge permit is a violation of the City of Attleboro Sewer Use Regulations and can subject the violator to fines as stated in section 16-21.2B. Should you require assistance in completing this document, please contact Aaron Dumont at 774-203-1823O. (rev2 0621)

Section A

General Information

1. Facility Name: _____

2. Operator Name: _____

3. Facility Address: _____

City: _____ State: _____ Zip: _____

4. Business Address: _____

City: _____ State: _____ Zip: _____

5. Designated Signatory Authority of the Facility:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

6. Designated Facility Contact:

Name: _____

Title: _____

Tel.#: _____

Section B

Industrial Category(s)

1. If your facility employs or will be employing processes in any one of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity.

(Check all that apply.)

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Manufacturing
- Nonferrous Metals Forming
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Manufacturing
- Textile Mills
- Timber Products

Section D

Water Supply

1. Water Sources: (Check Where Applicable)

- Private Well
- Surface Water
- Municipal Water Supply
- Other

2. Name on Water Bill: _____

3. Water Service Account Number: _____

4. List Average Water Usages on Premises:

TYPE	*AVERAGE WATER USAGE
a. Contact Cooling Water	_____
b. Non-Contact Cooling	_____
c. Boiler Feed	_____
d. Process	_____
e. Sanitary	_____
f. Air Pollution Control	_____
g. Contained in Product	_____
h. Plant & Equipment Washdown	_____
i. Other	_____

***Indicate whether estimated or measured**

Section E

Waste Discharge Information

1. Provide the following information on wastewater flow rate:

a. Hours/Day Discharge

M_____T_____W_____T_____F_____S_____S_____

b. Hours of Discharge (i.e. 9-5). See Above

M_____T_____W_____T_____F_____S_____S_____

c. Peak Hourly Flow Rate (GPD): _____

d. Maximum Daily Flow Rate (GPD): _____

e. Average Daily Flow Rate (GPD): _____

2. If batch discharge occurs or will occur, indicate:

a. Number of Discharges _____ Per Day

b. Average Discharge Per Batch _____ (GPD)

c. Time of Batch Discharges _____ at _____
(Days of the Week) (Hours of Day)

d. Flow Rate _____ Gallons Per Minute

e. Percent of Discharge _____

Section F

Treatment

1. Is any form of wastewater treatment practiced at this facility?

- Yes No

2. Treatment devices or processes used or proposed for treating wastewater or sludge?
(Check as many as appropriate)

- Air Floatation
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation, Type _____
- Grease Trap
- Grinding Filter
- Grit Removal
- Ion Exchange
- Neutralization, pH Correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Biological Treatment, Type _____
- Rainwater, Diversion or Storage
- Other Chemical Treatment, Type _____

- Other Physical Treatment, Type _____

- Other, Type _____

3. Are any changes to the Wastewater Treatment Facility planned within the next three years?

- Yes No

4. Description:

Describe the pollutant loadings, flow rates, design capacity, physical size and operating procedures of each facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-products disposal method and volumes.

6. Do you have a treatment operator? Yes No

Full/Time Hours: _____

Part/Time Hours: _____

Name of Operator: _____

Grade and License# _____

Telephone# _____

7. Do you have a manual on the correct operation of the treatment system?

Yes No

8. Do you have a written maintenance schedule for the system?

Yes No

Section G.

Facility Operational Characteristics

1. Shift Information:

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	T	W	T	F	S	S
Shifts Per work Day	—	—	—	—	—	—	—
Employees:							
1 st Shift Per Day	—	—	—	—	—	—	—
2 nd Shift Per Day	—	—	—	—	—	—	—
3 rd Shift Per Day	—	—	—	—	—	—	—
1 st Shift Starts (Time)	—	—	—	—	—	—	—
2 nd Shift Starts (Time)	—	—	—	—	—	—	—
3 rd Shift Starts (Time)	—	—	—	—	—	—	—

2. Is business activity continuous(C) or seasonal(S)?

C S Indicate Months in Operation: _____

3. Is the wastewater discharge continuous(C) or seasonal(S)?

C S

4. List the types and amounts (mass or volume) of raw materials used.

5. List types of chemicals and quantity used per day.

CHEMICALS

QUANTITY

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Section H

Spill Prevention

1. Do you have chemical storage containers, bins or ponds at the facility?

Yes No

2. Do you have floor drains in the manufacturing or chemical storage area(s)?

Yes No

If yes, please indicate where and how many.

3. Does the facility have an accidental spill prevention plan to prevent spills of chemicals or sludge discharges to the City of Attleboro's Municipal Sewer System?

Yes (Please enclose a copy with the application.)

No

4. Has the facility been issued any Federal, State or Local Environmental Permits?

Yes No

If yes list the permit number(s):

5. If wastes are hauled off-site, please list the name, address and telephone number of hauler.

Section I

Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction and supervision. Based on my inquiry of the person or 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.

_____	_____	_____
Name (Type or Print)	Title	
_____	_____	_____
Signature	Date	Phone