



**Warwick Sewer Authority (WSA) – Industrial Pretreatment Program (IPP)
Significant Industrial User/Categorical Industrial User
Application for Wastewater Discharge Permit**

On January 8th, 1984, a Resolution was adopted by the City of Warwick providing the Warwick Sewer Authority's (WSA) Industrial Pretreatment Program (IPP) with the authority to require that our City's commercial and industrial facilities complete a Wastewater Discharge Permit Application. This application provided for your completion contains a series of questions developed to obtain critical information for characterizing your facility's wastestream profile and potential to impact our collection system and/or treatment plant. This application must be filled out as completely and accurately as possible. Once our characterization is complete our IPP issues your facility a site-specific, non-transferable Wastewater Discharge Permit.

A full scan of pollutants believed to be present as well as those contained in the table from Section 5-B will be required for a new discharge permit. Sampling and analyses shall be performed by a RI Department of Health (RIDOH) Certified Laboratory in accordance with EPA approved procedures (40 CFR Part 136).

Attach all existing sampling data pertaining to your facility's discharge to the sewer system. Analytical results must be documented on a certified laboratory sheet listing the approved test procedure, method detection limit, location and date of sampling, type of samples collected (i.e., grab, composite), date and time of analysis and certification (initials) of the qualified professional for each parameter tested. Chain-of-Custody must accompany all reports.

When the application has been completed, please retain a **COPY for your records** and **mail the ORIGINAL** document, complete with signatures and attachments (where required) along with your application fee (see page 21, check made payable to the *Warwick Sewer Authority*) to:

**Edward Mathias, Pretreatment Coordinator
Warwick Sewer Authority
125 Arthur W. Devine Boulevard, Suite B
Warwick, RI 02886**

On behalf of our Pretreatment Program, we thank you in advance for your cooperation in ensuring we receive the completed forms/fee and for your steadfast commitment to environmental protection through pretreatment compliance.

Section 1 – General Facility Information

Name of Company or Corporation:	
“Doing Business As” (DBA) if different from Company/Corp. Name:	
Local Business Address:	
Local Business Phone Number:	

Please check appropriate box to indicate where the Wastewater Discharge Permit should be mailed.

<input type="checkbox"/> Local Address (Section 1)	<input type="checkbox"/> Corporate Address (Section 2A, 2B, or 2C)
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Section 2 – Company Organization

Please check the appropriate box below and only complete the Section chosen.

<input type="checkbox"/> Sole Proprietorship/ Partnership (Complete Section 2A)	<input type="checkbox"/> LLC (Complete Section 2B)	<input type="checkbox"/> Corporation (Complete Section 2C)
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Please include a copy of your company’s RI Business Registration or recent Annual Report with your application submittal if your business is an LLC or a Corporation:
<http://business.sos.ri.gov/CorpWeb/CorpSearch/CorpSearch.aspx>

Section 2A – Organization: Sole-Proprietorship or Partnership - Authorized Agent

If the Company is a **Sole-Proprietorship or Partnership** an authorized agent shall mean a **general partner or the proprietor**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

Company Owner’s Name:	
Company Owner’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Owner’s Signature & Date:	

Section 2B: Organization: LLC – Authorized Agent

If the Company is an **LLC** an authorized agent shall mean a **member or manager of the LLC**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

LLC Business Name:	
LLC Representative’s Name:	
LLC Representative’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Representative’s Signature & Date:	

Section 2c: Organization: Corporation – Authorized Agent

If the Company is a **Corporation**, authorized representative shall mean the **president, vice-president, secretary or treasurer 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**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

Corporate Business Name:	
Corporate Representative’s Name:	
Corporate Representative’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Representative’s Signature & Date:	

Section 2D – Additional Authorized Agent(s) of the Company or Corporation

The individual identified in **Section 2A, 2B or 2C** may designate other authorized representative(s) by completing the enclosed **Designation of Authorized Agent Form** located at the end of this permit application form. For example, local facility manager(s) of one or more operating facilities may be appointed provided they are 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 control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

Section 3 – Accounting & Billing Office Information

Pretreatment invoices, where applicable, *will be mailed to the local facility address (Section 1) unless otherwise specified*. If an alternate corporate billing office or contracted utility billing management company is desired, please complete the information below.

Billing Company Name (if different):	
Billing Mailing Address:	
Billing Representative’s Name:	
Work Phone Number:	
FAX Number:	
Email Address:	

Section 4 – Facility Operations & Applied Categorical Standards

A. Is your facility subject to Federal Categorical Pretreatment standards as per 40 CFR 403? If yes, please include the categorical classification(s).

	No - The facility is not subject to Federal Categorical Pretreatment Standards.
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	Yes - The facility is subject to Federal Categorical Pretreatment Standards including:	
	New Source Applicable Subpart:	Existing Source Applicable Subpart:
Other Applicable Pretreatment Standard(s):		

B. Provide a detailed description of the manufacturing processes, facilities or service activities that occur on the premises, *specifically* those processes which involve process wastewater or hazardous materials. Use additional sheets as necessary.

A large, empty rectangular box with a black border, intended for the user to provide a detailed description of manufacturing processes, facilities, or service activities. The box is currently blank.

C. List all products manufactured or services provided by your facility and the corresponding NAICS (North American Industry Classification System) Number. Attach additional sheets if necessary.

PRODUCT OR SERVICE PROVIDED	NAICS

D. Please provide the following information regarding your facility’s operating schedule and number of employees.

	S	M	TU	W	TH	F	S
NUMBER OF EMPLOYEES – FIRST SHIFT							
NUMBER OF EMPLOYEES – SECOND SHIFT							
NUMBER OF EMPLOYEES – THIRD SHIFT							

Section 5 – Raw Material/Chemical Listing, Storage & Disposal Practices

A. Provide a comprehensive list of the principal raw materials and chemicals compounds used on site at the facility. Include in the list the quantity stored, storage location, as well as the storage practices (bermed, etc.) observed for all of the identified materials and chemicals. Include this list separately with this form when submitted.

B. If your facility uses, or disposes of, any of the priority pollutants listed in the following table, please mark accordingly. Please note that a pollutant may have more than one use/disposal code.

Use/Disposal Code	Description
U	Item is used on site at the facility.
DT	Item is disposed of, after treatment, to the sewer collection system.
DW	Item is disposed of, without treatment, to the sewer collection system.
DO	Item is disposed of, off site, after being used and or generated.
TU	Item is totally used in production, therefore no waste product is left.
VU	Item is totally vaporized in use, therefore no waste product is left.

Use/Disposal Code(s)	Priority Pollutant	Use/Disposal Code	Priority Pollutant
	Antimony		Chlorobenzene
	Arsenic		1,2,4-trichlorobenzene
	Beryllium		Hexachlorobenzene
	Cadmium		1,2-dichloroethane
	Chromium		1,1,1-trichloroethane
	Copper		Hexachloroethane
	Cyanide		1,1-dichloroethane
	Lead		1,1,2-trichloroethane
	Mercury		1,1,2,2-tetrachloroethane
	Nickel		Chloroethane
	Selenium		Bis(2-chloroethyl)ether
	Silver		2-chloroethyl vinyl ether
	Thallium		2-chloronaphthalene
	Zinc		2,4,6-trichlorophenol
	Acenaphthene		Parachlorometa cresol
	Acrolein		Chloroform
	Acrylonitrile		2-chlorophenol
	Benzene		1,2-dichlorobenzene
	Benzidine		1,3-dichlorobenzene
	Carbon tetrachloride		1,4-dichlorobenzene
	3,3-dichlorobenzidine		2,4-dinitrophenol
	1,1-dichloroethylene		4,6-dinitro-o-cresol
	1,2-trans-dichloroethylene		N-nitrosodimethylamine
	2,4-dichlorophenol		N-nitrosodiphenylamine
	1,2-dichloropropane		N-nitrosodi-n-propylamine
	1,3-dichloropropylene		Pentachlorophenol
	2,4,dimethylphenol		Phenol
	2,4-dinitrotoluene		Bis(2-ethylhexyl)phthalate
	2,6-dinitrotoluene		Butyl benzl phthalate
	1,2-diphenylhydrazine		Di-n-butyl phthalate
	Ethylbenzene		Di-n-octyl phthalate
	Fluoranthene		Diethyl phthalate
	4-chlorophenyl phenyl ether		Dimethyl phthalate

Use/Disposal Code(s)	Priority Pollutant	Use/Disposal Code	Priority Pollutant
	4-bromophenyl phenyl ether		1,2-benzanthracene
	Bis(2-chloroisopropyl)ether		3,4-benzofluoranthene
	Bis(2-chloroethoxy)methane		Benzo(a)pyrene
	Methylene chloride		11,12-benzofluoranthene
	Methyl chloride		Chrysene
	Methyl bromide		Acenaphthylene
	Bromoform		Anthracene
	Dichlorobromomethane		11,12-benzoperylene
	Chlorodibromomethane		Fluorene
	Hexachlorobutadiene		Phenanthrene
	Hexachlorocyclopentadiene		1,2,5,6-dibenzanthracene
	Isophorone		Indeno(1,2,3-cd)pyrene
	Naphthalene		Pyrene
	Nitrobenzene		Tetrachloroethylene
	2-nitrophenol		Toluene
	4-nitrophenol		Trichloroethylene
	Vinyl chloride		Alpha-BHC
	Aldrin		Beta-BHC
	Dieldrin		Gamma-BHC
	Chlordane		Delta-BHC
	4,4-DDT		PCB-1242 (Arochlor 1242)
	4,4-DDE		PCB-1254 (Arochlor 1254)
	4,4-DDD		PCB-1221 (Arochlor 1221)
	Alpha-endosulfan		PCB-1232 (Arochlor 1232)
	Beta-endosulfan		PCB-1248 (Arochlor 1248)
	Endosulfan sulfate		PCB-1260 (Arochlor 1260)
	Endrin		PCB-1016 (Arochlor 1016)
	Endrin aldehyde		Toxaphene
	Heptachlor		2,3,7,8-tetrachlorodibenzo-p-dioxin
	Heptachlor epoxide		Asbestos

Section 6 – Water Usage & Discharge Information

A. List the intake water sources and daily average volumes.

Source	Volume (gallons per day)	Estimated or Measured	Indicate meter location(s) within facility
Municipal Water System			
Private Well			
Surface Water			

B. List the average daily volume of water discharged or consumed by process (attach sheets if needed).

Source	Volume (gallons per day)	Estimated or Measured	Indicate meter location(s) within facility
City Sewer System			
Natural Outlet (NPDES)			
Waste Hauler			
Evaporation			
Contained in Product			
Landscaping			

C. Break down the water discharged to the sewer system into the following categories. Blanks have been provided for additional entries.

Source	Description	Volume (gpd)	Estimated or Measured	Meter Location (if measured)	Batch Discharge (Yes or No)
Process Wastestream #1					
Process Wastestream #2					
Process Wastestream #3					
Process Wastestream #4					
Process Wastestream #5					
Contact Cooling Water					
Non-contact Cooling Water					
Boiler Blowdown					
Sanitary					
Wet Air Scrubbers					
Housekeeping					

D. If batch discharges are indeed used, please answer the following (attach sheets if needed):

N/A

Description of Batch Discharge (#1):	
What is the frequency of occurrence?	
What is the average volume of each batch?	
What is the maximum volume of each batch discharge?	

Description of Batch Discharge (#2):	
What is the frequency of occurrence?	
What is the average volume of each batch?	
What is the maximum volume of each batch discharge?	

Description of Batch Discharge (#3):	
What is the frequency of occurrence?	
What is the average volume of each batch?	
What is the maximum volume of each batch discharge?	

Section 7 – Floor & Plumbing Plans

A. Provide a floor plan of your facility which identifies the following:

- 1. Plumbing and drains, identify floor drains as “active” or “inactive”**
- 2. Plant flows identified in Section 6C and their point(s) of entry into the sewer system**
- 3. Pretreatment system location(s)**
- 4. Effluent monitoring (i.e., pH) and sample collection location(s)**
- 5. Chemical and waste storage location(s)**

Section 8 – Pretreatment Processes & Required Equipment

A. Provide a comprehensive list of all wastewater treatment processes currently employed by your facility and the treatment equipment required for these processes. Attach additional sheets if needed.

N/A

Wastewater Treatment Process	Required Equipment
1.)	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	
9.)	
10.)	
11.)	
12.)	

B. Is your facility presently considering any pretreatment system and/or process modifications/additions? If yes, please provide a detailed description of the work to be done and the anticipated time schedule for submittal of your proposal to the WSA for review. Changes in your facility processes/pretreatment system must be reviewed and approved by the WSA *prior* to implementation.

C. Does your facility have a certified wastewater operator on staff?

No

Yes

If yes, please provide the name and certification number for the operator.

Name:	
Certification Number/Grade:	

D. Does your facility procure the services of a consultant to assist in maintaining your pretreatment system?

No

Yes

If yes, please supply the following consultant information.

Name of Company:	
Address:	
Company Contact:	
Phone Number:	
Email:	

E. Does your facility have equipment operation and maintenance manuals or standard operating procedures (SOP) readily available for employee use?

No

Yes

If yes, please provide the location(s) where manuals/SOPs are stored.

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F. Does your facility have spare parts available for on-site maintenance and repair of your pretreatment equipment?

No

Yes

N/A

If yes, please use the space provided to identify the type(s) of maintenance your staff performs and the frequency of these activities. Attach additional sheets if needed.

Maintenance Activity	Frequency
1.)	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	
9.)	

Section 9 – Waste Disposal

A. Does your facility dispose of any chemicals, solvents, sludges and/or hazardous materials as a result of your company’s processes?

No

Yes

If yes, provide your facility’s EPA Hazardous Waste Identification Number.

EPA Identification Number:	
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B. Does your facility use an outside contractor(s) to haul sludges/residuals?

No

Yes

If yes, please provide the name(s) of the contractor(s) and EPA Identification Number(s).

Name:	
EPA Identification Number:	

Name:	
EPA Identification Number:	

C. Does your facility maintain records of all wastes hauled off-site for treatment?

No

Yes

If yes, please provide location(s) where these records are stored?

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Section 10 – Slug Control Plan & Toxic Organic Management Plan

A. Have you completed and included a Slug Discharge Prevention and Control Plan with this application?

No – This is required. Permit will not be issued unless submitted.

Yes

B. Have you completed and included a Toxic Organic Management Plan with this application?

No – This is required. Permit will not be issued unless submitted.

Yes

Section 11 – Wastewater Characteristics & Monitoring

A. List your facility’s permitted wastewater sampling location(s) and the pollutant analyses required for the location(s).

Sampling Location(s)	Pollutant(s)
1.)	
2.)	
3.)	

B. Are the pollutants identified above in Section 11A inclusive of all pollutants which may potentially be present in your wastestream(s)?

Yes

No

If no, what additional pollutants may be present in your wastestream(s)?

C. Are self- monitoring samples collected by staff or by contracted personnel?

- Staff collect the samples which are analyzed by a RIDOH Certified Lab.
- Consultant collects the samples which are analyzed by a RIDOH Certified Lab.
- Contracted RIDOH Certified Lab collects and analyzes samples.

D. Please complete the following with regard to your RIDOH Certified Laboratory

Name of Laboratory:	
Address:	
Phone Number:	
RIDOH Laboratory ID:	

E. Does your facility maintain records of their self-monitoring events and/or zero discharge reports?

- No
- Yes

If yes, please provide location(s) where these records are stored?

F. How many years of monitoring records and/or zero discharge reports are maintained in storage?

Number of Years of Records:	
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Section 12 – Property Ownership Information & Certification

“I certify under penalty of law that I am the property owner or an agent for the property owner of the property identified in Section 1 of this permit application form. I am aware of the operations conducted by the business located at this property. I understand that the Warwick Sewer Authority’s Pretreatment Program must issue a wastewater discharge permit to the business located at this property due to the nature of their operations and/or wastes generated by their operations. I acknowledge that Pretreatment Fees associated with the wastewater discharge permit are the responsibility of the permittee, i.e., the owner/operator of the business and that Sewer/Water utility charges are billed separately to me, the property owner. I am aware that unpaid/delinquent Pretreatment Fees will be associated with the property’s payment history in the City of Warwick’s utility billing software. Therefore, in order to ensure prompt payment of Pretreatment Fees owed by my tenants, I may request that a copy of my tenant’s Pretreatment bill be mailed to me at the address below, when these quarterly bills are generated and delivered to my tenant for payment.”

Tenant Company Owns Property

Tenant Company Rents/Leases Property

Property Address:	
Name of Property Owner:	
Property Owner Mailing Address:	
Property Owner Representative Name/Title:	
Phone Number:	
FAX Number:	
Email Address:	
Signature of Property Owner & Date:	

Would you like a copy of your tenant’s Pretreatment Bills mailed to your attention at the property address identified above?

Yes

No

Important Note: This application **will not be accepted** without the **original signature** of the property owner. This page may be scanned and emailed to the property owner in the event the property owner is not located on site. The original signed page must be mailed or delivered to the WSA. If the applicant **owns the property**, the applicant/property owner **must still complete this section**.

Section 13 – Application Certification

Only Authorized Agents identified in Sections 2A, 2B, 2C or 2D (completed **Designation of Authorized Agent Form** found on pages 22-23) may sign this official document.

“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 violation.”

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Printed Name of Authorized Agent

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Title of Authorized Agent

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Signature of Authorized Agent

Date

Section 14 – Due Date and Application Fee

Application Due Date:	30 Days Upon Receipt
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Application Fee:	<u>\$ 300.00</u> check or money order made payable to the Warwick Sewer Authority
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Section 15 - Pretreatment Personnel Contact Information

Contact Name & Title	Phone Number	Email Address
Maureen Mascoli, O&M Clerk	401-921-9779	maureen.mascoli@warwickri.gov
James Kyle Dorsey, Pretreatment Inspector	401-468-4723	james.k.dorsey@warwickri.gov
Daniel Ogilvie, Pretreatment Inspector	401-468-4726	daniel.b.ogilvie@warwickri.gov
Edward Mathias, Pretreatment Coordinator	401-468-4725	edward.f.mathias@warwickri.gov

**INDUSTRIAL PRETREATMENT PROGRAM
DESIGNATION OF AUTHORIZED AGENT FORM**

Section A: Registered Officer/Director

Company Name and Permit #:	
Local Facility Address:	
Registered Officer/Director:	
Title:	
Mailing Address:	
Work Phone Number:	
Email Address:	
*Cell Phone Number:	
**Signature and Date:	
**By signing this document, the Registered Officer certifies under penalty of law the agents listed in Section B can act as Authorized Agents for the company.	

Section B: Authorized Agents as Designated by Registered Officer/Director

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

*CELL PHONE NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, PROCESS UPSET, FIRE, ETC)

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

*CELL PHONE NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, PROCESS UPSET, FIRE, ETC)