



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

**APPLICATION FOR INDUSTRIAL WASTEWATER  
ZERO DISCHARGE PERMIT  
CLASS II**

**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](mailto:industrialpretreatment@cityofattleboro.us)**

A permit fee of \$2,000.00, 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, as much as is applicable, 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 774-203-1823. (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 C**

- 1. Give a brief description of all operations at this facility including primary products and services. (**Attach additional sheets if necessary.**)

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- 2. Date Connected to Sewer: \_\_\_\_\_

- 3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. (**If more than one, list all.**)

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

d. \_\_\_\_\_ e. \_\_\_\_\_ f. \_\_\_\_\_

**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:**

<b>TYPE</b>	<b>*AVERAGE WATER USAGE</b>
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.

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

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**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 <sup>st</sup> Shift Per Day	—	—	—	—	—	—	—
2 <sup>nd</sup> Shift Per Day	—	—	—	—	—	—	—
3 <sup>rd</sup> Shift Per Day	—	—	—	—	—	—	—
1 <sup>st</sup> Shift Starts (Time)	—	—	—	—	—	—	—
2 <sup>nd</sup> Shift Starts (Time)	—	—	—	—	—	—	—
3 <sup>rd</sup> 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.

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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.

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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):

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

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**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