



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 keep a copy for your own records:

- 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.

MASSACHUSETTS WATER RESOURCES AUTHORITY
SEWER USE DISCHARGE PERMIT APPLICATION
FOR PUBLICLY OWNED DRINKING WATER TREATMENT PLANTS

SECTION A - GENERAL INFORMATION

1. Name of Facility: _____

2. Permit/Mailing _____

Address: _____

3. Billing Address: _____

Billing Contact: _____

4. Facility Address: _____

5. How long has the facility been at this address? _____

6. Facility representative to contact concerning information provided herein:

Name: _____ Title: _____
Telephone: _____ Address: _____
Telefax: _____

7. Name and Title of Preparer (if different from #6 above):

Name: _____ Title: _____
Company: _____
Telephone: _____ Address: _____
Telefax: _____

8. Name and Title of Authorized Representative (if different from #6 above):

Name: _____ Title: _____
Telephone: _____ Address: _____
Telefax: _____

9. Name of Person to Receive Permit (if different from #6 above):

Name: _____ Title: _____
Telephone: _____ Address: _____
Telefax: _____

10. Check One: New Permit Renewal Permit

If New Permit, provide date of proposed initial discharge _____

SECTION B - CERTIFICATION STATEMENT AND SIGNATURE

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 violations.

_____ Signature of Authorized Representative

Please Print Name of Authorized Representative

Name of Facility

Street Address of Facility

City State Zip Code

SECTION C - HYDRAULIC CAPACITY

The applicant must complete this section to demonstrate that there is adequate capacity in the sewer system to accept the discharge of water treatment plant residuals without negatively effecting the operation of the municipal and MWRA sewer systems. For each question, please indicate the source of the information.

1a. Describe each municipal sewer that will receive the proposed discharge(s). Include connection location, section number, size, slope, material, etc. for each proposed discharge. (Attach additional pages if necessary.)

1b. Provide the following information for each municipal sewer that will carry the discharge:

Estimated Design Capacity	Existing Flow	Total Flow with new Connection
_____MGD	_____ Minimum MGD	_____ Minimum MGD
	_____ Average MGD	_____ Average MGD
	_____ Peak MGD	_____ Peak MGD

1c. Provide the following flow information on the proposed discharge:

Average daily flow: _____ gallons per day (gpd)
 Peak one day flow: _____ gpd
 Average flow rate: _____ gallons per minute (gpm)
 Peak flow rate: _____ gpm

2. Describe the MWRA sewer that will receive the proposed discharge(s). The information shall include connection location and section number for each proposed discharge. MWRA sewer system information can be found by contacting the Director of Transport, Sewerage Division, MWRA, at (617) 305-5921.

SECTION C - HYDRAULIC CAPACITY (continued)

3. List the municipal sewerage pumping stations downstream of the proposed discharge and provide the following information (in million gallons per day):

Name & Location	Pumping Capacity		Existing Flows		Proposed Flows	
	Average	Peak	Average	Peak	Average	Peak

4. If a municipal sewer does not have adequate capacity to transport peak dry or wet weather flows, provide with this application a report describing how the proposed discharge(s) will be controlled to insure that the downstream sewer system will not surcharge during dry and/or wet weather events and that the capacity of downstream municipal pumping stations will not be exceeded.
5. This application must be supported by a hydraulic analysis prepared under the direction of and stamped by a professional engineer registered in the Commonwealth of Massachusetts. The analysis must demonstrate that the proposed discharge will not adversely affect the municipal sewer system.

Note: The MWRA will perform a hydraulic analysis of the proposed discharge to determine the effect of the discharge on the MWRA system, including impacts to combined sewer overflows. If the MWRA determines that the proposed discharge will have an adverse impact on the MWRA system, the Applicant will be required to submit a report describing how the proposed discharge will be controlled to insure no adverse impacts.

SECTION D - PLANT OPERATIONAL CHARACTERISTICS

1. Operational Information:
 - a. Total operating hours per work day _____
 - b. Number of operating shifts per day _____
 - c. Number of employees per first shift _____
second shift _____
third shift _____
 - d. Number of operating days per week _____
 - e. Average annual work days per year _____
 - f. Number of employees _____

2. If the operation is subject to seasonal variation, please describe:

3. Does the facility implement any of the following management plans?
(Indicate yes or no for each):

_____ Spill Prevention and Control and Countermeasure Plan

_____ Source Reduction Plan

_____ Toxicity Reduction Evaluation

_____ Toxic Organic Management Plan

_____ Filter Backwash Recycling

SECTION E - WATER USAGE

1. Water Sources:

Provide the name and location of the water source(s) of the drinking water being treated.

What is the amount (in gallons) of water treated per day from each source?

Are the amounts measured or estimated? If estimated, how was the estimate determined?

2. Has the incoming water to the treatment plant been analyzed within the past year? If so, please attach a copy of the most recent results.

SECTION F - CHEMICAL USAGE/OTHER PERMITS

1. List chemicals and raw materials used in the facility that could contribute to wastewaters discharged to the sanitary sewer system. List only those present in quantities of 5 gallons/5 pounds or greater. Include MSDS documents and chemical analyses of the chemicals and materials.

Chemical/Material	Quantity Used Per Year	Chemical/Material	Quantity Used Per Year

2. Have you prepared a Toxic Chemical Release Inventory reporting form, (Form R) in response to the Superfund Amendment and Reauthorization Act (SARA) section 313?

Yes ____ No ____

3. Please maintain at your facility in one centralized location, reports that indicate usage of chemicals covered under the Superfund Amendment and Reauthorization Act (SARA) Title III, including the quantities used per year.

Examples of reports that should be maintained if they exist, and made available upon MWRA request, include:

Biennial DEP Report
 Inventories with Local Fire Departments
 SARA Title III Report
 Reports required under TURA
 Other Reports/Inventories which would illustrate chemical usage

Please list the reports that you maintain at your facility:

SECTION F - CHEMICAL USAGE/OTHER PERMITS (continued)

4. Please list all other environmental permits held for the facility and all environmental permits not now held by the facility that it requires. For each permit, indicate issuance date, expiration date, and permit number. If a permit has not yet been issued or has expired, indicate the date of your latest application for the permit.

SECTION G - SEWER CONNECTION(S) AND PIPING & INSTRUMENTATION DIAGRAM

1. Attach a drawing/map of the facility showing all buildings and identify the operations conducted in each building. In the buildings from which process wastewater discharges, label alphabetically the sewer connections to which the processes discharge. Also label the nearest downstream manhole with the same letter. Indicate if both process and sanitary wastewater discharge through a common connection. Name all surrounding streets and buildings, and any other pertinent physical structures that may facilitate field orientation. Note that if you propose to connect directly into a pipe owned by the MWRA, you must adhere to the policies and procedures of the MWRA's direct connection program, which requires the completion and filing of a direct connection permit application. This application can be obtained by calling the MWRA Sewerage Division, Director of Transport, at (617) 305-5921.
2. Attach a Piping and Instrumentation Diagram (P & I D) of your facility. The P & I D should be a schematic of all tanks, process equipment, pretreatment equipment, flow and pH meters, pipes and valves. The P & I D should show the paths of all pipes, and all discharge points to the sewer and storm drains - including sumps and floor drains. Identify sewer connections as you did in the drawing/map of the facility.

SECTION H - NON-DISCHARGED WASTE

1. Are any waste liquids or sludges 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	
Treatment Sludge	
Thinner	
Acids and Alkalis	
Pesticides	
Other _____	

2. State the name and address of any waste hauler(s) employed by your company.

A:	B:

3. Are there 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:

4. Does your facility employ the service of a commercial laundry? Yes____ No____

5. State name and address of the company:

SECTION J - WASTEWATER DISCHARGE

* For more than one discharge location, please make copies of this page.

1. Previously permitted sampling location number if applicable _____ (If new application, please leave sampling location number blank.)
2. Complete the following chart and provide descriptions on the following page:

Type of Discharge	Flow (GPD) indicate whether measured or estimated		Proposed % solids in the discharge		Sanitary Sewer Connection from your map	Does wastewater Discharge to Storm Drain or Surface Water?	Is Discharge Batch (describe frequency and duration) or Continuous?
	Ave	Peak	Ave	Max			
Water Treatment Related							
1. Sludge							
2. Backwash							
3. Reverse Osmosis Reject Water							
Non-Water Treatment Related	XXXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
	XXXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
	XXXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
1. Non Contact Cooling Water			XXXXXXXXXX	XXXXXXXXXX			
2. Boiler Blowdown			XXXXXXXXXX	XXXXXXXXXX			
3. Air Pollution Wastewater			XXXXXXXXXX	XXXXXXXXXX			
4. Process Wastewater other than Drinking Water Treatment (describe source)			XXXXXXXXXX	XXXXXXXXXX			
			XXXXXXXXXX	XXXXXXXXXX			
			XXXXXXXXXX	XXXXXXXXXX			
5. Sanitary Wastewater ¹			XXXXXXXXXX	XXXXXXXXXX			
Other:			XXXXXXXXXX				
Total			XXXXXXXXXX				

¹ human and domestic waste from such sources as lavatories, showers, and kitchens.

How is wastewater flow measured?
If estimated, how did you arrive at the estimated amount?

- 2a. Describe here how sludge is generated and identify the contributing sources.
- 2b. Describe how backwash is generated.
- 2c. Describe the sources of other process wastewater streams generated at the facility.
3. Are any process changes planned for the next two years which would affect the discharge volume or characteristics? yes___no___ If yes, briefly describe these changes and their affects on the discharge volume and characteristics. Include treatment modifications, variations in discharge volume, and additional sewer connections.

SECTION J - WASTEWATER DISCHARGE (continued)

4. Does any wastestream have a flow measuring device? YES NO
Which ones? _____

A. If yes, check type of meter or device (and indicate location of device):

Weir

Type of Weir:

V-Notch 60 45 30 22.5

Contracted Rectangular Sharp Crested Weir (with end contractions)

Suppressed Rectangular Sharp Crested Weir (without end contractions)

Parshall Flume size _____

Magmeter

Venturi Meter

Other _____

B. If no, is there a reason for not installing a flow measuring device?

NOTE: If you do not have a flow measuring device, you will be required by your permit to install one.

SECTION K - WASTEWATER CONSTITUENTS

*(For more than one process discharge, make copies of these pages)

1. Check the conventional, toxic and hazardous pollutants expected to be present in your wastewater discharge for each process connection. If you are unable to identify the characteristics you must submit MSDS to represent the characteristics of each process discharge.

In addition, you must sample your proposed discharge and submit analytical data showing all pollutants regulated by the MWRA at 360 CMR 10.021-10.024, expected to be present in the wastestream. All analyses must be performed by a DEP certified lab according to procedures set forth in 40 CFR Part 136. If there is no test method in Part 136 for a pollutant, contact the Permit section, at (617)241-2381 for information on acceptable test methods to use. The samples must represent the discharge after all pretreatment and prior to mixing with any other streams.

Previously permitted sampling location number if applicable _____ (If new application, please leave sampling location number blank)

	Provide average pH _____ high pH _____ low pH _____		Ammonia
	Oil or grease (petroleum or mineral origin)		Total Suspended Solids
	Oil or grease (animal or vegetable origin)		BOD ₅
VOLATILE COMPOUNDS			
	ACROLEIN		ACRYLONITRILE
	BENZENE		BROMOFORM
	BROMODICHLOROMETHANE		BROMOETHANE
	CARBON DISULFIDE		CARBON TETRACHLORIDE
	CHLOROBENZENE		CHLOROETHANE
	2-CHLOROETHYL VINYL ETHER		CHLOROFORM
	CHLOROMETHANE		DIBROMOCHLOROMETHANE
	1,1-DICHLOROETHANE		1,2-DICHLOROETHANE
	1,1-DICHLOROETHENE		t-1,2-DICHLOROETHENE
	1,2-DICHLOROPROPANE		c-1,3-DICHLOROPROPENE
	t-1,3-DICHLOROPROPENE		ETHYLBENZENE
	METHYLENE CHLORIDE		STYRENE
	1,1,2,2-TETRACHLOROETHANE		TETRACHLOROETHENE
	TOLUENE		1,1,1-TRICHLOROETHENE
	1,1,2-TRICHLOROETHANE		TRICHLOROFLUOROMETHANE
	VINYL ACETATE		VINYL CHLORIDE
	XYLENE		

SECTION K - WASTEWATER CONSTITUENTS (continued)

ACID/BASE/NEUTRAL COMPOUNDS	
ACENAPHTHENE	ACENAPHTHYLENE
ANTHRACENE	BENZIDINE
BENZO(A)ANTHRACENE	BENZO(B) FLUORANTHENE
BENZO(K) FLUORANTHENE	BENZO(GHI) PERYLENE
BENZO(A)PYRENE	BENZYL BUTYL PHTHALATE
BIS (2-CHLOROETHOXY) METHANE	BIS (2-CHLOROETHYL) ETHER
BIS (2-CHLOROISOPROPYL) ETHER	BIS (2-ETHYLHEXYL) PHTHALATE
4-BROMOPHENYL PHENYL ETHER	4-CHLOROANILINE
2-CHLORONAPHTHALENE	4-CHLOROPHENYL PHENYL ETHER
CHRYSENE	DIBENZO (A,H) ANTHRACENE
DIBENZOFURAN	1,2-DICHLOROBENZENE
1,3-DICHLOROBENZENE	1,4-DICHLOROBENZENE
3,3'-DICHLOROBENZIDINE	DIETHYL PHTHALATE
DIMETHYL PHTHALATE	DI-N-BUTYL PHTHALATE
2-METHYL-4,6-DINITROPHENOL	2,4-DINITROTOLUENE
2,6-DINITROTOLUENE	DI-N-OCTYL PHTHALATE
1,2-DIPHENYLHYDRAZINE	FLUORENE
HEXACHLOROBENZENE	HEXACHLOROETHANE
INDENO (1,2,3-cd) PYRENE	ISOPHORONE
2-METHYLNAPHTHALATE	2-METHYLPHENOL (o-CRESOL)
3-METHYLPHENOL (m-CRESOL)	4-METHYLPHENOL (p-CRESOL)
NAPHTHALENE	NITROBENZENE
N-NITROSO-DI-N-PROPYLAMINE	N-NITROSODIMETHYLAMINE
N-NITROSODIPHENYLAMINE	PENTACHLOROPHENOL
PYRENE	1,2,4-TRICHLOROBENZENE
2,4,5-TRICHLOROPHENOL	

SECTION K - WASTEWATER CONSTITUENTS (continued)

HAZARDOUS SUBSTANCES	
ACETALDEHYDE	ALLYL ALCOHOL
ALLYL CHLORIDE	AMYL ACETATE
ANILINE	BENZONITRILE
BENZYL CHLORIDE	BUTYL ACETATE
BUTYLAMINE	CROTONALDEHYDE
CYCLOHEXANE	2,2-DICHLOROPROPIONIC ACID
DIETHYL AMINE	1,3-DINITROBENZENE
DIMETHYL AMINE	ETHYLENE DIAMINE
ETHYLENE DIBROMIDE	FURFURAL
ISOPRENE	ISOPROPANOLAMINE DODECYLBENZENESULFONATE
METHYL MERCAPTAN	METHYL METHACRYLATE
MONOETHYL AMINE	MONOMETHYL AMINE
NAPHTHENIC ACID	NITROTOLUENE
PHOSGENE	PROPYLENE OXIDE
QUINOLINE	RESORCINOL
TRIETHANOLAMINE DODECYLBENZENESULFONATE	TRIETHYLAMINE
TRIMETHYLAMINE	XYLENOL

SECTION K - WASTEWATER CONSTITUENTS (continued)

PESTICIDES/PCBs			
	ALDRIN		ENDRIN
	ALPHA-BHC		ENDRIN ALDEHYDE
	BETA-BHC		HEPTACHLOR
	GAMMA-BHC		HEPTACHLOR EPOXIDE
	DELTA-BHC		PCB-1242
	CHLORDANE		PCB-1254
	4,4-DDT		PCB-1221
	4,4-DDE		PCB-1232
	4,4-DDD		PCB-1248
	DIELDRIN		PCB-1260
	ALPHA-ENDOSULFAN		PCB-1016
	BETA-ENDOSULFAN		TOXAPHENE
	ENDOSULFAN SULFATE		
TOTAL METALS			
	ALUMINUM		LEAD
	ANTIMONY		MERCURY
	ARSENIC		MOLYBDENUM
	BERYLLIUM		NICKEL
	BORON		SELENIUM
	CADMIUM		SILVER
	CHROMIUM		THALLIUM
	COPPER		ZINC

2. Please describe any expected seasonal variations in wastewater constituents (what parameters are expected to be present or absent, expected changes in concentrations, and when they are likely to occur).

SECTION L - WASTEWATER PRETREATMENT

*(For more than one process discharge make copies of this page.)

1. Previously permitted sampling location number if applicable _____ (If new application, please leave sampling location number blank)
2. Complete the following table for each treated process wastestream at your facility.

¹ Treated Wastestream	² Pretreatment	³ DEP Classification of Pretreatment System	⁴ Sewer Connection From Map

KEY

1-Treated Wastestream

Provide a description of the treated wastestream.

2-Pretreatment

- | | |
|---------------------------------|------------------------|
| a. Neutralization/pH adjustment | f. Silver Recovery |
| b. Chemical precipitation | g. Screen/Grit removal |
| c. Sedimentation | h. Grease Trap |
| d. Filtration | i. Gas/Oil Separator |
| e. Ion exchange | j. Other _____ |

3-Massachusetts Department of Environmental Protection (DEP) Pretreatment System Classification.

List Class 1 through 5 to indicate the pretreatment system operator class required to operate your pretreatment system.

4-Sewer Connection

Take from F-1 on page 9 of this application.

3. List name and DEP operator grades for all certified pretreatment system operators working at your facility.

Operator Name _____	Grade _____	Job Title _____
Operator Name _____	Grade _____	Job Title _____
Operator Name _____	Grade _____	Job Title _____

SECTION L - WASTEWATER PRETREATMENT (continued)

4. List all the applicable Federal Categorical Pretreatment Standards established by the US EPA (Environmental Protection Agency), for your facility.

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)? *(Answer “no” if this notice is for an existing permit 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)? *(Answer “no” if this notice is for an existing permit or not part of a larger project. The MEPA review thresholds are found in 301 CMR 11.03.)* 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 11.12) 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.

END OF APPLICATION