CONSTRUCTION SITE DEWATERING DISCHARGE PERMIT
APPLICATION

TOXIC REDUCTION AND CONTROL DEPARTMENT
2 GRIFFIN WAY
CHELSEA, MASSACHUSETTS 02150-3334

CONTENTS

<table>
<thead>
<tr>
<th>Section A</th>
<th>General Information</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B</td>
<td>Site Operational Characteristics</td>
<td>Page 3</td>
</tr>
<tr>
<td>Section C</td>
<td>Alternative Methods for Disposal</td>
<td>Page 3</td>
</tr>
<tr>
<td>Section D</td>
<td>Sanitary Sewer Connection</td>
<td>Page 3</td>
</tr>
<tr>
<td>Section E</td>
<td>Wastewater Pretreatment</td>
<td>Page 4</td>
</tr>
<tr>
<td>Section F</td>
<td>Other Filings</td>
<td>Page 5</td>
</tr>
<tr>
<td>Section G</td>
<td>Construction Site Dewatering Characteristics</td>
<td>Page 6</td>
</tr>
</tbody>
</table>

Permit Number ____________________________  Applicant Name ________________________________
Facility Address ______________________________

Last Revised August 12, 2020
MASSACHUSETTS WATER RESOURCES AUTHORITY
TOXIC REDUCTION AND CONTROL DEPARTMENT
2 GRIFFIN WAY
CHELSEA, MASSACHUSETTS 02150-3334

CONSTRUCTION SITE DEWATERING DISCHARGE PERMIT
APPLICATION

SECTION A - GENERAL INFORMATION

Name and address of the property owner:

Name and address of the contractor hired to perform the construction:

Name, title, and telephone number of the authorized representative for the property owner:

Name, title, and telephone number of the authorized representative for the construction company:

Name: __________________________
Title: __________________________
Telephone #: ____________________
Email address: ____________________

Signature: __________________________
Email address: ____________________

Anticipated date of initial discharge:

Note to Authorized Representative: In accordance with Title 40 of the Code of Federal Regulations (C.F.R.) Part 403, Section 403.14 and M.G.L. c.21 and 27, information and data provided in this questionnaire which identified the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 C.F.R. part 2 and 360 C.M.R.§ 10.011. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

I have personally examined and am familiar with the information submitted in this document and attachments. I believe that the submitted information 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 Authorized Representative for Property Owner
**Definition of Authorized Representative**

(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.

(C) 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.

**Application Submittal Instructions**

To facilitate the permit issuance process, please submit a completed Construction Dewatering Permit Application at least 4 - 6 weeks prior to the anticipated date of initial discharge. **One paper copy and one electronic copy** of the Sewer Use Discharge Permit Application shall be submitted to the MWRA, TRAC Department. **Please submit the electronic copy by email to TRACPermits@mwra.com.**

A copy of the Construction Dewatering Permit Application shall be submitted to the municipality where the groundwater discharge will occur.

**Full payment of the Permitting Charge is due with the application and the fee is not refundable.** The amount of the Permitting and Monitoring Charges can be found at 360 C.M.R. 10.101 and 10.102, available for review on the Authority’s website: [www.mwra.com/03sewer/html/trac.htm](http://www.mwra.com/03sewer/html/trac.htm). The Authority will issue an invoice for the Monitoring Charge if the permit will be issued. Full payment of both the Permitting Charge and Monitoring Charge is required before the permit is issued.
SECTION B - SITE OPERATIONAL CHARACTERISTICS

1. Construction Site Information:
   a. Provide a written scope of the construction project
   b. Total construction hours per work day
   c. Construction shift schedule:
      First shift  start  stop
      Second shift start  stop
      Third shift  start  stop
   d. Construction days per week
   e. Average annual work days per year
   f. Number of employees

SECTION C – ALTERNATIVE METHODS FOR DISPOSAL

1. Indicate if other methods of disposal (such as re-injection, reuse, or hauling off site) were explored for the groundwater/storm water. If these options are not viable, indicate why. Please include all engineering/geotechnical calculations and assumptions for determining the feasibility of onsite re-injection of ground water/storm water.

SECTION D - SANITARY SEWER CONNECTION

1. Is there a separate storm sewer or surface water in the vicinity of the site?  [ ] Yes  [ ] No

2. Attach a copy of the city/town sewer maps of the area surrounding the site.

3. Provide a written description of the specific discharge point you propose to use (for example, "catch basin #10 on Main Street, Boston, MA"). List all discharge points from your construction site to the street sewer. If more than 3 connections will be used, attach the additional connection information on another sheet.
### SECTION D - SANITARY SEWER CONNECTION (continued)

<table>
<thead>
<tr>
<th>Connection</th>
<th>Location of Sewer Connection or Discharge Point (Name of street, buildings, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION E - WASTEWATER PRETREATMENT

Wastewater treatment performed before sewer system discharge

1. Is there any form of pretreatment practiced at your construction site?  Yes____ No____
   (Refer to list below)

2. Complete the following table, identifying all treated wastestreams.
   In the spaces provided in the pretreatment column, fill in the number corresponding to the applicable treatment method(s).

   1. Neutralization/pH adjustment          6. Silver Recovery
   2. Chemical precipitation                7. Screen/Grit removal
   4. Filtration                            9. Gas/Oil separator*
   5. Ion exchange                          10. Other__________
SECTION E - WASTEWATER PRETREATMENT (continued)

<table>
<thead>
<tr>
<th>Treated Wastestream</th>
<th>Pretreatment</th>
<th>Discharge Frequency</th>
<th>Sewer Connection from Sec. D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>batch</td>
<td>continuous</td>
</tr>
</tbody>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Provide the Massachusetts Department of Environmental Protection (DEP) classification for your pretreatment system. Pretreatment system class______

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

   Operator Name________________________Grade
   Operator Name________________________Grade
   Operator Name________________________Grade

5. Provide a process flow diagram for each pretreatment system. Include the location of flow meters, accessible sampling points and sewer connection(s) which receive treated wastewater. Provide sewer connection number from Section E.

Section F - OTHER FILINGS:
There are circumstances when the MWRA cannot issue a permit to you until you fulfill the requirements of another agency. Section F asks for information about whether you are required to make other filings or meet 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. For projects located within the City of Boston, Section F asks if your project is located within the City’s Groundwater Conservation Overlay District (GCOD) and subject to Article 32 zoning. For more information regarding the City of Boston’s GCOD, visit https://www.bwsc.org/builders-contractors/site-plan-requirements/groundwater-overlay-district.

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)? (For example, answer “no” if this application is for a permit renewal 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.
SECTION F - OTHER FILINGS (continued)

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)? (For example, answer “no” if this application is for a permit renewal or not part of a larger project. The MEPA review thresholds are found in 301 CMR 11.00.) [ ] 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 11.10) 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.

E. Is the activity for which you require an MWRA permit located within the City of Boston’s Groundwater Overlay District (for more information visit: https://www.bwsc.org/builders-contractors/site-plan-requirements/groundwater-overlay-district) [ ] yes [ ] no
Section G – CONSTRUCTION SITE DEWATERING CHARACTERISTICS

1) Anticipated date of initial discharge: __________________________

2) Anticipated date of discharge completion: __________________________

3) Check all operations that apply to your site:
   - Temporary Construction Site Dewatering
   - Permanent Site Dewatering*
   - Site/Groundwater Remediation*
   - Other (specify)

* The discharge of groundwater remediation and permanent site dewatering into the Authority’s sewer system is prohibited pursuant to 360 C.M.R. 10.023(1) and 10.091. An application solely for such discharges will be denied.

4) Provide a thorough description of the operation(s) checked above.

5) Has an Environmental Impact Report or Environmental Notification Form been prepared for the site? If so, please enclose a copy.

6) Is the site listed with the DEP as a Location to be investigated (LTBI) and/or Confirmed Disposal Site (CDS)? If so, enclose correspondence and reports submitted to the Department of Environmental Protection (DEP).

7) Provide a description of what the site has been used for the past fifty to one-hundred years.

8) Provide analytical results of the groundwater in the area to be dewatered for the following parameters using the EPA approved methodologies for waste water (40 CFR 136):

<table>
<thead>
<tr>
<th>Parameters(s)</th>
<th>Required EPA analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTO (Volatile Organic Fraction)</td>
<td>624.1</td>
</tr>
<tr>
<td>TTO (Acid/Base/Neutrals Organic Fraction)</td>
<td>625.1</td>
</tr>
<tr>
<td>TTO (PCB Fraction)</td>
<td>608.3</td>
</tr>
<tr>
<td>TTO (Pesticide Fraction)</td>
<td>608.3</td>
</tr>
<tr>
<td>pH</td>
<td>SM 4500H+B</td>
</tr>
<tr>
<td>Cadmium (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Chromium (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Copper (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Lead (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Nickel (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Silver (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Zinc (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Arsenic (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Mercury (total)</td>
<td>245.1</td>
</tr>
<tr>
<td>Selenium (total)</td>
<td>200.7</td>
</tr>
<tr>
<td>Antimony (total)</td>
<td>200.7</td>
</tr>
</tbody>
</table>