MASSACHUSETTS WATER RESOURCES AUTHORITY
Notice of Intent to Discharge
Food Processing Wastes

---

1. What is this form and why is it necessary?

This form, when completed and submitted, requests the Massachusetts Water Resources Authority (MWRA) to issue, revise, or renew a permit for a food processing facility. Food processors must have a MWRA permit to discharge to the MWRA sewer system unless this form or MWRA regulations state that a permit is not required. This form helps to determine whether you need a permit and are eligible for a permit, and the type of permit you need. If you are eligible, the MWRA will issue you a permit. If the MWRA denies your request for a permit, it will inform you in writing. Submitting this form is not an authorization to discharge to the sewer system.

2. Who must complete this form?

You must complete and submit this form to the MWRA to apply for a permit if:
- You discharge, or intend to discharge, waste or wastewater from food processing to the MWRA sewer system or,
- Your discharge will change, or has changed, and you are a food processor.

3. Who must not complete this form?

Do not use this form, but instead obtain an MWRA Sewer Use Discharge Permit Application if:
- You are not a food processor; OR
- You discharge more than 25,000 gallons per day.

4. How to complete and submit this form:

Please print legibly in black or dark blue ink or type your answers. Answer all the questions unless the form specifically instructs you to skip a question or section of the form. If a question does not apply to your facility, write "not applicable" or "N/A" and explain why it is not applicable. Keep a copy of the completed form for your records.

Send the original signed and completed form to:

Massachusetts Water Resources Authority
Toxic Reduction and Control
2 Griffin Way
Chelsea, MA 02150-3334

and a copy to the municipality to which the facility's sewer is connected (see attached list).

5. What is the application fee?

There is no fee to apply for a permit. If this is the first permit for your facility or you will be covered by the General Permit, you will be invoiced and required to pay a charge before you receive your permit. The amount of your charge depends on the type of permit. The amount of charge for each permit is found in 360 C.M.R. 10.101-10.103 and will be on your invoice.

6. Questions and answers:

For answers to questions about this form and MWRA permits, contact the Industrial Coordinator or the Regional Manager for your municipality on the attached list.

Please complete the first box. Complete any other box where the information is different than the information you put in the first box.

Facility/Monitoring Location (where your facility is located and a contact person on the premises)

BUSINESS NAME:
CORPORATE NAME (if different):
ADDRESS:

CITY/TOWN:
STATE AND ZIP CODE:

CONTACT NAME:
CONTACT TITLE:
PHONE (INCLUDE AREA CODE):
FAX:
E-MAIL:

Permit address (where and to whom your permit and correspondence should be sent)

BUSINESS NAME:
CORPORATE NAME (if different):
ADDRESS:

CITY/TOWN:
STATE AND ZIP CODE:

CONTACT NAME:
CONTACT TITLE:
PHONE (INCLUDE AREA CODE):
FAX:
E-MAIL:

Billing address (where and to whom bills and invoices should be sent)

BUSINESS NAME:
CORPORATE NAME (if different):
ADDRESS:

CITY/TOWN:
STATE AND ZIP CODE:

CONTACT NAME:
CONTACT TITLE:
PHONE (INCLUDE AREA CODE):
FAX:
E-MAIL:

PLEASE ANSWER ALL QUESTIONS UNLESS OTHERWISE INDICATED.

1. Type of Notification:

Check all that apply:

- ☐ Existing Discharge
- ☐ Proposed Discharge as of _____ (date)

If you have not yet begun to discharge, continue to fill out the Notice of Intent to Discharge (NOI) and indicate what operations will be in place at the time of discharge.

- ☐ Discharge to sewer
- ☐ Discharge to holding tank (*if its content will be hauled away for off site disposal into the MWRA sewer system)*
- ☐ Discharge to septic tank (*if checked, is it ultimately discharged into the MWRA sewer system? Yes___No___)*

2. Existing MWRA Permit No. (if any): _____

3. Nature of your facility's operations that discharge to the sewer *(check all that apply)*:

- ☐ bakery (wholesaler)
- ☐ beverage maker
- ☐ bottler
- ☐ candy maker
- ☐ cereal maker
- ☐ condiment maker
- ☐ coffee roaster
- ☐ dairy product processing
- ☐ fish cutting
- ☐ fish processing
- ☐ fish cooking
- ☐ frozen food maker
- ☐ jam/jelly/fruit filling maker
- ☐ meat processor
- ☐ meat packer
- ☐ nut and nut products processor
- ☐ pasta maker
- ☐ prepared food maker
- ☐ fruit/vegetable/ produce washer and processor
- ☐ other_____

- **IMPORTANT!** If your facility does not do food processing, you are completing the wrong form. Telephone the MWRA at 617-242-6000, and ask for the Toxic Reduction and Control Department to request a Sewer Use Discharge Permit Application.

4. Do your operations consist solely of packaging for transport and distribution without generating wastewater? ☐ yes ☐ no

5. Do your operations consist solely of preparation of meals or snacks for immediate consumption on the premises, or for take-out, or other on site retail sales?

☐ yes ☐ no

- ***IMPORTANT!*** *If you answered question 4,* ***or*** *5 "yes," your facility does not require an MWRA permit to discharge to the sewer system. Please skip the remainder of the questions, sign the signature page (page 16), and send the entire document to the MWRA. Please note that if your facility changes so that you can no longer answer "yes" to question 4 or 5, you must complete and submit an application form and obtain an MWRA permit before you begin to discharge to the MWRA sewer system.*

6. Does your facility discharge any industrial wastewater to the sewer other than food processing ?

☐ yes (*if yes, describe:*_____ *)*
☐ no

7. On average, does your facility discharge 25,000 gallons per day or more of industrial (including food processing) wastewater to the sewer?

☐ yes ☐ no

8. Has your facility been notified by the MWRA that it is a Significant Industrial User (as defined in 40 C.F.R. 403.3)?

☐ yes ☐ no

9. Do you use pretreatment at your facility other than a grease trap, grease interceptor, gas/oil separator, limestone chip tank, active pH adjustment, or screen/grit removal? ***(If yes, check all that apply and list how many of each)*****:** ☐ yes ☐ no

Type	**How many**
☐ Ion Exchange	_____
☐ Filtration	_____
☐ Chemical precipitation	_____
☐ DAF System	_____
☐ Other _____	_____

10. Facility Operation Information:

Hours of operation: Hours/day_____
Days/week_____
Shut down periods (if applicable)_____
Number of employees:_____

11. Does your facility implement any of the following management plans? (***please check all that apply)***

____Spill Prevention Control and Countermeasure Plan
____Laboratory Chemical Management Plan
____Schedule/Plan for the removal of all non-contact cooling water from the sanitary sewer system

12. Water usage per year:

Volume of water used during the past calendar year in 100 cubic feet or gallons
(100 cubic feet = 748 gallons)_____ gallons or _____ 100 cubic feet

13. List information on all sewer connections from your facility to the street sewer. If more than 3 are present, attach the additional connection information on another sheet.

Sewer Connection(s) #	**Location of sewer connection of discharge point (name of street, buildings, etc.)**
01.	_____
02.	_____
03.	_____

14. Do you discharge to: ☐ Storm Drain ☐ yes ☐ no
☐ Surface Water ☐ yes ☐ no

If "Yes", **Indicate the NPDES Permit Number**:_____

15. What is your facility's Standard Industrial Classification (SIC) Code *(check all that apply*:)

_____ 2011 Meat Packing

_____ 2013 Meat Processing

_____ 2021 Dairy Products

_____ 2031 Canned, Frozen, Foods/Vegetables/Fruits

_____ 2035 Pickled Fruits & Vegetables, Vegetable Sauces, & Seasoning, and Salad Dressings (*Condiments*)

_____ 2041 Flour, Grain, Cereal Products

_____ 2051 Bakery Products

_____ 2064 Candy and Other Confectionery Products

_____ 2066 Chocolate and Cocoa Products

_____ 2068 Salted and Roasted Nuts and Seeds

_____ 2081 Beverage Products

_____ 2085 Malt Beverages (Ale, Beer, etc...)

_____ 2086 Bottled And Canned Soft Drinks & Carbonated Water

_____ 2091 Cooking, Canning, Curing of Fish & Seafood

_____ 2092 Prepared Fresh or Frozen Fish and Seafood

_____ 2095 Roasted Coffee

_____ 2098 Macaroni, Spaghetti, Vermicelli, and Noodles Preparation

_____ 2099 Food Preparation, not elsewhere classified (*peanut butter, jam, jellies, fruit fillings, gelatin, ground spices, tea blending, syrups, meat seasonings, salad dressing mixes, and sandwiches assembled and packaged for wholesale, etc..)*

_____Other (write in SIC code and describe)_____

16. List the chemicals, raw materials, and cleaning products that are used in the facility that could contribute to wastewaters discharged to the sanitary sewer system. List only those used in quantities of 5 gallons/5 pounds or greater per year. Attach MSDS documents with this NOI.

Chemical/Material	Quantity used per year	Chemical/Material	Quantity used per year

17. Complete Table A. Quantities should be expressed in gallons.

Complete the information below for all applicable wastestreams from your facility that discharge into the MWRA sewer system and total the gallons per day column. Use the codes below the table to complete the other columns in the table.

Table A

Type	Gallons Per Day	Discharge Type	Flow is Determined How	Pretreatment Type	Sanitary Sewer Connection (From #13)	Discharge Location: Storm Drain	Discharge Location: Surface Water	Wastewater Is Discharged Through

Food Processing Wastewater	_____	_____	_____	_____	_ _ _	_____	_____	_____
Floor Washdown	_____	_____	_____	_____	_ _ _	_____	_____	_____
Fruit/vegetable Washing	_____	_____	_____	_____	_ _ _	_____	_____	_____
Equipment/vessel Washing	_____	_____	_____	_____	_ _ _	_____	_____	_____
Fruit/vegetable Grinding	_____	_____	_____	_____	_ _ _	_____	_____	_____
Cleaning/sanitizing Discharges	_____	_____	_____	_____	_ _ _	_____	_____	_____
Laboratory Wastewater	_____	_____	_____	_____	_ _ _	_____	_____	_____
Other: (describe)	_____	_____	_____	_____	_ _ _	_____	_____	_____
TOTAL	_____							

In the chart above fill in the applicable corresponding codes

Discharge Type
C- Continuous
B- Batch
I- Intermittent

Flow Is Determined How
E- Estimated
M- Measured
C- Calculated

Pretreatment Type
1.Grease Trap
2.Grease Interceptor
3.Limestone chip tank
4.Active pH adjustment
5.Gas/oil separator
6.Screen Grit Removal (indicate mesh size in inches)_____
7.Other (describe)_____
8.None

Wastewater Is Discharged Through
F- Floor Drain
S- Sink
P- Stand pipe
O- Other (describe)_____

17. Complete Table B. Quantities should be expressed in gallons.

Complete the information below for all applicable wastestreams from your facility that discharge into the MWRA sewer system and total the gallon per day column. Use the codes below the table to complete the other columns in the table. Sanitary waste stream may be estimated based on 25 gallons per employee (GPD).

Table B

Type	Gallons Per Day	Discharge Type	Flow is Determined How	Pretreatment Type	Sanitary Sewer Connection (From #13)	Discharge Location: Storm Drain	Discharge Location: Surface Water	Wastewater Is Discharged Through
Sanitary Wastewater [1]	_____	_____	____	____	___	____	____	_____
Contact Cooling Water	_____	_____	____	____	___	____	____	_____
Non-contact Cooling Water[2]	_____	_____	____	____	___	____	____	_____
Reverse osmosis Reject Water [3]	_____	_____	____	____	___	____	____	_____
Backwash [3]	_____	_____	____	____	___	____	____	_____
Boiler Blowdown	_____	_____	____	____	___	____	____	_____
Other: (describe)	_____	_____	____	____	___	____	____	_____
TOTAL	_____							

In the chart above fill in the applicable corresponding codes

Discharge Type
C- Continuous
B- Batch
I- Intermittent

Flow Is Determined How
E- Estimated
M- Measured
C- Calculated

Pretreatment Type
1.Grease Trap
2.Grease Interceptor
3.Limestone chip tank
4.Active pH adjustment
5.Gas/oil separator
6.Screen Grit Removal (indicate mesh size in inches)_____
7.Other (describe)_____
8.None

Wastewater Is Discharged Through
F- Floor Drain
S- Sink
P- Stand pipe
O- Other (describe)_____

[1] Human and domestic waste from such sources as lavatories, showers, and kitchens.

[2] The discharge of non-contact cooling water into the sanitary sewer is prohibited pursuant to 360 C.M.R. 10.006(2). If you discharge non-contact cooling water it must be removed from the sanitary sewer system. You must submit a schedule with the NOI that indicates the date that you will remove all of the non-contact cooling water from the sanitary sewer system.

[3] The discharge of reverse osmosis and/or backwash is prohibited, pursuant to 360 C.M.R. 10.023(2) and (19), unless specifically authorized by the MWRA. If you are requesting permission to discharge the incoming water pretreatment filter backwash or other incoming water treatment reject water into the sanitary sewer or request approval to continue to discharge the streams to the sanitary sewer. The request for approval must contain a report that: 1) identifies the flow and frequency of each identified stream, including the: a) frequency of discharge (e.g., once per week, once every 2 hours, etc.), b) duration of discharge (e.g., two hours at a time, etc.), c) total volume of discharge (average daily flow, maximum daily flow, and average flow per year in gallons), d) location of each discharge (the sewer connection of each discharge, each pretreatment system, and sampling location through which the discharge flows). 2) provides sampling analyses for each stream as follows: pH, Copper, Lead, and Zinc. 3) identifies alternative ways to recycle and/or reuse the water within the facility, how much water may be so reused or recycled, and a schedule for implementing such reuse. If you conclude there are no available options, the report should discuss the options that were considered and why you have rejected those options.

18. For each grease trap/interceptor at your facility, complete the chart If more than 3 are present, attach the additional information on another sheet. Provide a drawing for each under sink and in-ground grease trap/interceptor. The drawings must indicate the dimensions in (ft).

	Location at the facility	Source of wastewater	Capacity (indicate pounds or gallons)	Pounds of grease removed off site per year	Maintenance Service frequency
Grease Trap/ Interceptor					
Grease Trap/ Interceptor					
Grease Trap/ Interceptor					

Source of wastewater In the space provided in the chart fill in the letter corresponding to the applicable source.

A. Food processing

B. Equipment/Vessel wash down

C. Floor wash down

D. Rinses containing spent/discarded food products (describe)_____

E. Spent Cleaning/Sanitizing Solutions

F. Fruits/Vegetables Grindings

G. Laboratory Operations

H. Other

Maintenance service frequency In the space provided in the chart fill in the number corresponding to the applicable maintenance service frequency for each grease trap/interceptor.

1. Daily

2. Weekly

3. Every month

4. Every three months

5. Every six months

6. Every twelve months

7. Other (describe)_____

- ***IMPORTANT NOTE:*** *The Group Permit will require you to inspect your grease trap(s)/interceptor(s) monthly and have it cleaned whenever the level of grease is 25% of the effective depth of the trap, or at least every three months, whichever is sooner.*

If you clean any grease trap/interceptor less than once every three months, you must request and receive advance written authorization from the MWRA. Make your request below by checking the "yes" box and complete the remainder of the requirement.

☐ **Yes** **My facility cleans its grease trap less frequently than once every three months**.
I request an amendment to the group permit. (Your request must explain in detail why the trap/interceptor is cleaned less than once every three months and must include copies of the bill of lading/manifests for the past 12 months from the hauler.)

If you do not have a grease trap/interceptor at your facility and one is not required by your local Plumbing Inspector, you must request and receive advance written authorization from the MWRA to discharge with out a grease trap/interceptor. Make your request below by checking the "yes" box and complete the remainder of the requirement.

☐ **Yes** **A grease trap/interceptor is <u>not</u> required at my facility, pursuant to 248 C.M.R. 2.09(2).**
I request an amendment to the group permit. (Your request must explain in detail why a trap/interceptor is not required and must include a letter from your local Plumbing Inspector that indicates that the food processing discharge from your facility does not require a grease trap/interceptor.)

19. Do you operate a laboratory at your facility?
☐ Yes ☐ No

20. Describe the operations that are conducted in the laboratory

_____

_____

_____

21. List any chemicals or solvents, other than pesticides (see #22, below), used in the laboratory that were not listed in your answer to question #16.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Are pesticides applied at your facility? ☐ Yes ☐ No

23. If the answer to the question above is *yes*, indicate the name, location where each pesticide is applied and its frequency of application per year at the facility:

	Name of pesticide applied	Location of application	Application frequency/year
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

24. Is the pesticide applied by a licensed applicator? ☐ Yes ☐ No

25. List the name and address of the licensed company that applies each pesticide at your facility:

Name and address of licensed applicator	Name of pesticide applied
_____	_____
_____	_____
_____	_____
_____	_____

26. Check below each type of waste that is hauled from your facility: *(Include food processing/laboratory wastes that go to a holding tank for later disposal off site by a licensed hauler.)*

Waste Type	Estimated Gallons/Year
Food processing (*Operations listed in question #3*)	
Equipment/vessel washdown	
Floor washdown	
Fruits/vegetables/produce grindings	
Cleaning solutions	
Rinsewater from produce wash	
Rinses containing spent/discarded food products	
Spent grease wastes from grease trap/interceptor	
Spent cooking grease from deep frying equipment	
Spent chemicals/organic solvents from the laboratory	
Pesticides	
Waste oil from machinery	
Thinner	
Paint	
Sludge	
Other_____	

27. State the name and address of any waste hauler(s) employed by your facility for the wastes listed above *(list name and address of each):*

Name & Address of hauler	Indicate waste type hauled off site
_____	_____
_____	_____
_____	_____

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)?** *(For example, 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)?** *(For example, 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 11.00.*) ☐ 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.**

PLEASE ATTACH THE FOLLOWING MATERIALS:

a. System diagram showing all food processing and grease trap(s)/interceptor(s) (pretreatment components); connections between system components and the sanitary sewer or holding tank(s); and, point(s) where treated wastewater(s) combine with other wastewater(s) prior to mixing with sanitary wastes.

b. Provide a drawing for each under sink and in-ground grease trap/interceptor. The drawings must indicate the dimensions in feet.

c. Copy of a manifest for each type of regulated hazardous waste hauled from your facility, if any.

d. A list of brand names, and product descriptions of pesticide chemicals used in the facility or MSDSs for each pesticide applied at the facility (question #23)

e. Copies of any wastewater analyses for the past 24 months performed on the wastewater discharge(s) from your facility to the sanitary sewer or holding tank(s) not previously submitted to the MWRA.

f. Copy of grease trap servicing records for the past 24 months.

g. Copy of water bills for the past 24 months. (If not available, explain why.)

REMEMBER:

a. If you are requesting permission to clean the grease trap(s)/interceptor(s) less than once every three months, you must include your request with this NOI and enclose copies of grease trap/interceptor servicing records for the past 12 months.

b. If your facility does not have a grease trap/interceptor and/or you are requesting permission not to install one at your facility, you must include with this NOI a letter from your local Plumbing Inspector that indicates that the food processing discharge from your facility does not require a grease trap/interceptor.

c. If you are requesting permission to discharge the incoming water pretreatment filter backwash or other incoming water treatment reject water into the sanitary sewer or request approval to continue to discharge the streams to the sanitary sewer. Your request for approval must contain a report that:

1) identifies the flow and frequency of each identified stream, including the:
   a) frequency of discharge (e.g. once per week, once every 2 hours, etc.),
   b) duration of discharge (e.g. two hours at a time, etc.),
   c) total volume of discharge (average daily flow, maximum daily flow, and average flow per year in gallons),
   d) location of each discharge (the sewer connection of each discharge, each pretreatment system, and sampling location through which the discharge flows).
2) provides sampling analyses for each stream as follows: pH, Copper, Lead, and Zinc.
3) identifies alternative ways to recycle and/or reuse the water within the facility, how much water may be so reused or recycled, and a schedule for implementing such reuse. If the you conclude there are no available options, the report should discuss the options that were considered and why you rejected those options.

d. If you require written authorization to sign this form, attach the written authorization (see the explanation on the next page for who can sign this form and when written authorization is required).

e. Sign the form on the next page.

CERTIFICATION

- ***IMPORTANT! Only certain persons may sign the certification for this form:***

The Applicant shall submit the Certification Form required by this NOI. This certification form shall be signed and dated by an Authorized Representative. An Authorized Representative is a:

(a) Responsible corporate officer, if the Applicant is a corporation. For the purpose of this requirement, a responsible corporate officer means a 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 the manager of one or more manufacturing, production, or operating facilities, provided, the manager is 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 the permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) General partner or proprietor if the permittee is a partnership or sole proprietorship respectively.

(c) Duly authorized representative of the individual designated in (a) or (b) of this section if:

i) the authorization is made in writing by the individual described in (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, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company;
iii) the written authorization is submitted to the MWRA.

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the permittee, a new authorization satisfying the requirements of this section must be submitted to the MWRA prior to or together with the next report required of the Applicant.

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: _____

Print the name of the person whose signature is above: _____

Title: _____ Date: _____

END OF NOI