Landfills discharging landfill leachate, directly or indirectly to Massachusetts Water Resources Authority’s (MWRA’s) Sewerage System must have a Landfill Discharge Permit issued by the MWRA. Attached is a Landfill Discharge Permit Application. Instructions for completing and filing the Application are given below.

1. Answer all questions as thoroughly as possible.

2. The Application must be signed and dated by an Authorized Representative of the landfill to be valid.

3. For the questions that 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. Attach a copy of evidence of the property title (for example, a deed of land ownership) for the sanitary landfill.

7. If you operate a leachate pretreatment system and you have not already done so, submit to the Massachusetts Department of Environmental Protection (MADEP) a request for 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:

   Massachusetts Department of Environmental Protection
   Board of Certification
   DEP Training Center
   Route 20
   Millbury, MA 01527

8. Keep a copy of this completed Application for your records.
9. You must submit a completed Application to the MWRA no later than **60 days** before your current permit expires in order for your current permit to remain in effect pending a decision on your Application.

MWRA Address:  
**Massachusetts Water Resources Authority**  
Toxic Reduction and Control  
Chelsea Facility  
Two Griffin Way  
Chelsea, MA 02150-3334

Municipality Addresses:  
See Attached Municipal List

10. If the landfill is owned and operated by an entity other than the municipality in which it is located, a copy of the completed Application must also be sent to the municipality. A list of municipal addresses is attached.

11. If you have any questions, please contact the MWRA Industrial Coordinator for the municipality in which you are operating. A list of MWRA Industrial Coordinators is attached.
MASSACHUSETTS WATER RESOURCES AUTHORITY
LANDFILL DISCHARGE PERMIT APPLICATION

TOXIC REDUCTION AND CONTROL
CHELSEA FACILITY
TWO GRIFFIN WAY
CHELSEA, MASSACHUSETTS 02150-3334

CONTENTS

SECTION A  GENERAL INFORMATION
SECTION B  LANDFILL USE AND DESIGN
           INFORMATION
SECTION C  LANDFILL OPERATIONAL
           INFORMATION
SECTION D  LANDFILL LEACHATE INFORMATION
SECTION E  ANALYTICAL RESULTS
SECTION F  SANITARY SEWER AND STORM SEWER
           CONNECTION INFORMATION
SECTION G  VEHICLE MAINTENANCE
SECTION H  REQUIRED DOCUMENTS SUBMISSIONS
SECTION I  OTHER FILINGS

Permit Number_______________________  Landfill Name______________________________

Landfill Address______________________________
SECTION A - GENERAL INFORMATION

**Facility location** (where your landfill is located and a contact person on the premises):

- **MUNICIPALITY or 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):

- **MUNICIPALITY or BUSINESS NAME:**
- **CORPORATE NAME (if different):**
- **ADDRESS:**
- **CITY/TOWN:**
- **STATE AND ZIP CODE:**
- **CONTACT NAME:**
- **CONTACT TITLE:**
- **PHONE (INCLUDE AREA CODE):**
- **FAX:**
- **E-MAIL:**

*E-mail Address - required if you want the MWRA to send you e-mail when it receives analytical data from your laboratory via the e-SMART program.*

**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:**
<table>
<thead>
<tr>
<th>Monitoring location (where your landfill leachate can be sampled):</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUNICIPALITY or BUSINESS NAME:</td>
</tr>
<tr>
<td>CORPORATE NAME (if different):</td>
</tr>
<tr>
<td>ADDRESS:</td>
</tr>
<tr>
<td>CITY/TOWN:</td>
</tr>
<tr>
<td>STATE:</td>
</tr>
<tr>
<td>CONTACT NAME:</td>
</tr>
<tr>
<td>CONTACT TITLE:</td>
</tr>
<tr>
<td>PHONE (INCLUDE AREA CODE):</td>
</tr>
<tr>
<td>FAX:</td>
</tr>
<tr>
<td>E-MAIL:</td>
</tr>
</tbody>
</table>

1. Check One:  
   - [ ] Existing Discharge  
   - [ ] Proposed Discharge  
   
   Date discharge began: ________________  
   Anticipated date of initial discharge: __________
SECTION A - GENERAL INFORMATION

2. Name and Title of Authorized Representative (see next page for definition):

Note to Authorized Representative: In accordance with 40 CFR 403.14 and 360 CMR 10.011, information that identifies 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 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 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  Print the name of Authorized Representative

______________________________  ________________________________
Title  Date
SECTION A - GENERAL INFORMATION

Definition of Authorized Representative

For municipally owned landfills, an authorized representative is:

a) The principal executive officer, ranking elected official, or other duly authorized employee if such employee is responsible for the overall operation of the landfill.

b) the duly authorized representative of the individual designated in (a) of this section if:

   i) the authorization is made in writing by the individual described in (a);

   ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the discharge originates, such as the position of operator of the landfill, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the municipality; and

   iii) the written authorization is submitted to the MWRA.

For privately owned landfills, an authorized representative is:

(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.
SECTION B – LANDFILL USE AND DESIGN INFORMATION

1. What is the current operating status of the landfill?
   □ Active  Provide commencement date: ____________
   □ Inactive  Provide commencement and closure dates: ____________

2. Provide a brief history of the landfill’s ownership and uses. (Attach a separate sheet if necessary.)

   ____________________________________________
   ____________________________________________
   ____________________________________________

3. Indicate the predominant types of wastes deposited in the landfill as defined in DEP’s Solid Waste Management Regulations at 310 CMR 19.006.
   □ Commercial Solid Waste  □ Special Waste
   □ Construction and Demolition Waste  □ Sludge
   □ Hazardous Waste  □ Wood Waste
   □ Household Hazardous Waste  □ Agricultural Waste
   □ Municipal Solid Waste  □ Source, special nuclear by-product material as defined by the Atomic Energy Act 1954, as amended
   □ Septage and sewage as defined as 360 CMR 10.004
   □ Other (describe):

4. What is the total area of the landfill? ____________ Acres

SECTION C – LANDFILL OPERATIONAL INFORMATION

1. Shift schedule:
   First shift  start_______  stop_______  # of employees ________
   Second shift  start_______  stop_______  # of employees ________
   Third shift  start_______  stop_______  # of employees ________
SECTION C – LANDFILL OPERATIONAL INFORMATION (continued)

2. Identify any security features utilized:
   - □ Perimeter fence and locked gates  Shift(s) or hours of operation: ______________
   - □ Security guard on duty  Shift(s) or hours of operation: ______________
   - □ Surveillance by local police  Shift(s) or hours of operation: ______________
   - □ Other (describe): ______________  Shift(s) or hours of operation: ______________

3. Are any waste liquids or sludge removed from the facility site? □ Yes  □ No
   If yes, they may be best quantified as:

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Use the applicable units)</td>
</tr>
<tr>
<td></td>
<td>Gallons/Year, Cubic Feet/Year, or Cubic Yard/Year</td>
</tr>
<tr>
<td>Waste Solvent</td>
<td>_________</td>
</tr>
<tr>
<td>Oil (petroleum-based)</td>
<td>_________</td>
</tr>
<tr>
<td>Grease (animal/vegetable-based)</td>
<td>_________</td>
</tr>
<tr>
<td>Pretreatment Sludge</td>
<td>_________</td>
</tr>
<tr>
<td>Inks/Dyes</td>
<td>_________</td>
</tr>
<tr>
<td>Thinner</td>
<td>_________</td>
</tr>
<tr>
<td>Paints</td>
<td>_________</td>
</tr>
<tr>
<td>Acids and Alkalis</td>
<td>_________</td>
</tr>
<tr>
<td>Pesticides</td>
<td>_________</td>
</tr>
<tr>
<td>Other</td>
<td>_________</td>
</tr>
</tbody>
</table>

4. Attach a copy of the most recent Hazardous Waste Manifest for each applicable waste listed above. In place of Manifests, Large Quantity Hazardous Waste Generators may submit a copy of Part III, the Waste Summary, from their DEP Annual Waste Report.

5. State the name and address of any waste hauler(s) you have under contract to remove waste from the facility.
   ___________________________  ___________________________
   ___________________________  ___________________________
   ___________________________  ___________________________
SECTION D – LANDFILL LEACHATE INFORMATION

1. What is the average leachate generation rate under dry and wet weather conditions?
   ________ Gallons/Day (dry weather) ________ Gallons/Day (wet weather)

2. Is the leachate treated prior to disposal? □ Yes □ No
   If yes, provide a thorough description of the pretreatment system, indicate its location, and
   provide a process flow diagram of the pretreatment system. If more space is needed attach
   additional pages.

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   If yes, what is the pretreated leachate flow rate in Gallons/Day (GPD)? (Indicate measured or estimated)
   For dry weather:
   Average: _______________ GPD □ Measured □ Estimated
   Maximum: _______________ GPD □ Measured □ Estimated
   Minimum: _______________ GPD □ Measured □ Estimated
   For wet weather:
   Average: _______________ GPD □ Measured □ Estimated
   Maximum: _______________ GPD □ Measured □ Estimated
   Minimum: _______________ GPD □ Measured □ Estimated

   Are flow records kept? □ Yes □ No

   Do you have a flow-measuring device? □ Yes □ No
   If yes, provide a description: ________________________________

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

4. List the name(s) and DEP operator grade(s) for certified pretreatment system operators working at
   your facility.
   Operator Name_____________________ Grade_______
   Operator Name_____________________ Grade_______
   Operator Name_____________________ Grade_______

5. What is your method of disposal for sludge resulting from the pretreatment of leachate?
   □ Return it to the landfill
   □ Other (describe) ________________________________

SECTION E – ANALYTICAL RESULTS

Please attach the analytical results for the past 12 month period of monitoring required by 310 CMR
19.132, including results from surface water, ground water leachate, secondary leachate collection, and
leak detection systems.
SECTION F – SANITARY SEWER AND STORM SEWER CONNECTION INFORMATION

1. Please list the landfill sanitary sewer connections (assign a sequential connection number to each sewer connection). If there are more than 3 connections, attach additional connection information on a separate sheet of paper.

<table>
<thead>
<tr>
<th>Connection Number (GPD)</th>
<th>Sewer Size (Inches)</th>
<th>Descriptive Location of Sewer Connection or Discharge Point</th>
<th>Pre-Treatment? (yes or no)</th>
<th>Avg. Measured (M) Flow Rate Estimated (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<tr>
<td>#3</td>
<td></td>
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</tbody>
</table>

2. Provide a description of the storm water drainage system as required by 310 CMR 19.130(19) and the following connection information. Provide the slope and/or design flow for drains.

<table>
<thead>
<tr>
<th>Connection Number</th>
<th>Drain Size (Inches)</th>
<th>Descriptive Location of Storm Connection or Discharge Point</th>
<th>Maximum Flow Rate (gpd)</th>
<th>Measured (M) Estimated (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<td>#3</td>
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</tbody>
</table>
SECTION G – VEHICLE MAINTENANCE AND STORAGE

1. Is there a garage located on the site? □ Yes □ No
   If yes, please indicate the approximate number of vehicles stored: ______

2. Are there floor drains located in the garage? □ Yes □ No

3. Are vehicles or other equipment washed on site? □ Yes □ No
   If yes, please describe the types of vehicles and equipment washed: ____________________________
   ____________________________
   ____________________________
   ____________________________

4. Identify any other on-site maintenance performed on vehicles or equipment: ________________
   ____________________________
   ____________________________
   ____________________________

Attach copies of Material Safety Data Sheets (MSDS) for all detergents and chemicals used in the garage.
SECTION H – REQUIRED DOCUMENTS SUBMISSIONS

With this application, the applicant must submit the following documents that are applicable to the landfill. For each document that you do not submit, indicate below the reason why you have not submitted the document. If a document is inapplicable to the landfill, explain why. (For example, if you have not included a variance request because the landfill has not requested a variance, so indicate.):

a) Site assignment made pursuant to MGL c. 111 §§ 150 A and 150A\(1/2\).
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

b) Application for a solid waste management facility permit made to DEP (include all documents provided to DEP). See 310 CMR 19.030.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

c) DEP final permit decision. See 310 CMR 19.036.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

d) Any modifications to the permit from DEP. See 310 CMR 19.040.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

e) Authorization to operate from DEP. See 310 CMR 19.042.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

f) Closure and post-closure plans not part of the application for a solid waste management facility permit submitted to DEP. See 310 CMR 19.045 and 19.140.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

g) Any written approval from DEP to handle special waste. See 310 CMR 19.061.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

h) Any variances requests and variance approvals or denials. See 310 CMR 19.081.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)

i) Any enforcement actions taken in the last five years and any enforcement actions that are unresolved. See 310 CMR 19.081 and 19.082.
   Submitted with application:      [ ]YES    [ ]NO  (Explain why you have not submitted the document)
SECTION H – REQUIRED DOCUMENTS SUBMISSIONS (continued)

j) The most recent completed landfill assessment. See 310 CMR 19.150.
   Submitted with application:  [ ] YES  [ ] NO  (Explain why you have not submitted the
document)___________________________________________________________________
   _______________________________________________________________________

k) Any corrective action designs submitted to and approved by the DEP within the last five years,
   the DEP approval, and progress reports submitted to DEP to implement the corrective action.
   Include corrective action designs submitted and approved earlier than five years ago, the DEP
   approval, and progress reports, if the implementation is not complete. See 310 CMR 19.151.
   Submitted with application:  [ ] YES  [ ] NO  (Explain why you have not submitted the
document)___________________________________________________________________
   _______________________________________________________________________

l) Any NPDES permit for the landfill, including any pending NPDES permit application.
   Submitted with application:  [ ] YES  [ ] NO  (Explain why you have not submitted the
document)___________________________________________________________________
   _______________________________________________________________________
SECTION I - 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.

1. 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 2.

2. If your answer to question 1 is “yes:"
   a) Have you provided the required project notification form (950 CMR 71, Appendix A) to the MHC? □ Yes □ No
   b) 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.

3. 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 4.

4. If your answer to question 3 is “yes:"
   a) Have you made the required MEPA filing? □ Yes □ No
   b) 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.