



State of Rhode Island and Providence Plantations

West Warwick Regional

WASTEWATER TREATMENT FACILITY

WEST WARWICK, RHODE ISLAND 02893

www.westwarwickri.org

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02893
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WASTEWATER DISCHARGE PERMIT APPLICATION LAUNDRIES / LAUNDROMATS / DRY CLEANERS

RETURN TO:
WEST WARWICK SEWER COMMISSION
ONE PONTIAC AVENUE
WEST WARWICK, RI 02893
Tel: (401) 822-9228
Fax: (401) 823-3620

All sections of this permit application must be completed and properly signed by an official of the firm requesting to be issued a discharge permit in order for the Town of West Warwick's Pretreatment Program to properly process this document. Submission of pretreatment plans, process plans, Spill and Slug Control plans, water bills, etc., with this application, if indicated within as being necessary, will expedite the permit issuance process. Please note that the discharge of process wastewater prior to the issuance of a discharge permit is a violation of the Town of West Warwick's Sewer Use Ordinance and can subject the violator to an administrative penalty of up to \$25,000 per violation per day. Should you require assistance in completing this document, do not hesitate to contact the pretreatment staff at (401) 822-9228.

WASTEWATER DISCHARGE PERMIT APPLICATION

PLEASE PRINT OR TYPE

SECTION A: GENERAL INFORMATION - Check all that apply:

_____ PROPOSED DISCHARGE
 _____ EXISTING DISCHARGE

1. Standard Industrial Classification Code(s) (SIC): _____
2. Company Name: _____
3. Facility Mailing Address: _____
4. Facility Premise Address: _____
5. Business Phone Number: _____

6. Does the company own or rent the facility? _____ If rented, provide the name and the address of the property owner below:

Property Owner's Name: _____

Property Owner's Address: _____

7. Designate Company Organization:

_____ Sole Proprietorship _____ Corporation _____ Partnership

If the company organization is designated as a corporation, then Section 7(b) must be completed:

7b. A Corporation under the laws of _____, composed of officers as follows:

<u>Name</u>	<u>Home Address</u>	<u>Home Phone #</u>
_____ President	_____	_____
_____ Vice President	_____	_____
_____ Secretary	_____	_____
_____ Treasurer	_____	_____

SECTION A: GENERAL INFORMATION (CONTINUED):

8. Name, Title and Home Address of company owner(s) if sole proprietorship or partnership:

Name _____ Title _____
Home Address _____
Home Telephone _____

Name _____ Title _____
Home Address _____
Home Telephone _____

Name _____ Title _____
Home Address _____
Home Telephone _____

9. Lit names of all agents authorized to make submittals to the Town of West Warwick (attach additional sheet, if necessary):

Name _____ Title _____
Home Address _____
Home Telephone _____

Name _____ Title _____
Home Address _____
Home Telephone _____

NOTE: The Town of West Warwick will accept the above-named person(s) as the company's authorized agent(s) until notified otherwise.

An authorized agent or authorized company representative is:

- (1) a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws, or
- (2) a person elected by a vote of the directors if the company is a corporation;
- (3) a general partner or proprietor if the company is a partnership or sole proprietorship respectively;
- (4) a duly authorized representative with the responsibility of the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results, and other documents in the company's name and otherwise bind the company.

Please complete the Designation of Authorized Agent section of this application to designate an authorized representative to make submittals to the Town of West Warwick on behalf of your firm. The Town of West Warwick will not accept documents signed by persons other than the Company's authorized agent(s) or authorized representative(s).

SECTION A: GENERAL INFORMATION (CONTINUED):

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted 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 Company Official
 _____ (Company Seal, if applicable)

Any information submitted to the Town of West Warwick pursuant to the pretreatment regulations and requirements authorized by R.I.G.L. 46-25-25 et seq. may be claimed as confidential by the submitter. This claim must be asserted at the time of the submission in the manner described below. If no claim is made at the time of the submission, the Town of West Warwick or authorized state or federal agencies may make the information available to the public without further notice. Effluent data, however, shall at all times be available to the public without restriction.

A business confidentiality claim may be asserted by attaching or placing on this information, a cover sheet, or a stamped or typed legend upon each page, or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential". Allegedly confidential portions of otherwise non-confidential documents should be clearly identified as such, and may be submitted separately to facilitate identification and handling by the Pretreatment Program of the Town of West Warwick. If confidential treatment is desired only until a certain date or until the occurrence of a certain event, this should also be clearly indicated. Information covered by such claims will be disclosed only to the extent, and by means of the procedures, set forth in the Federal EPA regulations at 40 CFR 2.

SECTION B: FACILITY OPERATIONAL INFORMATION

- Number of washing machines at facility: _____
 What size? (Capacity in pounds) _____
 How many pounds of laundry are washed per day? _____

- Normal Hours of Operation:

Monday	_____	Tuesday	_____	Wednesday	_____
Thursday	_____	Friday	_____	Saturday	_____
Sunday	_____				

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

3. List all sources of water (city, well, etc.):

Source	Quantity Used Daily (Estimate for New Facility)	
_____	_____	gallons per day
_____	_____	gallons per day
_____	_____	gallons per day

4. List Water Bill Account Number: _____
Water Meter Serial Number: _____
(Attach copy of most recent water bill)

Are there any methods of water conservation practiced by your facility?
Yes _____ No _____

If yes, please explain:

5. Is this facility an industrial/commercial laundry or a coin-operated laundry?

If industrial/commercial laundry, are any of the following items cleaned at your facility:

Oily Rags	_____	Restaurant Linens	_____
Shop Rags	_____	Uniforms	_____
Other	_____		

6. How are solids removed from the water?

Lint Traps _____ Settling Pits _____

7. Is any sludge generated? _____ Yes _____ No

If yes, how is raw sludge disposed of?

SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED):

8. What is the temperature of your effluent? _____
Are there any heat exchange systems used? _____ Yes _____ No

9. Are there any dry cleaning operations at this facility: _____ Yes _____ No
If yes, what solvent is used for dry cleaning operations? _____

Is dry cleaning solvent reclaimed on site? _____ Yes _____ No
If yes, describe the solvent reclamation procedure: _____

Is any cooling water used for the dry cleaning process? _____ Yes _____ No
If yes, please explain: _____

Is a solvent/water separator located on the dry cleaning unit? _____ Yes _____ No
If yes, detail where the solvent and water streams discharge: _____

10. Does your facility have a boiler room: _____ Yes _____ No
If yes, what type of fuel is utilized? _____

If yes, list all discharges from the boiler room (blowdown condensate, etc.)

<u>Wastewater Source</u>	<u>Gallons Per Day Discharged</u>
_____	_____
_____	_____
_____	_____
_____	_____

Any floor drains, discharge, sumps, or open sewer connections located in the boiler room?
_____ Yes _____ No

SECTION C: DESIGNATION OF AUTHORIZED AGENT

I, _____, certify that I am the
_____ of _____
and that _____ is authorized to
make submittals to the Town of West Warwick on behalf of _____
and that said submittals are duly signed for and in behalf of said corporation by authority of its
governing body, and are within the scope of its corporate powers.

(Corporate Seal)