



*State of Rhode Island and Providence Plantations*

*West Warwick Regional*

WASTEWATER TREATMENT FACILITY

WEST WARWICK, RHODE ISLAND 02893

[www.westwarwickri.org](http://www.westwarwickri.org)

1 Pontiac Ave., West Warwick, RI  
Telephone: (401) 822-9228  
Telephone: (401) 822-9229  
Fax: (401) 823-3620

## **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		

**WASTEWATER DISCHARGE PERMIT APPLICATION**

**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. List 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).



**WASTEWATER DISCHARGE PERMIT APPLICATION**

**SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED)**

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

<u>Source</u>	<u>Quantity Used Daily (Estimate for New Facility)</u>
_____	_____ 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

8. If yes, how is raw sludge disposed of? \_\_\_\_\_

\_\_\_\_\_

**WASTEWATER DISCHARGE PERMIT APPLICATION**

**SECTION B: FACILITY OPERATIONAL INFORMATION (CONTINUED)**

9. What is the temperature of your effluent: \_\_\_\_\_

Are there any heat exchange systems used: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

10. 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: \_\_\_\_\_

\_\_\_\_\_

11. 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.)

Wastewater Source

Gallons Per Day Discharged

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any floor drains, discharge, sumps or open sewer connections located in the boiler room?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**WASTEWATER DISCHARGE PERMIT APPLICATION**

**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.

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

(Corporate Seal)