

State of Rhode Island and Providence Plantations

West Warwick Regional

WASTEWATER TREATMENT FACILITY WEST WARWICK, RHODE ISLAND 02893 1 Pontiac Ave., West Warwick, RI Telephone: (401) 822-9228 Telephone: (401) 822-9229 Fax: (401) 823-3620

www.westwarwickri.org

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.

PLEASE PRINT OR TYPE

SEC1	<u>FION A:</u> <u>GENERAL IN</u>	FORMATION – Check all that apply				
	PROPOSED DISCHAR	GEEXISTING	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 Add	ress:				
7.	Designate Company (Designate Company Organization:				
	Sole Proprietorship Corporation		onPartnership			
	If the company orga completed:	nization is designated as a Corpo	pration, then Section 7(b) must be			
7b.	A Corporation under the laws of, composed of officers as follows:					
	<u>Name</u>	Home Address	Home Phone #			
	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:	
Home Address:	
Home Telephone:	
Name:	Title [.]
Home Address:	
Home Telephone:	
List names of all agents authorized to make submittals to additional sheet, if necessary):	o the Town of West Warwick (attach
Name:	Title:
Home Address:	
Home Telephone:	
Name:	
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).

9.

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. <u>may be claimed as confidential</u> by the submitter. This claim <u>must be asserted at the time of the submission</u> in the manner described below. If no claim is made at the time of submission, the Town of West Warwick, or authorized State or Federal agencies, may make the information <u>available to the public without further notice</u>. 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 40CFR2.

SECTION B: FACILITY OPERATIONAL INFORMATION

1.	Number of washing machines at facility:			
	What size? (capacity in pounds):			
	How many pounds of laundry are washed per day?			
2.	Normal Hours of Operation:			
	Monday	Tuesday	Wednesday	
	Thursday	Friday	Saturday	
	Sunday			

SECT	ION B:	FACILITY OPERATIONAL INFORMATION (CONTINUED)			
3.	List all	Il sources of water (city, well, etc.):			
Sourc	e	Quantity Used Daily (Estimate for New Facility)			
			gallons per day		
			gallons per day		
			gallons per day		
4. 5.	Water (Attack Are the If yes,	ater Bill Account Number: Meter Serial Number: n copy of most recent water bill) ere any methods of water conservation practiced by your facility? _Yes No please explain: 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 Ra				
	Shop F	Rags Uniforms			
	Other				
6.	How a	re solids removed from the water?			
	Lint Tr	aps Settling Pits			
7.	ls any	sludge generated:YesNo			
8.	lf yes,	how is raw sludge disposed of?			

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			
	If yes, what solvent is used for dry cleaning operations?				
	Is dry cleaning solvent reclaimed on site:	Yes			
	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 un	it?Yes	No		
	If yes, detail where the solvent and water streams discharg	je:			
11.	Does your facility have a boiler room?	Yes			
	If yes, what type of fuel is utilized?				
	If yes, list all discharges from the boiler room (blowdown condensate, etc.)				
	Wastewater Source Ga	llons Per Day Discharged			
	Any floor drains, discharge, sumps or open sewer connect	ions located in the boiler roo	m?		

_____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.	
Signed by:	

Title: _____

(Corporate Seal)