



## INDUSTRIAL/COMMERCIAL HAULED WASTE PERMIT APPLICATION (BASELINE MONITORING REPORT)

(Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.12 (b) & 403.14, information and data provided herein which identifies the nature and frequency of the discharge shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.)

1. **Corporate/Company Name:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. **Facility Premise address:** \_\_\_\_\_
4. **SIC Number(s):** \_\_\_\_\_
5. **Person to Contact Concerning Information Provided Herein:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
6. **Name of Owner:** \_\_\_\_\_
  - a. **Certified Statement:**  
Are Upper Blackstone's Sewer and Pretreatment Standards for this company being met on a consistent basis?  
( ) yes ( ) no
  - b. **Year of Incorporation:** \_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported here, I believe that the submitted information is true, accurate, and complete. Furthermore, I certify that the results of process effluent sampling and analysis submitted with this application are representative of normal work cycles and expected hauled waste loads. I have also, read and understand Upper Blackstone Clean Water's Sewer and Pretreatment Regulations.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

### SUBMIT THIS FORM TO:

Upper Blackstone Clean Water, 50 Route 20, Millbury, MA 01527 or [pretreatment@ubcleanwater.org](mailto:pretreatment@ubcleanwater.org).

7. **Listing of all Environmental Permits (issued by local, State, and Federal agencies) held by this corporation/company for this operating location:**

Permit Name	Issuing Agency	Effective Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. **PRODUCT OR SERVICE INFORMATION**

a. Narrative description of manufacturing, principal product and/or service activity at premise address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Principal Raw Materials Used and/or chemicals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Origin of wastewater:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **COMMERCIAL AND LARGE CAPACITY SEPTIC SYSTEMS:**

a. What type of system in use?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. List each type of tank and capacity.

Tank	capacity
_____	_____
_____	_____
_____	_____

10. **DISCHARGES**

Total amount of wastewater in gal/month: \_\_\_\_\_

Frequency of loads: \_\_\_\_\_

For Commercial System, list each type of wastewater separately to be discharged with the frequency and amount.

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10. **LISTING OF SUBSTANCES AND CONCENTRATIONS THAT MAY BE PRESENT IN LOAD**

a. List substances:

Substance	concentration
_____	_____

Substance	concentration
_____	_____
_____	_____

b. Sample and provide analysis, conducted in accordance with the techniques prescribed in 40 CFR Part 136 or otherwise approved by the U.S. Environmental Protection Agency the following parameter as requested.

Arsenic, Beryllium, Cadmium, Chromium, Copper, Lead, Mercury, Nickel, Silver, Zinc, Cyanide, pH, Total Phosphorus, Total Nitrogen, Aluminum, Fats, oil and grease.

11. **CONTRACTED HAULER(S) (Contracted haulers must be licensed by Upper Blackstone prior to hauling)**

Name	Number
_____	_____
_____	_____
_____	_____
_____	_____

12. **SPILL PREVENTION**

a. Does the facility have a written Spill Prevention Plan?  
( ) yes ( ) no ( ) not applicable

b. If no, describe equipment and practices used for spill prevention

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