



MASSACHUSETTS WATER RESOURCES AUTHORITY

ONE-TIME ONLY DISCHARGE REQUEST

Return the completed form submittal to:
Massachusetts Water Resources Authority
TRAC
Chelsea Facility
2 Griffin Way
Chelsea, MA 02150

Category: 1T

Transaction Code: 166

MWRA Permit Number: _____

Permit Information (Primary person to contact for this form submittal)

Permit Contact Name: _____
Permit Contact Title: _____
Permit Address: _____
Permit Contact Telephone No. _____
Permit Contact Fax No.: _____
Permit Contact Email: _____

Facility - Physical Location of Discharge:

Facility Contact Name: _____
Facility Contact Title: _____
Facility Address: _____
Facility Contact Telephone No. _____
Facility Contact Fax No.: _____
Facility Contact Email: _____

Billing Information:

Billing Contact Name: _____
Billing Contact Title: _____
Billing Address: _____
Billing Contact Telephone No.: _____
Billing Contact Fax No.: _____
Billing Contact Email: _____

Owner/Applicant Name

Owner/ Applicant Title

Owner/Applicant Signature

Date

Please, return this completed form along with a check, payable to Massachusetts Water Resources Authority, in the amount of **\$150.00** for the initial implementation charge. An additional charge of \$50.00 per hour will be assessed to any request requiring over three hours to process. **Note: Your request will not be processed until the initial implementation charge payment is received and a determination letter will not be issued until payment for all additional charges is received.**

PROVIDE INFORMATION FOR THE ITEMS CHECKED BELOW:

Source of wastewater:

Proposed volume in gallons of wastewater discharged into the MWRA Sanitary Sewer System : _____ Gallons

Provide copy of analytical data: (attach) *Check all that applies*

Parameter	Recommended EPA Method	Parameter	Recommended EPA Method
<input type="checkbox"/> TTO (Volatile Organic Fraction)	624.1	<input type="checkbox"/> Cadmium (total)	200.7
<input type="checkbox"/> TTO (Extractable Organics Fraction)	625.1	<input type="checkbox"/> Chromium (total)	200.7
<input type="checkbox"/> Chromium (+6)	218.4	<input type="checkbox"/> Copper (total)	200.7
<input type="checkbox"/> pH	SM 4500H+B	<input type="checkbox"/> Lead (total)	200.7
<input type="checkbox"/> Pesticides	608.3	<input type="checkbox"/> Nickel (total)	200.7
<input type="checkbox"/> PCB	608.3	<input type="checkbox"/> Silver(total)	200.7
<input type="checkbox"/> Total Suspended Solids	2540D	<input type="checkbox"/> Zinc (total)	200.7
<input type="checkbox"/> Biochemical Oxygen Demand (5 Day)	5210B	<input type="checkbox"/> Arsenic (total)	200.7
<input type="checkbox"/> Phenol	625.1	<input type="checkbox"/> Mercury (total)	245.1
<input type="checkbox"/> Acrolein	603	<input type="checkbox"/> Selenium (total)	200.7
Oil and Grease ** **Required analytical method for Total Fats, Oils and Grease is Method 1664.	1664A42	<input type="checkbox"/> Antimony	200.7
<input type="checkbox"/> OTHER: Provide Name: _____	Test Method _____	<input type="checkbox"/> Cyanide (Total)	335.4
<input type="checkbox"/> OTHER: Provide Name: _____	Test Method _____	<input type="checkbox"/> Molybdenum	200.7

Provide Description of pretreatment of wastewater to be discharged

PROPOSED HOURS OF DISCHARGE: From: _____ To: _____

PROPOSED DATES OF DISCHARGE: From: _____ To: _____

SAFETY DATA SHEETS (SDSs), (attach)

MUNICIPAL APPROVAL/DENIAL LETTER, (attach):

OTHER ATTCHMENT: _____