



## Massachusetts Department of Environmental Protection

### Bureau of Resource Protection – Individual Permits

Groundwater Discharge Permits,  
Reclaimed Water Use Permit or  
Permit Renewal/Modification

X256936

Transmittal Number #

Facility ID/Permit # (if  
known)

Application for Permit to Discharge to Groundwaters of the Commonwealth or for  
Reclaimed Water Use

**BRP WP 11** Individual Permit Renewal/Modification with Plan Approval

**BRP WP 12** Individual Permit Renewal/Modification without Plan Approval

**BRP WP 79** Individual Permit for Groundwater Discharge from a Sewage  
Treatment Plant

**BRP WP 84** Individual Permit for Reclaimed Water Use

**BRP WP 85** Individual Permit for Other Groundwater Discharges

### A. General Information

**Important:** When  
filling out forms  
on the computer,  
use only the tab  
key to move your  
cursor - do not  
use the return  
key.



1. Which permit category are you applying for?

- ☐ **BRP WP 11** Individual Permit Renewal/Modification with Plan Approval
- ☐ **BRP WP 12** Individual Permit Renewal/Modification without Plan Approval
- ☒ **BRP WP 79** Individual Permit for Groundwater Discharge from Sewage Treatment Plant
- ☐ **BRP WP 84** Individual Permit for Reclaimed Water Use
- ☐ **BRP WP 85** Individual Permit for Other Groundwater Discharge

*Please Note: In accordance with 314 CMR 5.09, these permit categories may require that a  
Hydrogeological Evaluation be submitted to the Department prior to the submittal of the permit  
application. Please see the application form and instructions for **BRP WP 83**.*

2. Applicant Information:

Fred Knight, Chairman

Contact Name

Wayland Wastewater Management District  
Commission

41 Cochituate Road

Address

Wayland

City/Town

508-358-3696

Telephone

MA

State

01778

Zip Code

fred@knightway.org

Email

3. Applicant Contact Information (if different from above):

John Moynihan

Contact Name

Town of Wayland

Company Name (if applicable)

Facilities Director

Title

41 Cochituate Road

Address

Wayland

City/Town

508-358-3696

Telephone

MA

State

01778

Zip Code

jmoynihan@wayland.ma.us

Email address

4. The legal entity which owns this facility is: ☐ Individual ☐ Private ☐ Corporation

☐ Federal ☐ State/County ☒ Municipality ☐ Other (specify): \_\_\_\_\_



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**A. General Information (cont.)**

5. Facility Information:

Town of Wayland Wastewater Treatment Plant

Name of facility

30 Old Sudbury Road

Address

Wayland

MA

01778

City/Town

State

Zip Code

508-358-3696

Telephone

Email

6. Facility Operator Information:

Give the name, as it is legally referred to, of the person, firm, public organization or other entity which  
will operate the facility described in this application. If the facility owner is also the operator, write  
owner and list mailing address only if different from that listed in number 1 above.

Jeremiah Murphy

WhiteWater, Inc.

Operator Name

Operator Company

253B Worcester Road

Address

Charlton

MA

01507

888-377-7678

City/Town

State

Zip Code

Telephone

License #2791, Grade 6C

jmurphy@rhwhite.com

License Number and Operator Grade

Email address

**B. Project Information**

1. Does the project affect a site of historic or archeological significance, as defined in regulations of the  
Massachusetts Historical Commission, 950 CMR 71.00?

☐ Yes ☒ No

2. Does this project require a filing under 301 CMR 11.00, the Massachusetts Environmental Policy Act?

☐ Yes ☒ No

If yes, has a filing been made? (Please indicate the EOE A File Number)

☐ Yes ☐ No

EOEA File Number

3. Is this a RCRA facility as defined in 314 CMR 8.03? ☐ Yes ☒ No

If yes, submit the information on Form HW contained in 314 CMR 8.20 in accordance with the  
provisions of 314 CMR 8.08.



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**B. Project Information (cont.)**

4. Is the discharge for this facility within:

a. The Zone I, Zone A, Zone II, or Interim Wellhead Protection Area of a public water supply?

☐ Yes ☒ No

b. A private water supply area?

☐ Yes ☒ No

c. A sole source aquifer?

☐ Yes ☒ No

d. 100 feet of an Outstanding Resource Water designated in 314 CMR 4.00, a Special Resource  
Water designated in 314 CMR 4.00, a cold-water fishery as defined in 314 CMR 9.02, a bathing  
beach as defined in 104 CMR 445.000, or a shellfish growing area as defined in 314 CMR 9.02?

☐ Yes ☒ No

e. A nitrogen-sensitive area as designated by the Department in accordance with 310 CMR 15.215?

☐ Yes ☒ No

f. An area where the Department has determined based on a Total Maximum Daily Load or other  
technical report that more stringent effluent limits than those set forth in the General Permit are  
required to achieve or maintain compliance with the Massachusetts Surface Water Quality  
Standards, 314 CMR 4.00?

☐ Yes ☒ No

5. Improvements - Are you required by any Federal, State or local authority to meet any implementation  
schedule for the construction, upgrading or operation of wastewater treatment equipment or practices  
or any other environmental programs which may affect the discharges described in this application?  
This includes, but is not limited to, permit conditions, administrative or enforcement orders,  
enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☒ Yes ☐ No

If yes, answer the following:



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### B. Project Information (cont.)

Description of order or agreement (include enforcement document number, if applicable):

Enforcement Document Number: ACO-NE-12-1N00X

Description:

The Town of Wayland is subject to Administrative Consent Order ACO-NE-12-1N001. The proposed  
discharge will be used in conjunction with the facility's NPDES permit.

Identification No. of Affected Treatment Facility NPDES Permit No. MA0039853

Description of Project

See attached Engineering Design Report

TBD

Final Compliance Date

6. Has a hydrogeologic study been performed to determine the potential impact on the groundwater of  
the discharge or activity?

☒ Yes - Application Transmittal X250635  
Number:

Date of 10/26/12  
Approval:

**Please attach copy of the DEP Hydrogeologic Report Approval Letter.**

☐ No – **STOP: Please Note:** In accordance with 314 CMR 5.09, these permit categories may  
require that a Hydrogeological Evaluation be submitted to the Department prior to the submittal of the  
permit application. Please see the application form and instructions for BRP WP 83.

7. Are there any groundwater monitoring wells currently in place in the vicinity of the discharge or  
proposed discharge?

☒ Yes **If yes, please attach information on the type and location of the wells and  
available monitoring data.**

☐ No

8. Have plans and specifications for the treatment works been approved (see instructions) by the  
Department or if approved prior to July 1975, by the Department of Public Health?

☒ Yes **If yes, please attach copy of plans and specifications and approval letter.**

☐ No



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### B. Project Information (cont.)

9. Is there a local regulation governing the construction of wastewater treatment facilities?

☐ Yes      If yes, please include a copy of the local approval.

☒ No

10. Have opportunities for reclaimed water been evaluated?

☒ Yes

☐ No

### C. Facility Information

1. Facility Status:

☒ Existing

☐ Proposed

2. When did or when will this discharge begin?

1961, reconstructed 2012  
Date of Startup

3. Check type of establishment producing or contributing to discharge:

☒ Residential:

☒ Condominium

☒ Apartment

☐ Elderly Housing

☐ Nursing Home

☒ Other (specify):

Mixed Use Commercial Development

Total # of Bedrooms: \_\_\_\_\_

☒ Municipality

☒ Business

Nature of Business:

Commercial, Office, Restaurant, and Supermarket

☐ School

☐ Other (specify): \_\_\_\_\_



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### C. Facility Information (cont.)

4. Design Flow: 17,000 gpd Title 5 Flow Generation  
Daily Maximum gpd
- a) ☒ Check here if discharge occurs all year, or
- b) List months discharge occurs \_\_\_\_\_
- c) Number of days per week discharge occurs 7
5. Basis for design flow:
- ☐ The State Environmental Code – Title 5
- ☒ Other: 17,000 gpd is based on available groundwater discharge capacity. This is in addition to the plant's existing 52,000 gpd (12-month rolling average) surface water discharge.
6. Type of treatment and disposal system:
- Membrane bioreactor treatment facility with discharge to leaching trench discharge system. See attached Engineering Design Report for additional detail.
- \_\_\_\_\_
- \_\_\_\_\_
7. Location and method of wastewater treatment solids disposal:
- Solids hauled to regional facility (New Bedford) for thickening, dewatering, and incineration.
8. If a commercial establishment:
- A. Are any types of wastewater other than sanitary sewage produced?
- ☐ Yes ☒ No
- If yes: \_\_\_\_\_
- Specify type of wastewater \_\_\_\_\_
- Quantity gpd \_\_\_\_\_
- Method and location of disposal \_\_\_\_\_



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**C. Facility Information (cont.)**

B. Are any hazardous wastes generated?

☐ Yes ☒ No

9. Does or will the treatment/disposal facility receive industrial wastes?

☐ Yes ☒ No

10. Location of Facility:

A. GPS Coordinates:

1) Enter Latitude and Longitude to the nearest whole second for both the wastewater treatment  
facility and the effluent disposal area.

Latitude: 42 d, 21 m, 38.01s N Longitude: 71 d, 21 m, 34.61 s W

2) Provide a narrative description of the site and the feature to be permitted. As an example: "The  
site is on the west side of Main Street, the third building north of High Street. The disposal field  
lies 100 feet off the southwest corner of the building."

3) Attach a site map based on the MassGIS Coordinate Information Tool that clearly indicates the  
site. The Coordinate Information Tool is available at  
[http://maps.massgis.state.ma.us/images/dep/xyinfo/get\\_xy.html](http://maps.massgis.state.ma.us/images/dep/xyinfo/get_xy.html).

B. Provide a topographic map or maps of the area extending at least to one mile beyond the  
property boundaries of the facility which clearly show the following:

- 1) The legal boundaries of the facility;
- 2) The location and serial number of each of your existing and proposed intake and discharge  
structures;
- 3) All hazardous waste management facilities;
- 4) All springs and surface water bodies in the area, plus all drinking water wells within one mile  
of the facility which are identified in the public record or otherwise known to you.
- 5) All Zone II's or IWPA's.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated  
with the facility is located more than one mile from the plant, include it on the map, if possible. If  
not, attach additional sheets describing the location of the structure, disposal site, or well, and  
identify the U.S. Geological Survey (or other) map corresponding to the location.



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### C. Facility Information (cont.)

C. Please list any public or private drinking water supply wells within 2,500 feet of the discharge  
area:

Well Location	Type of Well (Public/Private)	Status (Active/Inactive)	Safe Yield
See Attachment 6			

### 11. Water Supply Data

A. List sources of water supply and annual water consumption for the past five years.

Water Sources	Year 1	Year 2.	Year 3.	Year 4.	Year 5.
See Attachment 7					
1.					
2.					
3.					
Total:					

B. Please show the location of your water sources on the map described in question 10.

### D. Additional Information for Reclaimed Water Use (WP 84)

1. Has a Reuse Management Plan been prepared?

☐ Yes    **If yes, please attach copy.**

☐ No

2. Will the reclaimed water be used by persons other than the permittee?

☐ Yes    **If yes, a Service & Use Agreement must be submitted with the application.**

☐ No





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### D. Additional Information for Reclaimed Water Use (WP 84) (cont.)

3. Has the reclaimed water system been prepared in accordance with all applicable requirements of 248  
CMR 10.00: Uniform State Plumbing Code?

☐ Yes

☐ No

4. List the Reclaimed Water Use(s) as defined by 314 CMR 20.17.

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### E. Additional Information for Other Groundwater Discharges (WP 85)

1. Flows, Sources of Pollution and Treatment Technologies

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more defined descriptions in Item E.1.B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units and outfalls. If a water balance cannot be determined provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each discharge, provide a description of:

- 1) All operations contributing wastewater to the effluent, cooling water and runoff;
- 2) The average flow contributed by each operation; and
- 3) The treatment received by the wastewater. (Attach additional sheets if necessary.)
- 4) With the exception of storm water runoff, leaks, or spills please note if any of the discharges described are intermittent or seasonal.

#### Operations Contributing to Flow:

Identification Number	Operations	Average Flow	Treatment
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>



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**E. Additional Information for Other Groundwater Discharges (WP 85)**

2. Effluent Limitations:

- A. List any pollutant you know or have reason to believe is discharged or may be discharged from the treatment facilities. For every pollutant you list, briefly describe the reason you believe it to be present, its approximate concentration in the discharge and any analytical data in your possession, which will support your statement. Additional wastewater analysis may be required as part of this application.

Pollutant	Concentration	Source	Available Data

- B. Are your operations such that your raw materials, processed, or products can reasonably be expected to vary so that your discharges of pollutants may during the next five years exceed three times the approximate concentrations reported in item 2A?

☐ Yes (please explain) ☐ No

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- C. Are you planning on adding any new processes over the next five years?

☐ Yes (please specify) ☐ No

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- D. Are organic compounds used at your facility?

☐ Yes (please explain) ☐ No

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**E. Additional Information for Other Groundwater Discharges (WP 85)**

3. Were any of the analyses or testing reported in item E.2.A. performed by a contract laboratory or consulting firm?

☐ Yes (provide contact information) ☐ No

Name of Laboratory or Consulting Firm/Contact Person

Address

City/Town

State

Zip Code

Telephone

Email Address

**For Individual permits BRP WP 11, 12, 79, 85, please complete Section F on this form.  
For Reclaimed Water System Permits and renewals of those permits, please skip  
Section F and complete Section G of this form.**

**F. Applicant Certification for Individual Permits BRP WP 11, 12, 79, 85**

1. I hereby acknowledge that it is my responsibility:
- a. to ensure that I understand the "Requirements for Privately Owned Wastewater Treatment Facilities" set forth at 314 CMR 5.15 (1), (2), and (3) and in related provisions of the Ground Water Discharge Permit Program regulations, 314 CMR 5.00, before I provide the certification in paragraph 2, below;
  - b. to ensure that I have compiled, evaluated and/or established all pertinent documents, instruments, records and information necessary to provide the certification in paragraph 2, below; and
  - c. to consult with legal, technical and other qualified professionals, as necessary for me to understand and comply with the above requirements and to make the certification in paragraph 2, below.



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**F. Applicant Certification for Individual Permits BRP WP 11, 12, 79, 85**

2. Based on the foregoing (select either a or b):

- a. ☐ I hereby certify that I have fully and completely satisfied and complied with each and every requirement set forth in 314 CMR 5.15 (1), (2), and (3), as applicable to the existing or proposed privately owned wastewater treatment facility ("PWTF"), for an individual permit issued under 314 CMR 5.00 to construct, install, modify, operate and maintain a PWTF; and will continue to do so until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions.
- b. ☐ I hereby acknowledge that no later than sixty (60) days from the date of this application, unless I request in writing and the Department agrees in writing to a later date, and in any case prior to the issuance of a notice of a draft permit pursuant to 314 CMR 2.06, "Public Notice and Comment," I am required to submit to the Department a fully signed and dated **Supplemental Applicant Certification** (Appendix A), which will include the certification in paragraph 2a, above, and the other paragraphs of this section F.

3. I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Section F, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult in certifying as to the information set forth in paragraph 2, above.
4. I am aware that submitting a false and misleading certification could lead to modification, suspension, or revocation of any permit granted pursuant to this application, as set forth in 314 CMR 5.12.
5. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my diligent inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
6. I will be responsible for publication of public notice of the applicable permit proceedings identified under 314 CMR 2.06(1)(a) through (d).

Signature of Applicant

13 Sep 2013

Date Signed

Ian B. Catlow, P.E.

Name of Preparer

Project Manager, Tighe & Bond

Title of Preparer

Fred Knight, Chairman WWMD

Printed Name of Applicant

508-471-9605

Telephone

ibcatlow@tighebond.com

Email



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**G. Applicant Certification for Reclaimed Water Use Permit BRP WP 84**

1. I hereby acknowledge that it is my responsibility:
  - a. to ensure that I understand the "Requirements for Privately Owned Reclaimed Water Systems" set forth at 314 CMR 20.14(1) and in related provisions of the Reclaimed Water Permit Program regulations, 314 CMR 20.00, before I provide the certification in paragraph 2, below;
  - b. to ensure that I have compiled, evaluated and/or established all pertinent documents, instruments, records and information necessary to provide the certification in paragraph 2, below; and
  - c. to consult with legal, technical and other qualified professionals, as necessary for me to understand and comply with the above requirements and to make the certification in paragraph 2, below.
2. Based on the foregoing (**select either a or b**):
  - a. ☐ I hereby certify that I have fully and completely satisfied and complied with each and every requirement set forth in 314 CMR 20.14(1), as applicable to the existing or proposed reclaimed water system, for a permit issued under 314 CMR 20.00; and will continue to do so until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions.
  - b. ☐ I hereby acknowledge that no later than sixty (60) days from the date of this application, unless I request in writing and the Department agrees in writing to a later date, and in any case prior to the issuance of a notice of a draft permit pursuant to 314 CMR 2.06, "Public Notice and Comment," I am required to submit to the Department a fully signed and dated **Supplemental Reclaimed Water Applicant Certification** (Appendix B), which will include the certification in paragraph 2a, above, and the other paragraphs of this Section G.
3. I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Section G, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult in certifying as to the information set forth in paragraph 2, above.
4. I am aware that submitting a false and misleading certification could lead to modification, suspension, or revocation of any permit granted pursuant to this application, as set forth in 314 CMR 20.19.



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Application for Permit to Discharge to Groundwaters of the Commonwealth or for  
Reclaimed Water Use

**BRP WP 11** Individual Permit Renewal/Modification with Plan Approval

**BRP WP 12** Individual Permit Renewal/Modification without Plan Approval

**BRP WP 79** Individual Permit for Groundwater Discharge from a Sewage  
Treatment Plant

**BRP WP 84** Individual Permit for Reclaimed Water Use

**BRP WP 85** Individual Permit for Other Groundwater Discharges

**G. Applicant Certification for Reclaimed Water Use Permit BRP WP 84**

5. I attest under the pains and penalties of perjury that I have personally examined and am familiar with the information contained in this document and all attachments, and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my diligent inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained in this submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am authorized to make this attestation on behalf of this permittee. I am aware that there are significant penalties for submitting false, inaccurate or incomplete information, including, but not limited to, the possibility of fine and imprisonment for knowing violations.
6. I will be responsible for publication of public notice of the applicable permit proceedings identified under 314 CMR 2.06(1)(a) through (d).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title of Preparer

\_\_\_\_\_  
Email



**Massachusetts Department of Environmental Protection**

**Bureau of Resource Protection – Individual Permits**

**Groundwater Discharge Permits,  
Reclaimed Water Use Permit or  
Permit Renewal/Modification**

X256936

Transmittal Number #

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**BRP WP 85** Individual Permit for Other Groundwater Discharges

**Appendix A: Supplemental Applicant Certification (BRP WP 11,12, 79, 85)**

On 9/12/13  
(insert date)

the undersigned applicant submitted a BRP WP 79 application for a  
(insert permit type number)  
Individual Permit for Groundwater Discharge from a Sewerage Treatment  
Plant for the  
Town of Wayland Wastewater Treatment Plant  
(insert facility name)

By its signature hereto, the undersigned applicant hereby incorporates this instrument into and makes  
this instrument a part of, said application.

1. I hereby acknowledge that it is my responsibility:
  - a. to ensure that I understand the "Requirements for Privately Owned Wastewater Treatment Facilities" set forth at 314 CMR 5.15 (1), (2), and (3) and in related provisions of the Ground Water Discharge Permit Program regulations, 314 CMR 5.00, before I provide the certification in paragraph 2, below;
  - b. to ensure that I have compiled, evaluated and/or established all pertinent documents, instruments, records and information necessary to provide the certification in paragraph 2, below; and
  - c. to consult with legal, technical and other qualified professionals, as necessary for me to understand and comply with the above requirements and to make the certification in paragraph 2, below.
2. Based on the foregoing, I hereby certify that I have fully and completely satisfied and complied with each and every requirement set forth in 314 CMR 5.15 (1), (2), and (3), as applicable to the existing or proposed privately owned wastewater treatment facility ("PWTF"), for an individual permit issued under 314 CMR 5.00 to construct, install, modify, operate and maintain a PWTF; and will continue to do so until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions.
3. I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Appendix A, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult in certifying as to the information set forth in paragraph 2, above.
4. I am aware that submitting a false and misleading certification could lead to modification, suspension, or revocation of any permit granted pursuant to this application, as set forth in 314 CMR 5.12.



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Reclaimed Water Use

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known)

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**BRP WP 12** Individual Permit Renewal/Modification without Plan Approval

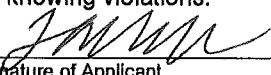
**BRP WP 79** Individual Permit for Groundwater Discharge from a Sewage  
Treatment Plant

**BRP WP 84** Individual Permit for Reclaimed Water Use

**BRP WP 85** Individual Permit for Other Groundwater Discharges

**Appendix A: Supplemental Applicant Certification (cont.)**

5. I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my diligent inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
Signature of Applicant

**Fred Knight, Chairman WWMD**

Printed Name of Applicant

**13 Sep 2013**  
Date Signed

**Ian B. Catlow, P.E.**

Name of Preparer

**508-471-9605**

Telephone

**Project Manager, Tighe & Bond**

**ibcatlow@tighebond.com**

Title of Preparer

Email





**Massachusetts Department of Environmental Protection**

**Bureau of Resource Protection – Individual Permits**

**Groundwater Discharge Permits,  
Reclaimed Water Use Permit or  
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Treatment Plant

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**BRP WP 85** Individual Permit for Other Groundwater Discharges

**Appendix B: Supplemental Reclaimed Water Applicant Certification**

On \_\_\_\_\_,  
(insert date)

the undersigned applicant submitted a BRP WP \_\_\_\_\_ application for a  
(insert permit type number)

\_\_\_\_\_ for the  
(insert permit type name)

\_\_\_\_\_  
(insert facility name)

By its signature hereto, the undersigned applicant hereby incorporates this instrument into and makes  
this instrument a part of, said application.

1. I hereby acknowledge that it is my responsibility:
  - a. to ensure that I understand the "Requirements for Privately Owned Reclaimed Water Systems" set forth at 314 CMR 20.14(1) and in related provisions of the Reclaimed Water Permit Program regulations, 314 CMR 20.00, before I provide the certification in paragraph 2, below;
  - b. to ensure that I have compiled, evaluated and/or established all pertinent documents, instruments, records and information necessary to provide the certification in paragraph 2, below; and
  - c. to consult with legal, technical and other qualified professionals, as necessary for me to understand and comply with the above requirements and to make the certification in paragraph 2, below.
2. Based on the foregoing, I hereby certify that I have fully and completely satisfied and complied with each and every requirement set forth in 314 CMR 20.14(1), as applicable to the existing or proposed privately owned reclaimed water system, for a permit issued under 314 CMR 20.00; and will continue to do so until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions.
3. I shall maintain a copy of all records, regardless of form (e.g., both printed and electronic) upon which I rely in making the certifications in this Appendix B, until a final decision on this application has been issued by the Department and, if this application is approved, will do so thereafter in accordance with permit conditions. Such records shall include without limitation all documents described in paragraph 1, above, and any supporting documentation provided to me by, or relied upon by, such qualified professionals as I may consult in certifying as to the information set forth in paragraph 2, above.
4. I am aware that submitting a false and misleading certification could lead to modification, suspension, or revocation of any permit granted pursuant to this application, as set forth in 314 CMR 20.19.



**Massachusetts Department of Environmental Protection**

**Bureau of Resource Protection – Individual Permits**

**Groundwater Discharge Permits,  
Reclaimed Water Use Permit or  
Permit Renewal/Modification**

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Treatment Plant

**BRP WP 84** Individual Permit for Reclaimed Water Use

**BRP WP 85** Individual Permit for Other Groundwater Discharges

**Appendix B: Supplemental Reclaimed Water Applicant Certification**

5. I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my diligent inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title of Preparer

\_\_\_\_\_  
Email