

APPENDIX F

MWRA Discharge Permit

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**MASSACHUSETTS WATER RESOURCES AUTHORITY
TOXIC REDUCTION AND CONTROL
2 GRIFFIN WAY
CHELSEA, MASSACHUSETTS 02150-3334**

One-Time-Only Discharge Request

To discharge from a Cured-in-Place Pipe (CIPP) Lining process as part of a sewer rehabilitation project into the Municipality or Authority sewerage system

Please, allow three weeks for processing this request

Name of Municipality: Town of Westwood, MA

Project Name: FY22 Sewer System Rehabilitation

Name of the person from the Municipality to contact concerning the information provided herein. *(Please, sign the signature page of this questionnaire, without a signature from the Municipality the MWRA will not be able to process this request.)*

Name: Todd S. Korchin

Title: Director, Department of Public Works

Address: 50 Carby Street, Westwood, MA 02090

Telephone No.: 781 251-2578 Facsimile No.: _____

E Mail: tkorchin@townhall.westwood.ma.us

Contractor designated by the Municipality to conduct the project.

Name: _____

Title: _____

Company: _____

Address: _____

Telephone No.: _____ Facsimile No.: _____

E Mail: _____

MWRA Permit Number: _____

Person designated by the Municipality to receive correspondence from the MWRA regarding this project.

Name: Ryan J. Paul, P.E.

Title: Senior Project Engineer

Company: Environmental Partners Group, Inc.

Address: 1900 Crown Colony Drive, STE 402, Quincy MA 02169

Telephone No.: 617-657-0200 Facsimile No.:

GENERAL INFORMATION:

Please answer all of the questions

(If more space is needed, attach additional pages).

a) Cured-in-Place Pipe (CIPP)Liner is defined as a woven or non-woven or combination of woven and non-woven material surrounded or impregnated with resin which when installed and processed, forms to the shape and size of the interior walls of the host conduit as defined in ASTM Standard F1216.

b) Host Conduit is defined as the existing pipeline to be rehabilitated by CIPP Lining. The host conduit for this project must be indicated on the Contract Drawings.

1. Indicate the project scope. Provide pipe location and pipe length and diameter of each pipe to be treated. Use a pipe identification naming scheme that references the drawings and that will be recognizable by all parties. Identify all of the connection (using the name provide in Attachment A of the MWRA Municipal Discharge Permit) of the receiving MWRA interceptor and submit a diagram and drawing that will trace the flow from the project pipe to the MWRA interceptor.

Project scope and location: _____

Pipe Location Sewer Connection of the receiving MWRA interceptor <i>(Provide name in Attachment A of the MWRA Municipal Discharge Permit)</i>	Pipe Length (Feet)	Pipe Diameter (Inches)
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

2. Indicate how you will conduct the pipe cleaning process prior to the lining process.

3. Indicate the proposed installation method that you will employ for the CIPP liner into the existing pipe.

4. Indicate all of the appropriate Federal, state, and local permits and approvals obtained for this CIPP project.

5. Submit the Materials Safety Data Sheet(s) for the CIPP lining materials.

6. Indicate all source(s) of wastewater curing/lining process wastewater, cooling water, rinse water, pre-clean water, post-clean water, and, etc to be discharged into MWRA sewer system from this project.

Wastewater Type(s)	Source(s)
Curing water	<hr/> <hr/>
Cooling water	<hr/> <hr/>
Rinsing water	<hr/> <hr/>
Pre-cleaning water	<hr/> <hr/>
Post-cleaning water	<hr/> <hr/>
Other (Describe) <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Other (Describe) <hr/> <hr/>	<hr/> <hr/>

7. Describe the proposed pretreatment for the wastewater curing\lining process wastewater, cooling water, rinse water, pre-clean water, post-clean water, and, etc and provide equipment/flow diagram(s).

8. Indicate the storage method for treated and/or untreated curing\lining process wastewater, cooling water, rinse water, pre-clean water, post-clean water, etc, and provide its capacity in gallons prior to discharge into the MWRA sanitary sewer system.

Wastewater Type(s)	Storage method prior to discharge into MWRA sanitary sewer system.	Storage capacity (gallons)
Curing\lining process water		
Cooling water		
Rinsing water		
Pre-cleaning water		
Post-cleaning water		
Other (<i>Describe</i>) <hr/> <hr/>		

9. Indicate proposed volume of wastewater (curing/lining process wastewater, cooling water, rinse water, pre-clean water, post-clean water, and, etc..) flow into the MWRA sewer system per day gallons per day (GPD).

Wastewater Type(s)	Volume(GPD) Discharge into MWRA sanitary sewer system	Pretreatment Yes/No	Pretreatment Type(s)
Curing/lining process water		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cooling water		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rinsing water		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pre-cleaning water		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post-cleaning water		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (<i>Describe</i>) _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Describe other method(s) for the collection and disposal for the curing\lining process wastewater, cooling water, and/or rinse water if pretreatment is not viable, and the discharge to the MWRA sanitary sewer system is not authorized.

11. Indicate if solids will be generated from the treatment process, including solidified styrene and other solid byproducts. All solids must be removed from the cure water and subsequent cooling and rinsing operations, prior to discharge into MWRA sewer system, pursuant 360 C.M.R. 10.023(8).

12. Indicate proposed date(s) of discharge into the MWRA sewer system.

Anticipated first day of discharge: _____

Anticipated last day of discharge: _____

Proposed hours of discharge into MWRA sewer system: _____

13. Provide the construction schedule for the project including specific proposed date(s) and start and end times. If specific dates are not known, please use Day 1 (one) for taking the pipe out of service and count forward from there. If individual operating time will take less than twenty-four hours, specify start and end times in military time.

Action(s)	Date (mm/dd/yyyy)	Operating Time (hrs:min:sec)	Comments(s)
Taking pipe out of service			
Pre-cleaning of pipe (Start)			
Pre-cleaning of pipe (End)			
Line installation (Start)			
Line installation (End)			
Curing process (Start)			
Curing process (End)			
Cooling process (Start)			
Cooling process (End)			
Rinsing (Start)			
Rinsing (End)			
Return pipe to service			
Other (<i>Describe</i>)			

14. Indicate how you will ensure that sufficient capacity (gallons) at the construction zone in the event of a storm event. Describe how flow through the pipe will be diverted around the construction zone and provide rerouting plans, and pipe blockage techniques that you will employ. Specify materials that will be used and storage measures that will be employed.

15. CERTIFICATION STATEMENT AND SIGNATURE:

The questionnaire for a One-Time-Only Discharge Request must be signed and dated by an authorized representative. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the sewer system, a new authorization satisfying the requirements of this section must be submitted to the MWRA prior to or together with any reports to be signed by an authorized representative.

An authorized representative of a municipality includes:

- a) a responsible public official, including a Mayor, City Manager, Town Administrator, Chair of the Board of Selectman, District Manager, or any other person who performs similar policy or decision-making functions for the municipality, or the director, manager, or superintendent of the department responsible for operating or overseeing the operation of the sewer system, if authority to sign documents has been assigned or delegated to the individual in accordance with the municipality's procedures.
- b) the duly authorized representative of the individual designated in (a) of this section if:
 - i) the authorization is made in writing by the individual described in (a);
 - ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the sewer system from which the discharge originates, such as the position of superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the municipality;
 - iii) the written authorization is submitted to the MWRA.

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 inquiry of the person or persons who manage the sewer 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 Authorized Representative

Please Print Name of Authorized Representative

Title

Date

PLEASE, ALLOW THREE WEEKS FOR PROCESSING THIS REQUEST
Do not alter this form

To discharge wastewater from a sewer pipe lining/curing project into the Authority sewer system. Submit the completed form to:

Massachusetts Water Resources Authority
Toxic Reduction and Control
2 Griffin Way, Chelsea MA 02150-3334
Attention: Kattia Thomas, Project Manager, Permitting

If you have any questions regarding the approval process, you may contact Kattia Thomas, at 617-305-5667.

ATTACHMENT B

MWRA ROOT CONTROL REQUEST PERMIT

3. Indicate the name of the active ingredient that will be used each day.
Provide the MSDS(s) for the chemical(s) that will be used.

4. Indicate the name and volume (gallons) of the solvent or water and the active ingredient to be used each day.

Solvent Name (provide the name)

Volume (gallons/day)

Active Ingredient Name

Volume (gallons/day)

5. The total pounds of solution (the active ingredient) to be used each day?

6. The total pounds of solution (the active ingredient) to be used for the entire project?

7. The total number of days the pipes will be treated?

Anticipated first day of the project: _____

Anticipated last day of the project: _____

8. The time of day for the treatment?

9. The amount of time (hours) the active ingredient will remain in the sewer pipe after the treatment process?

Signature (*Municipality*)

Date

FAX this page to Kattia Thomas, Proj. Mgr, Permitting, TRAC, the fax number is 617-371-1604.

PLEASE, ALLOW THREE WEEKS FOR PROCESSING THIS REQUEST

Submit your request for approval to use the foaming root control herbicide to Kattia Thomas, Project Manager, Permitting, Massachusetts Water Resources Authority, Toxic Reduction and Control, 2 Griffin Way, Chelsea MA 02150-3334. Also, you may fax the request to Ms. Thomas, the fax number is 617-371-1604.

If you have any questions regarding the approval process, you may contact Kattia Thomas, at 617-305-5667.