



R.I. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Office of Water Resources



APPLICATION FOR ORDER OF APPROVAL

WASTEWATER TREATMENT FACILITY (WWTF) AND/OR
SEWER SYSTEM EXPANSION/MODIFICATION

INSTRUCTIONS

The application must be signed by the appropriate official(s) representing the Town, City, Authority, or Commission, or other entity in which a system or means to prevent pollution, as defined in Title 46, Chapter 12 of the General Laws of 1956, as amended, is to be adopted.

The signature of the design engineer or other agent will be accepted only if accompanied by a letter of authorization from the official(s) mentioned above. Submittal of the application must include the following information:

1. One (1) hard copy of the plans and specifications stamped and signed by a R.I. Professional Engineer. Once the project has been reviewed and is ready for approval, DEM will request the applicant to submit two (2) hard copies and an electronic version of the plans and specifications in .pdf format.
2. All project design assumptions and computations.
3. The Order of Approval application, plans and specifications, design assumptions and computations, the Application Fee Form (form enclosed) and the review fee check should be submitted to:

Department of Environmental Management
Permit Application Center
235 Promenade Street
Providence, RI 02908

GENERAL CONDITIONS FOR ORDERS OF APPROVAL

1. An Order of Approval will not be issued for a project determined to be inconsistent with the municipality's approved Wastewater Facilities Plan.
2. After notice and opportunity for a hearing, an Order of Approval may be modified or revoked for cause including but not limited to the following:
 - a) The discharge of any wastewater at a level more than that identified and authorized by this Order of Approval.
 - b) Obtaining an Order of Approval by misrepresenting or failing to fully disclose all relevant facts.
 - c) Failure to operate and maintain the approved system in a condition satisfactory to DEM.
 - d) Construction of additional work that was not contemplated or proposed at the time of issuance of this Order of Approval.
3. The provisions of an Order of Approval shall apply to and be binding upon the owner, their agents, servants, employees, successors, heirs and assignors and all persons, firms and corporations acting under, through, and on behalf of them.
4. In the event of any change in control or ownership of facilities from which authorized discharges originate, the owner shall notify DEM with advanced written notice of such transfer. Succeeding owners shall be bound by all the conditions of the original Order of Approval for the system, unless a new or modified Order is obtained.
5. All projects will be reviewed utilizing the following technical guidances: "Guides for the Design of Wastewater Treatment Works (TR-16)" by the NEIWPCC, "Design of Municipal Wastewater Treatment Plants, Vol. I & II (MOP-8)" by the WEF, and current Office of Water Resources policies.



APPLICATION FOR ORDER OF APPROVAL

**WASTEWATER TREATMENT FACILITY (WWTF) AND/OR
SEWER SYSTEM EXPANSION/MODIFICATION**

If additional space is required to properly answer any questions, please attach additional sheets and refer to the attachments in the appropriate space provided:

GENERAL PROJECT INFORMATION

- 1. Date of Application: _____
- 2. Project/System Name: _____
- 3. Project/System Location: _____
- 4. Project Type (Check all that apply): WWTF _____ Sewer Extension _____ Pump Station _____
Industrial _____ Commercial _____ Residential _____
- 5. Applicant name: _____
- 6. Applicant address: _____

- 7. Applicant phone #: _____
- 8. Owner name: (if different from # 5) _____
- 9. Owner address: _____

- 10. Owner phone #: _____
- 11. Design Engineer: _____
- 12. Design Engineer address: _____

- 13. Design Engineer phone #: _____

REGULATORY/ADMINISTRATIVE

1. PRETREATMENT:

- a. Is a municipal discharge permit under Pretreatment Program regulations required? YES _____ NO _____
- b. Will a substantial modification of the Pretreatment Program be required? YES _____ NO _____

2. WASTEWATER COLLECTION SYSTEM

NOTE: IF THE FLOWS TO BE GENERATED BY THE PROPOSED PROJECT ARE CONVEYED AND TREATED ENTIRELY WITHIN ONE JURISDICTION, THE FOLLOWING SIGNATURE IS REQUIRED

As the designated municipal (or other entity) official, I have reviewed the proposed project and have determined that all downstream lines, pump stations, and treatment facilities owned by this municipality (or other entity) can presently handle and treat the flows generated by the proposed project.

SIGNATURE AND TITLE: _____

NOTE: IF THE FLOWS TO BE GENERATED BY THE PROPOSED PROJECT ARE NOT CONVEYED AND TREATED ENTIRELY WITHIN ONE JURISDICTION, THEN THE FOLLOWING ADDITIONAL SIGNATURE IS REQUIRED

As the designated official for _____,
I have also reviewed the proposed project and have determined that the downstream lines, pump stations, and treatment facilities which will ultimately receive the flows generated by the proposed project have adequate capacity to convey and treat the proposed flows.

SIGNATURE AND TITLE: _____

3. WASTEWATER TREATMENT SYSTEM

NOTE: IF THE PROPOSED PROJECT INCLUDES A NEW WASTEWATER TREATMENT FACILITY OR MODIFICATIONS/UPGRADES TO AN EXISTING WASTEWATER TREATMENT FACILITY, THEN THE FOLLOWING SIGNATURE IS REQUIRED

As the designated official for _____,
I certify that this project is proceeding in full cooperation with this municipality (or other entity).

SIGNATURE AND TITLE: _____

4. FUNDING:

- a. Will the municipality file an application for State or Federal funding assistance? YES _____ NO _____
- b. If yes, please indicate which funding programs: _____

5. Location, length, size, and capacity of sewers or force mains to be connected to the existing system, if applicable:

a. _____
Street Name Length of Sewer or Force Main (ft.) Size (in.) Design Flow (gpd)

b. _____
Street Name Length of Sewer or Force Main (ft.) Size (in.) Design Flow (gpd)

c. _____
Street Name Length of Sewer or Force Main (ft.) Size (in.) Design Flow (gpd)

6. Location, type, and capacity of pump stations to be connected to the existing system, if applicable:

a. _____
Station Location Type (conventional, package, etc.) Station Capacity (gpm)

b. _____
Station Location Type (conventional, package, etc.) Station Capacity (gpm)

c. _____
Station Location Type (conventional, package, etc.) Station Capacity (gpm)

7. Existing pump stations to be improved/upgraded, if applicable:

a. _____
Station Location Description of Improvement

b. _____
Station Location Description of Improvement

c. _____
Station Location Description of Improvement

8. Any additional appropriate information: _____

FOR OWR USE ONLY

APPLICATION RECEIPT DATE: _____

FILE NUMBER: _____

REVIEW START DATE: _____

REVIEWER: _____

REVIEW COMPLETION DATE: _____

ACTION(S) TAKEN: _____

