



BRP WS 06 UIC Registration

Note: This application form only applies to the following types of Class V UIC wells. This form does not apply to unauthorized wells such as motor vehicle waste disposal wells.

- Motor Vehicle – Rinse Water, Snow/Ice Melt or Rain Drip
- Non-Contact Cooling Water Return Flow
- Subsidence Control
- Aquaculture Return Flow
- Aquifer Recharge/Recovery
- Other
- Saline Water Intrusion Barrier
- Experimental Technology
- Process Water and Wastewater Disposal
- Aquifer Remediation
- Special Drainage – Groundwater Infiltration (Does Not Include Public Water System Wells)
- Special Drainage – Swimming Pools

Refer to the "Instructions and Supporting Materials" document that corresponds to this UIC Registration form for detailed instructions regarding the completion of this form and the required attachments.

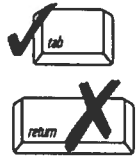
Transmittal Number (not required for 1 to 4 unit residential applications)

Transmittal #

A. Registration Category & Fee

Registration Category

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



1. Identify the type of registration activity you are conducting (check one):

- a. Registration of a New or Existing Unregistered UIC Well(s)
- b. Pre-Closure of an Unregistered or Registered UIC Well(s)
- c. Pre-Closure of an Unregistered or Registered UIC Well(s) and Conversion to New Well Type
Note: Conversion also requires submittal of a separate registration application for the new UIC Class V well type.
- d. Modification of a UIC Registration Application that is Still Under Review at MassDEP
- e. Modification of an Existing UIC Registration that Does Not Include Increasing the Number of Registered Wells
- f. Modification of an Existing UIC Registration that Includes Increasing the Number of Registered Wells

Notes: For the above Pre-Closure categories (items b and c), if you are submitting for a UIC well(s) that has received a MassDEP-issued UIC registration number, complete Sections A, B, L, and M of this application and for all other Sections only complete the data/information fields where you are entering new or revised information. For any of the above Modification categories (items d, e, and f), complete Sections A, B, and M of this application and for all other Sections only complete the data/information fields where you are entering new or revised information.

For Modifications, Pre-Closures, or Pre-Closures and Conversions of a UIC Registered Well:

Enter UIC Registration Number (required):

UIC Registration #



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A. Registration Category & Fee (cont.)

Basic Well Information

2. Select your Well Category and enter your Well Type (see "Instructions and Supporting Materials Document" for this application form and list of well types from the beginning of this form):

Well Category: Motor Vehicle

- Motor Vehicle – Rinse Water, Snow/Ice Melt or Rain Drip

Well Category: Other

- Non-Contact Cooling Water Return Flow **with** Additives
- Non-Contact Cooling Water Return Flow with **NO** Additives
- Subsidence Control
- Other
- Aquaculture Return Flow
- Aquifer Recharge/Recovery
- Saline Water Intrusion Barrier
- Experimental Technology
- Process Water and Wastewater Disposal
- Aquifer Remediation
- Special Drainage – Groundwater Infiltration (Does Not Include Public Water System Wells)
- Special Drainage – Swimming Pools

3. Is the facility serviced by the UIC well(s) **both**:

a. For four (4) residential units or fewer; and,

b. Only used for residential purposes? Yes No

4. Are any of the wells included in this registration application also being used for another type of UIC Class V discharge? Yes No

5. If you answered "yes" to the above question 4, enter the well category and well type for the other type of discharge (refer to the Class V Injection Well Category, Well Type, and Fee Table in the Instructions):

Well Category

Well Type



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A. Registration Category & Fee (cont.)

UIC Registration Fee

Notes:

For Registration of More than One Type of Discharge – This form may only be used to apply for UIC registration of the well types shown in the table at the top of Page 1. Only one type of UIC discharge (unique well category and well type combination [refer to BRP WS06 forms instructions]) shall be submitted per application form. A separate registration application, payment transmittal form, and applicable fee shall be submitted for each additional type of discharge even if one discharge well is used for more than one well category and well type combination.

For Conversion of Unregistered Wells - If your application is for the conversion of a well(s) that was not previously registered, you shall submit one application form, payment transmittal form, and applicable fee for the registration and closure or partial closure of each of the the unregistered well uses. You shall also submit a separate registration application form, payment transmittal form, and applicable fee for each type of new UIC Class V discharge well.

For Conversion of Registered Wells - If your application is for the conversion of a Registered UIC well(s), you shall submit a separate registration application form, payment transmittal form, and applicable fee for each type of new UIC Class V discharge. In addition one BRP WS06d Pre-Closure application must be submitted for the closure of the previous well use.

Fee Table Instructions

Determine which fee applies to your well(s) using the below fee table in conjunction with the answers you provided for Questions 1 (registration category), 2 (well type), and 3 (residential status).

Step 1: Find the Registration Category in the first row (this will limit the number of columns you have to choose from to either 1 or 2).

Step 2: In the second row find the one column that matches your response to Question 3.

Step 3: Follow this column downward to the row that matches your well category (selected in Question 2).



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A. Registration Category & Fee (cont.)

(from question 1 above)

(from question 2 above)

Your Registration Category Selection		1.a. or 1.f.		1.b. or 1.c.		1.d. or 1.e.
Your Answer to Question 3		Yes	No	Yes	No	Yes or No
Your Well Category	Your Well Type					
Motor Vehicle-Related	Motor Vehicle – Rinse Water, Snow/Ice Melt or Rain Drip					
	Non-Contact Cooling Water Return Flow with Additives	\$290		\$400		
Other	Subsidence Control					
	Aquaculture Return Flow					
	Saline Water Intrusion Barrier					
	Other					
	Aquifer Recharge/Recovery					\$0
	Non-Contact Cooling Water Return Flow with NO additives	\$110		\$220		
	Experimental Technology					
	Process Water and Wastewater Disposal	\$585		\$695		
	Aquifer Remediation					
	Special Drainage – Groundwater Infiltration (Does Not Include Public Water System Wells)	\$0	\$110	\$0	\$220	
Special Drainage – Swimming Pools	\$0	\$290	\$0	\$400		

Exceptions: If the well is owned by a local or regional government the fee is \$0. If the well is owned by the Commonwealth of Massachusetts, the standard fees indicated above apply.

Enter fee here: \$0 (Fee exempt)

Annual Compliance Fee: Currently there is no annual compliance fee associated with this Registration.



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program

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B. Residential/Facility Information

Eldredge Park PRB Demonstration Test Site
Facility/Residential Property Name
Orleans
City/Town

70 MA-28
Facility/Residential Street Address
MA 02653
State Zip Code

Additional information (for facilities only):

Company Name (if appropriate)

(MassDEP Use Only) Facility #

Facility Public Water Supplier (PWS) ID# (if appropriate)

NAICS or SIC Code # (if applicable)

Facility Telephone Number

Facility Mailing Address (if different from street address)

City/Town

State

Zip Code

EPA Hazardous Waste Generator ID # (if applicable)

EPA Hazardous Waste Generator ID # (if applicable)

Tenant Name (if applicable)

Tenant's EPA Haz. Waste Gen. ID# (if applicable)

C. Current Status of Activity(ies) Being Registered (check one)

- Designed, but not yet constructed/modified/closed/converted
- Discharge discontinued but closure activities not completed
- Proposed activity completed and active or closure completed

- Proposed activity partially completed or completed but not active

/ /
Date placed in service (or closure completed)

Is the applicant requesting a waiver of the 30-day waiting period for closure applications?

Yes No

If you answered "yes" to this question, indicate your reasons for requesting the waiver in a cover letter attached to this application.

D. Owner/Operator Information

Nauset Regional Schools
Name of Owner
Orleans
City/Town
conradt@nausetschools.org
Owner Email

Tom Conrad
Owner's Legal Contact
Town of Orleans

Name of Operator (if different from owner)
Orleans
City/Town
jkelly@town.orleans.ma.us
Operator Email

John Kelly, Town Administrator
Operator's Legal Contact

78 Eldredge Park Way
Address of Owner (enter "same" if same as facility)
MA 02653
State Zip Code

(508) 255-8800
Legal Contact Phone Legal Contact Fax #

19 School Road
Address of Operator (enter "same" if same as facility)
MA 02653
State Zip Code

(508) 240-3700
Legal Contact Phone Legal Contact Fax #



Massachusetts Department of Environmental Protection
 Bureau of Water Resources – Drinking Water Program
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D. Owner/Operator Information (cont.)

Ownership Type (choose one):

- Private: Industrial Commercial Non-profit Residential
 Public: Local Regional State Federal

E. Designer

Paul M. Dombrowski
 Designer's name
 MA PE 47564
 Massachusetts Engineer License Number if applicable)
 AECOM
 Name of Company
 978-905-2955
 Phone number
 Paul.Dombrowski2@aecom.com
 om
 LSP# (if applicable) National 3rd party or manufacturer approval and ID number (if applicable)

F. Installer

To Be Determined
 Installer's name
 Name of Company
 National 3rd party or manufacturer approval and ID number (if applicable)
 Installer email
 Phone number

G. Preparer Information

Paul M. Dombrowski
 Preparer name
 Chelmsford
 Preparer City/Town
 Paul.Dombrowski2@aecom.com
 Preparer's email
 MA PE 47564
 Massachusetts Engineer License Number (if applicable)
 250 Apollo Drive
 Preparer Address
 MA
 State
 01824
 Zip Code
 978-905-2955
 Phone number
 LSP# (if applicable)

H. Registered Well Driller (if applicable)

TBD (Amendment will be applied using temporary injection points advanced using direct-push drill rig)
 MassDEP Well Driller Registration Number
 Phone number
 Name of company Company Reg. # Well Driller Email

I. Site Information

Water Supply: Public Private Sewer: Public Private

Other Discharges:

Are there other current or proposed discharges on site? Yes No

If yes, are they permitted with MassDEP? Yes No If yes, provide permit #

If no, are they registered with MassDEP as UIC Class V wells? Yes No If yes, provide permit #



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I. Site Information (cont.)

Please list the type or types of other discharges:

Check any of the following that apply to this site:

- a. Bureau of Waste Site Cleanup Priority Site _____
If yes, file number
- b. Bureau of Waste Site Cleanup Waiver Site _____
If yes, file number
- c. Superfund site _____
If yes, Federal ID #

If the site is currently being regulated by the Bureau of Waste Site Cleanup, check any of the following that apply:

- Incident Response Short Term Measure Activity and Use Limitations (specify):

Confirm that the applicant has checked that the site does not have any activity restrictions with respect to limiting discharges on the site.

- No restrictions Restrictions (Please explain; attach additional sheets if necessary)

Location of Wells

Only enter the location of wells for the one well type you are including in this registration.

Note: Latitude & Longitude are required data. Well ID# is assigned by you and each well should have a unique ID#. Please check the closure box for any well(s) being completely closed to the well category and well type associated with this registration application.

If you need additional well locations, please provide all information on a separate sheet.

If you do not have access to a GPS unit, see instructions to this form for Internet tools that may be used to select well locations.



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I. Site Information (cont.)

Well ID (name and/or number)	Latitude in Decimal Degrees (e.g., 42.355767)	Longitude in Decimal Degrees (e.g., -71.060996)	Check here if well is either being physically closed or if all entry points (discharges) associated with this well category and well type will be discontinued.
Western-most Carbon Substrate Delivery Point	41.782402	-69.989923	<input type="checkbox"/>
Eastern-most Carbon Substrate Delivery Point	41.782316	-69.989498	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Identify the method used for locating the latitude/longitude coordinates for the UIC Class V well(s) (check one):

Location Type (check one):

Approximate location of well

Approximate center of area where discharge is located (i.e. center of drainfield or trench)

Accuracy – Estimated horizontal accuracy is less than (check one):

+/-100 feet

+/- 500 feet

+/- 1,000 feet

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."

The site is located at 70 Route 28 in Orleans, MA, in a parking lot located to the east of a track at Eldredge Park and west of a baseball field. The parking lot can be accessed from Eldredge Parkway. Carbon substrate (diluted emulsified vegetable oil) will be applied via 18-22 direct-push injection points. The injection points will be spaced approximately 10 feet.

Attachments:

See instructions for this registration form for more details regarding the necessary attachments. Include the following:

UIC Class V Well Motor Vehicle Rinse Water, Snow/Ice Melt, or Rain Drip Technical Compliance Form and Certification Statement (required for all registrations for this well type unless filing for Pre-Closure of all wells associated with this UIC registration application)

Topographic or Orthophoto Map Design Sheets Site Plan (include bar scale)

Existing Analytical Data Narrative Statement MSDS Sheets



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I. Site Information (cont.)

- Attach Well Completion Report (required for existing drilled wells)
- Cross Sectional Diagram Depicting All Underground Components of the UIC System
- Other information

J. Injection Well Information

22	80 ft
Number of Proposed New Wells	Maximum well depth
0	N/A
Number of Existing Wells	Month/Year of UIC well(s) construction (for existing wells)
22	
Total Number of Existing Plus Proposed Wells	

(do not include wells that are in a different UIC well category and well type (those must be registered under a separate UIC registration number))

Well Construction (check all that apply):

- Drywell Drilled Well Manufactured System Dug Well
- Improved Sinkhole Drainfield/Leachfield Trench Drain Dustwater onto the ground
- Other (describe): Direct push methods

Type of well seal (if applicable)	Well seal grout material
-----------------------------------	--------------------------

Well Additives: Are any well additives being used or proposed for use? Yes No

If you answered yes, attach a completed Proposal for Chemical Use (additive) in a UIC Class V Well supplemental form.

Source of Injection Fluid and Potential Contaminants

Potable water (likely from hydrant)	None
Source of injection fluid #1	Potential contaminants for Source #1
Emulsified vegetable oil	None
Source of injection fluid #2	Potential contaminants for Source #2
Sodium Bicarbonate (pH buffer use not anticipated but listed in case it is required)	None
	Potential contaminants for Source #3
Source of injection fluid #4	Potential contaminants for Source #4

Treatment Devices:

If applicable, list any treatment devices prior to the injection point that will serve to remove contaminants from the water that is discharged into the UIC well(s) (attach specification sheets):

Rate of Injection:

Maximum total rate of injection (of all wells combined) (gallons per minute): 50



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J. Injection Well Information (cont.)

Note: If maximum injection rate equals or exceeds 70 gallons per minute (100,000 gallons per day) and the source of the injection is from water withdrawn from a private source of groundwater or surface water, include a Water Management Act Program Form I with your UIC registration application.

Average discharge rate (gallons per day) 8,650

Month/Year ceased using well(s) for previous use(s) N/A

(only applies to wells being closed or converted if applicable)

Number of Entry Points:

Note: the number of entry points equals the number of collection points to the system that are or will be discharging to the Class V UIC well(s). This includes each individual catch basin (including leaching catch basins which are considered both an entry point and a Class V UIC well), floor drain, sink, and process water collection point that discharges to the well.

0 22
of entry points to existing system Total # of entry points for proposed system (existing plus proposed)

Well Setback Distances and Depths: (All distances must be provided in feet.)

NA Approximately 100 ft
Distance to nearest wetland or water body Distance to nearest septic system
(enter "NA" if distance is greater than 200 feet) (enter "NA" if distance is greater than 200 feet)

NA Approximately 25 ft (Adjacent parcel owned by the Town of Orleans)
Distance to nearest building foundation (existing or proposed) Distance to nearest septic system
(enter "NA" if distance is greater than 25 feet) (enter "NA" if distance is greater than 25 feet)

Approximately 35 ft ≤300 ft
Depth to water table (feet) Depth to bedrock (feet)

Coarse to fine sand
Soil type(s) at site - e.g., fill, sandy till, gravel, sand

NA NA
Distance to nearest Public Water Supply source Distance to nearest private drinking water well (existing or proposed)
(e.g., well or reservoir; enter "NA" if distance is greater than 2,500') (enter "NA" if distance is greater than 1,250 feet)

K. Additional Well-Type-Specific Information

This section contains several sub-sections of additional well information questions. Complete ONLY the sub-section that applies to your specific Well Type. All other sub-sections within this section should be left blank. If your Well Type is not listed below, leave Section K blank.

**Well Type = Aquifer Recharge/Recovery or
Well Type = Saline Water Intrusion Barrier or
Well Type = Subsidence Control:**

Is the proposed discharge "uncontaminated water" as defined in 314 CMR 5.00?

Yes No



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K. Additional Well-Type-Specific Information (cont.)

Well Type = Aquifer Remediation:

What is the proposed use of the well(s)? (Check all that apply)

- Pump & Treat Nutrient Addition Construction Dewatering

Well Type = Process Water and Wastewater Disposal or

Well Type = Special Drainage – Swimming Pool or

Well Type = Aquaculture Return Flow or

Well Type = Special Drainage – Groundwater Infiltration:

Source of water (check all that apply):

- Private well Surface Water Public Water Supply Ground Water

L. Injection Well(s) or Activity(ies) Being Closed

Note: Section L should only be filled in if you are closing a well(s).

Is the closure being required by a federal, state, or local entity? Yes No

If yes, which regulatory entity? _____

Contact name for regulatory entity

Contact Phone

Number of Wells Being Closed with this Application _____

Will this proposed closure activity result in the complete closure of all wells associated with this registration application or with the existing UIC registration number?

- Yes No

If you answered "no" to the above question, how many wells of this well category and well type will remain after the proposed closure activities have been completed?

Will the closure activities include the closure of one or more floor drains or plumbing alterations to redirect the discharge to a municipal sewer connection or industrial wastewater holding tank (IWHT)?

- Yes No

If you answered yes you shall contact the local plumbing inspector to obtain the necessary plumbing permits/approvals and shall coordinate the scheduling of floor drain closure/plumbing alterations work with the plumbing inspector. You will be required to submit a copy of **Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain** with your Post-Closure Notification Form. If applicable you shall also be required to submit copies of applicable municipal approvals for connecting your floor drains to the municipal sewer system or that you have applied for a MassDEP IWHT Certification.



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L. Injection Well(s) or Activity(ies) Being Closed (cont.)

The following three (3) data entry fields are only associated with the well type being registered with this application. Do not include the numbers of entry points associated with any converted new well type (if applicable).

Number of Entry Points to System before closure _____

Number of Entry Points proposed for closure _____

Number of Entry Points to System after closure _____

Proposed or previously completed well closure activities (check all that apply):

Clean out well(s) Sample fluids/sediments in the bottom of the injection well(s).

Remove well(s) and any contaminated soil

Appropriate disposal of remaining fluids/sediments

Conversion to other Well Category/Type _____
Well Category/Well Type

Note: a separate UIC registration application (BRP WS06) must be submitted for any conversion to a new well type.

Well and all entry points physically decommissioned

Partial Closure (some but not all entry points eliminated or well(s) still in use for other types of discharge)

Sample fluids/sediments from the area surrounding the injection well(s) (as applicable)

Other: _____

Proposed Laboratory Analytical Parameters for Soil Sampling Activities:

Note: VOCs, VPH, EPH, and metals testing of soils are required for the closure of all motor vehicle wells.

VOCs (EPA method 8260C) VPH EPH Metals (As, Ba, Cd, Cr, Pb, Hg, Ni, Se, Zn)

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Proposed Laboratory Analytical Parameters for Groundwater Sampling Activities:

Groundwater Sampling Parameter #1

Groundwater Sampling Parameter #2

Groundwater Sampling Parameter #3

Groundwater Sampling Parameter #4

Groundwater Sampling Parameter #5

Groundwater Sampling Parameter #6



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M. Certifications for UIC Well(s) that is/are Being Registered for Continued Use or Proposed Future Use for the Well Type Activity Selected for this Application


Operator

The injection well(s) described above is used for placement or injection of fluids into the ground. I understand that this well is subject to inventory requirements and compliance with the regulations under the Underground Injection Control Program established pursuant to the Safe Drinking Water Act, P.L. 93-523 and amendments, and UIC guidelines, and I hereby serve notice that the well is proposed or in service.

I agree:

1. That the well(s) described herein will not be used for discharges other than those described above (unless I have applied for and received the required Massachusetts and local government approvals);
2. That I will notify the MassDEP Drinking Water Program/UIC Program (on forms provided by the UIC program) if any of the information (including ownership, location or type of discharge, and installation of additional wells,) for the above well(s) changes, but before the change occurs (30-day minimum notice on ownership/operator and 60-day notice on all other changes) (ownership changes not required after a UIC registration number has been completely closed (i.e. all wells associated with the approved registration application have been closed and closure has been approved by MassDEP));
3. That I will notify the MassDEP Drinking Water Program/UIC Program (on forms provided by the UIC program) if the well(s) become(s) inactive;
4. That I will notify the MassDEP Drinking Water Program/UIC Program (on forms provided by the UIC program) when the above well(s) is no longer in use, but before physically decommissioning the well(s) and that I will file a Post-Closure Notification Form within seven days of completing the closure with the UIC program.
5. That I will maintain financial responsibility for the well described above; and,
6. That I will provide a sampling tap (approved by MassDEP) and allow sampling at the point of injection (not required for a closed well).

I certify under pains and penalties of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my personal knowledge or inquiry of those agents immediately responsible for obtaining the information on my behalf, I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.



Signature of Operator
John Kelly

Name of Operator

8/24/16

Date
Town Administrator

Position/Title



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M. Certifications for UIC Well(s) that is/are Being Registered for Continued Use or Proposed Future Use for the Well Type Activity Selected for this Application (cont.)

Owner (must be completed if owner has not signed above as operator)

✓ I certify that I have personally examined and am familiar with the information submitted in this document and agree to the installation, conversion, or closure of the discharge well(s) described in this application. ~~I also agree that I will assume the responsibilities of the operator in the event that the operator leaves the property and a replacement operator has not been established and reported to MassDEP (on forms provided by the UIC program).~~

<u>Thomas M. Comad</u>	<u>8-24-16</u>
Signature of Owner	Date
<u>THOMAS M. Comad</u>	<u>Superintendent of Schools</u>
Printed Name	Position/Title

N. Certifications for UIC Well(s) that is/are Being Registered for Complete Closure of all Future Activities Associated with the Well Type Selected for this Application

Operator

I certify under pains and penalties of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my personal knowledge or inquiry of those agents immediately responsible for obtaining the information on my behalf, I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

_____	_____
Signature of Operator	Date
_____	_____
Name of Operator	Position/Title

Owner (must be completed if owner has not signed above as operator)

I certify that I have personally examined and am familiar with the information submitted in this document and agree to the conversion or closure of the discharge well(s) described in this application.

_____	_____
Signature of Owner	Date
_____	_____
Printed Name	Position/Title

Submit a signed and complete application package Send duplicate copies of this form to:
to:

MassDEP
Bureau of Resource Protection
UIC Program
One Winter Street, 5th Floor
Boston, MA 02108

Local Board of Health
Local Plumbing Inspector (for any applications
involving the closure of floor drains or the
installation of dual use ground source heat pump
wells)



Nauset Public Schools

78 Eldredge Park Way, Orleans, Massachusetts 02653

Phone: 508-255-8800 • Fax: 508-240-2351 • <http://nausetschools.org>

Mr. Thomas M. Conrad
Superintendent of Schools

Keith E. Gauley
Assistant Superintendent

Dr. Ann M. Caretti
Director of Student Services

Giovanna B. Venditti
Director of Finance and Operations

Barbara Lavoine
Director of Technology

August 24, 2016

Nauset Regional Schools Superintendent Tom Conrad signed the UIC Permit as Owner for the purpose of advancing the permitting process. Final decision for approving the project will be made by the Nauset Regional School Committee at their meeting on September 22, 2016.

A handwritten signature in blue ink that reads "Thomas M. Conrad".

Thomas M. Conrad, Superintendent