



**Warwick Sewer Authority (WSA) – Industrial Pretreatment Program (IPP)
Professional Health Care Facilities – Nursing Homes & Assisted Elder Care
Renewal Application for Wastewater Discharge Permit**

Your Professional Health Care Facility (PHCF) Wastewater Discharge Permit is due to expire on May 31st, 2026. You must complete this wastewater discharge permit application renewal form and return it to the Warwick Sewer Authority's Pretreatment Office no later than **April 10th, 2026** in order to provide adequate time for review, processing and renewal of your permit.

Please refer to the guidance information included in each section when completing the application renewal form. The guidance information provides answers to the most frequently asked questions we have received from our permittees when completing the form.

The **Designation of Authorized Agent Form** at the end of the application **only** needs to be completed if there are changes that need to be made. Complete the form if you would like to add new agents or remove old agents. If completed, the agents entered will be listed as authorized agents. Any former authorized agents not listed will be removed.

Original (wet) signatures are required for all sections except the property owner. When the application has been completed, please retain a **COPY for your records** and **mail the ORIGINAL** document, complete with signatures and attachments (where required) to:

**Edward Mathias, Pretreatment Coordinator
Warwick Sewer Authority
125 Arthur W. Devine Boulevard
Warwick, RI 02886**

Pretreatment personnel contact information, including phone numbers and email addresses, are provided at the end of the renewal application if you require additional assistance. On behalf of our Pretreatment Program, we thank you in advance for your cooperation in ensuring we receive the completed forms and for your steadfast commitment to environmental protection through pretreatment compliance.

Section 1 – General Facility Information

Name of Company or Corporation:	
“Doing Business As” (DBA) if different from Company/Corp. Name:	
Local Business Address:	
Local Business Phone Number:	

Please check appropriate box to indicate where the Wastewater Discharge Permit should be mailed.

<input type="checkbox"/> Local Address (Section 1)	<input type="checkbox"/> Corporate Address (Section 2A, 2B or 2C)
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Section 2 – Company Organization

Please check the appropriate box and only complete the Section chosen.

<input type="checkbox"/> Sole Proprietorship/ Partnership (Complete Section 2A)	<input type="checkbox"/> LLC (Complete Section 2B)	<input type="checkbox"/> Corporation (Complete Section 2C)
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Please include a copy of your company’s RI Business Registration or recent Annual Report with your application submittal if your business is an LLC or a Corporation:

<http://business.sos.ri.gov/CorpWeb/CorpSearch/CorpSearch.aspx>

Section 2A – Organization: Sole-Proprietorship or Partnership - Authorized Agent

If the Company is a **Sole-Proprietorship or Partnership** an authorized agent shall mean a **general partner or the proprietor**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

Company Owner’s Name:	
Company Owner’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Owner’s Signature & Date:	

Section 2B – Organization: LLC - Authorized Agent

If the Company is an **LLC** an authorized agent shall mean a **member or manager of the LLC**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

LLC Business Name:	
LLC Representative’s Name:	
LLC Representative’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Representative’s Signature & Date:	

Section 2C – Organization: Corporation - Authorized Agent

If the Company is a **Corporation**, authorized representative shall mean the **president, vice-president, secretary or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

Corporate Business Name:	
Corporate Representative’s Name:	
Corporate Representative’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Representative’s Signature & Date:	

Section 2D – Additional Authorized Agent(s) of the Company or Corporation

The individual identified in **Section 2A, 2B or 2C** may designate other authorized representative(s) by completing the enclosed **Designation of Authorized Agent Form** located at the end of this permit application form. The Designation of Authorized Agent Form at the end of the application **only** needs to be completed if there are changes that need to be made. Complete the form if you would like to add new agents or remove old agents. If completed, the agents entered will be listed as authorized agents. Any former authorized agents not listed will be removed.

Section 3 – Accounting and Billing Office Information

Pretreatment invoices, where applicable, will be mailed to the currently used address unless otherwise specified.

Do you want to change your billing address? Yes No

If **YES**, please complete the information below. Otherwise leave blank.

Billing Company Name (if different):	
Billing Mailing Address:	
Billing Representative’s Name:	
Work Phone Number:	
FAX Number:	
Email Address:	

Section 4 – Facility Operations

Please indicate below which days of the week and hours of the day your company will be operating:

	SUN	MON	TUE	WED	THUR	FRI	SAT
Hours of Operation:							

Number of Employees:

In the space provided below, briefly describe the services and operations that occur at your facility. Please provide an attachment if you require more space than provided.

Section 5 – Kitchen Operations & Pretreatment

Please choose the response which most closely describes your business operations:

All food is prepared from scratch in-house.

Most food is prepared from scratch in-house. Some prepared off-site and heated or fried prior to serving.

All food is prepared off-site and then heated or fried prior to serving.

On average, approximately how many meals are served daily? (please include meals prepared for employee consumption if applicable)

Please choose the responses which most closely describe your business operations:

All dishes, glassware, utensils, pots, pans, cooking utensils, etc. are washed on-site.

Disposable plates, cups and cutlery are used. Only pots, pans and cooking utensils are washed on-site.

Prep and cooking areas are hosed down/mopped regularly and wash water flows to floor drains.

Prep and cooking areas are mopped regularly and wash water is dumped to a mop sink.

Please check the items that are found in your kitchen operation:

3-Bay Sink

Pre-Rinse Station

Dishwasher

Mop Sink

Soup Sink

Vegetable Wash Sinks

Hand Sinks

Fryer

Wok Line

Floor Drains

Garbage Disposal Unit(s)

Other (please specify)

Please choose the grease removal system(s) in place at your facility which services the kitchen operations:

Type of Grease Removal System	Number of Units	Size of Unit(s)
Internal Passive Grease Trap(s)		GPM
Internal Automatic Grease Trap(s)		GPM
External In-ground Interceptor(s)		GAL

Are products added to the grease removal system to aid in grease breakdown?

Yes (Please provide MSDS or SDS for product with your application submittal)

No

How frequently is the system be cleaned and maintained?

Frequency of Cleaning:	
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Cleaning and/or pumping of the grease removal units is be performed by:

In-House Personnel

Outside Contractor (name)_____.

Section 6 – Laundry Operations & Pretreatment

Number of Resident Rooms:		Number of Resident Beds:	
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Please include information for all laundrying equipment on-site:

Equipment	Number of Units	Capacity	Lint Trap Present (Answer Yes or No)
Large-Commercial Washer			
Medium-Commercial Washer			
Small-Commercial Washer			
Other			

How frequently will the lint trap system be cleaned and maintained?

Frequency of Cleaning:	
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Cleaning will be performed by:

In-House Personnel

Outside Contractor (name)_____.

Section 7 – Pharmaceuticals

Medications flushed down the toilet or via other sewer drains at your facility may pass through our wastewater treatment facility and eventually enter the Pawtuxet River and Narragansett Bay. Pharmaceuticals such as antibiotics and synthetic hormones have been detected in trace levels in the water bodies that receive treatment plant effluent. It is believed that the presence of these drugs in the environment has led to increased antibiotic resistance in bacteria and interference with growth and reproduction in aquatic organisms such as fish and frogs. The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) have made the study of pharmaceuticals and personal care products in the environment a top priority. Because this research is fairly new, the long term health risks for humans and the long term impact to the environment have not been determined. Controlling what goes down the drain and what is flushed down the toilet is the easiest and most effective way to minimize the potential long term negative impacts to humans and the environment. Disposal via medicine take-back programs (i.e., drop box at Warwick Police Station) or a DEA-Authorized collector is a sound and safe mechanism for disposal of unused, unwanted and expired drugs/medications. Please answer the following questions as completely and accurately as possible regarding how your facility disposes of drugs/medications.

All unused, unwanted and/or expired drugs/medications are manifested off-site for disposal.

Some unused, unwanted and/or expired drugs/medications are manifested off-site for disposal.

Please explain how your facility disposes of the remainder of the drugs that are not manifested:

None of our unused, unwanted and/or expired drugs/medications are manifested off-site for disposal.

Please explain how your facility disposes of these materials:

Section 8 – Floor Plan

Please provide a floor plan of your facility including plumbing and drains only if changes have been made since the last submittal and revised plans have not already been provided directly to the WSA.

Please make sure that your plan or sketch identifies the following if applicable:

- The location(s) of all plumbing and drains; please identify floor drains as “active” or “inactive”.
- The location(s) where wastewater exits the building; the facility may have more than one exiting line.
- The location(s) of your facility’s pretreatment system and/or equipment, i.e., external grease/solids interceptor tank(s), internal grease/solids trap(s), other.
- Chemical and waste storage location(s)
- Sampling location(s): if your current permit requires that your wastewater is periodically collected and analyzed, please indicate the sampling location on the plan.

Section 9 – Chemical Use and Wastes

The chemicals and materials that are used in your daily operations, as well as the wastes generated by your operations, are of great importance to the WSA. Some chemicals and wastes are strictly prohibited from entering the sewer system and must be manifested off-site for proper disposal. Other chemicals and wastes may be discharged to the sewer collection system, but only when discharged at or below discharge limits (concentrations) specified by the WSA. The renewal permit issued to your company following completion and submittal of this application form will clearly identify those pollutants and concentrations that are acceptable to discharge down the drain.

In the table provided below, please list all chemicals used and wastes generated in your daily operations and the method of disposal for the material. For example, your facility may be required to manifest the chemical/waste for off-site disposal or possibly the material may be consumed or evaporated in your facility’s daily operations. Please provide an attachment if you require more space than provided.

Chemical/Material Name	Disposal Method (Sewer, Manifest, Evaporated, Consumed)

Section 10 – Water Usage and Discharge Information

In the table provided, please complete the information requested regarding the wastewater generated by your facility. Review a year’s worth of water bills to find the daily average. Convert cubic feet (CF) to gallons by multiplying the CF by 7.48 (1 cubic foot = 7.48 gallons). Please do your best to estimate the flow for each source. The majority of the flow for PHCF Industries is sanitary. The flow for the kitchen and laundry depend on this size of each operation. Some water purchased by your facility will not be discharged to the sewer. The types and amounts of water used in these operations should also be included in the table below.

Source	Description	Volume (gallons/day)	Discharged to Sewer (Y or N)
Restrooms: Toilets & Sinks	Sanitary Wastewater		YES
Process Wastewater #1	Kitchen Operations		YES
Process Wastewater #2	Laundry Operations		YES
Landscaping/Irrigation			NO
Cooling/Heating Water			
Boiler Blow-down Water			
Other			

Section 11 – Property Ownership Information & Certification

“I certify under penalty of law that I am the property owner or an agent for the property owner of the property identified in Section 1 of this permit application form. I am aware of the operations conducted by the business located at this property. I understand that the Warwick Sewer Authority’s Pretreatment Program must issue a wastewater discharge permit to the business located at this property due to the nature of their operations and/or wastes generated by their operations. I acknowledge that Pretreatment Fees associated with the wastewater discharge permit are the responsibility of the permittee, i.e., the owner/operator of the business and that Sewer/Water utility charges are billed separately to me, the property owner. I am aware that unpaid/delinquent Pretreatment Fees will be associated with the property’s payment history in the City of Warwick’s utility billing software. Therefore, in order to ensure prompt payment of Pretreatment Fees owed by my tenants, I may request that a copy of my tenant’s Pretreatment bill be mailed to me at the address below, when these quarterly bills are generated and delivered to my tenant for payment.”

Tenant Company Owns Property

Tenant Company Rents/Leases Property

Property Address:	
Name of Property Owner:	
Property Owner Mailing Address:	
Property Owner Representative Name/Title:	
Phone Number:	
FAX Number:	
Email Address:	
Cell Phone Number:	
Signature of Property Owner & Date:	

Would you like a copy of your tenant’s Pretreatment Bills mailed to your attention at the property address identified above? Yes No

Important Note: A digital signature or copy of original signature is accepted for the property owner section. If the property owner is not located on site, then it is recommended that this page be emailed to them for their signature and emailed back. If the applicant **owns the property**, the applicant/property owner **must still complete this section**.

Section 12 – Application Certification

Only Authorized Agents identified in Sections 2A, 2B, 2C or 2D (completed **Designation of Authorized Agent Form** found on pages 11-12) may sign this official document.

“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 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 violation.”

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Printed Name of Authorized Agent

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Title of Authorized Agent

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Signature of Authorized Agent

Date

Section 13 – Due Date and Application Fee

Application Due Date:	Due no later than April 10th, 2026
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Application Fee:	No Fee Required for Renewal
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Section 14 - Pretreatment Personnel Contact Information

Contact Name & Title	Phone Number	Email Address
Maureen Mascoli, O&M Clerk	401-921-9779	maureen.mascoli@warwickri.gov
James Kyle Dorsey, Pretreatment Inspector	401-468-4723	james.k.dorsey@warwickri.gov
Daniel Ogilvie, Pretreatment Inspector	401-468-4726	daniel.b.ogilvie@warwickri.gov
Edward Mathias, Pretreatment Coordinator	401-468-4725	edward.f.mathias@warwickri.gov

**INDUSTRIAL PRETREATMENT PROGRAM
DESIGNATION OF AUTHORIZED AGENT FORM**

Section A: Registered Officer/Director

Company Name and Permit #:	
Local Facility Address:	
Registered Officer/Director:	
Title:	
Mailing Address:	
Work Phone Number:	
Email Address:	
*Cell Phone Number:	
**Signature and Date:	
**By signing this document the Registered Officer certifies under penalty of law the agents listed in Section B can act as Authorized Agents for the company.	

Section B: Authorized Agents As Designated by Registered Officer/Director

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

*CELL PHONE NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, PROCESS UPSET, FIRE, ETC)

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

*CELL PHONE NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, PROCESS UPSET, FIRE, ETC)