Appendix C

Forms

Pump Station/Collection System Overflow Questionnaire

Bypass or Sewer Overflow Report

Power Outage – Emergency Contacts

Auxiliary Pumps

Sewer Pipeline Test Form

Sewer Manhole Vacuum Test Form

Sewer Connection Form

Manhole Information Data Collection Sheet

PUMP STATION/COLLECTION SYSTEM OVERFLOW QUESTIONNAIRE

Wastewater Treatment Facility reporting: Hanover, NH Permit No. NH0100099_____

1. Location of overflow:_____

2. Who notified WWTF/municipality?_____

3. Time and date of above notification_____

4. Date overflow started:_____ Time overflow started:_____

5. Date overflow ended:_____ Time overflow ended:_____

6. Cause of failure: _____

_____

7. Amount of overflow:_____

8. Was overflow treated with emergency disinfection?_____ Type of Disinfection _____ Time disinfection started:_____ Amount of Disinfection used: _____

9. What waterbody did the overflow discharge to?_____

10. Detail chronology of events leading to failure/overflow: _____

_____

_____

11. Detail chronology of response indicating all steps taken to minimize the amount of overflow:

_____

_____

_____

12. If applicable, were septage haulers and/or emergency generators used to minimize the amount bypassed? (If use was possible but not implemented, why not?)

_____

_____

_____

13. What actions are being taken to mitigate and/or prevent further occurrences?

_____

_____

_____

Notification of NHDES #: 271-1494; Person Notified_____
Date/Time:_____
By_____

EPA Notification (617)918-1877; Person Notified_____
Date/Time:_____
By_____

BYPASS OR SEWER OVERFLOW REPORT

Date of Report: _____

Date of Incident: _____

Name of System: Town of Hanover

Facility Name: Water Reclamation Facility

NPDES Permit # NH0100099

Name and Title of Person Reporting Incident: _____

Telephone #: _____

Location of Overflow: _____

Receiving Water: _____

Incident Duration: _____

Estimated Total Flow: _____

Treatment Provided: _____

Cause of Incident: _____

Mitigation Measures Taken: _____

Additional Information/Comments: _____

Agency/Person Reported to: USEPA: Joy Hilton 617-918-1877, Fax 617-918-0877
NHDES: Jocelyn.henry@des.nh.gov, 603-271-1494

Memo

To: Staff

From: Kevin MacLean

Date: December 01, 2016 rev.

Re: **Emergency contact information**

Power outage Hotline – 1-855-349-9455

Customer service – 1-800-375-7413 – when prompted about whether this is an emergency – state **yes** – that will connect you to an actual person.

Municipal account manager-Jill Fitzpatrick – 603-952-2999 {7:00-16:30 M-F}, jill.fitzpatrick@libertyutilities.com

EMAIL JILL UPON ANY "BLIP"WHICH AFFECTS ANY EQUIPMENT

LOCATION / Street address	**ACCOUNT #**	**POLE #**
WRF {121 South Main St. / Pine Knolls Drive}	**44607830**	**6/116** {route 10 entrance}
PS#3 {Brook Road / 114 S. Main st.}	**44619707**	**#1**
PS#4 {Lyme Road / CRREL}	**44618547**	**#5**
PS#5 {Girl Brook / Lyme Rd.}	**44630772**	**#6-2**
PS#2 {Ledyard Bridge / West Wheelock}	**44632156**	**#87/21**

EMERGENCY SERVICES - 8-911

Hanover Dispatch – 603-643-2222

Stearns Septic- 603-442-9500

Herrins Septic – 603-448-4139

Hartigan Vactor Service – 1-800-696-0761

Dimmick Services – (802) 728-3805

NHDES – 603-271-1494 {Teresa Ptak – Inspector}

USEPA – 1-617-918-1877 {Joy Hilton}

SCADA – LCS Controls – Office (802) 767-3128, Tom - (802) 345-2216 mobile, Brian - 1-(802)-345-2214 mobile.

Defiance Electric - (603) 632-7970

Royal Electric – (603) 747-2722

Clean Harbors - (603) 224-6626 {HAZMAT}

Evans Fuel - 603-448-3400 {diesel}

Milton Cat - (603) 746-4671 {generators}

City of Lebanon – (603)-298-5986 (Public Works – Wastewater)

NES Rentals - (802) 660-1995

L&M Contractors – (603)-359-1656

Dartmouth College FO&M – 646-2485

DIGSAFE – 811

Utility Locating Services - (603)-763-2474

Fairpoint Communications – (603) 703-9295

Pump Station #3 – 640-3279

Pump Station #5 – 640-3289

WRF SCADA -643-8356

WRF VERBATIM- 603-306-6653

Hanover WRF auxiliary equipment list

Portable pumps

Make	Coupling size/type	Fuel	Year	Output (Max)	Hours	Notes
Ford	4" Cam-Lock	Diesel	1960's	450 GPM	Unknown	
Godwin	4" Cam-Lock	Diesel	2012	1,000 GPM	104.9	
*Hydra-Tech	4" Cam-Lock	Diesel	2004	400 GPM (each)	407.0	*(1) cast iron pump head (heavy slurries)
						*(1) aluminum pump head (effluent)
						*unit is hydraulically driven submersible
Appurtenances						
Suction Hose	4" Cam-Lock	200'				
Discharge Hose	4" Cam-Lock	200'				
Drive hoses	1" Feed & Return	75'				
Strainers	3					

TOWN OF HANOVER, NEW HAMPSHIRE
SEWER PIPELINE TEST FORM

Date:_____

Project:_____

Contractor:_____

Location:_____

Size of Pipe:_____

Type of Pipe:_____

Length of Pipe Tested:_____

Minimum Time for 0.5 psi pressure drop from Table 1 :_____

Begin Test Pressure(4.0 psi minimum):_____

End Test Pressure after Minimum Time:_____

Total Pressure Drop after Minimum Time:_____ Pass____ Fail____

Witnessed By:_____ Title:_____

TABLE I
Line Pressure Air Test Using Low-Pressure Air
SPECIFICATION TIME REQUIRED FOR A 0.5 PSIG PRESSURE DROP
FOR SIZE AND LENGTH OF PIPE INDICATED

1 Pipe Diameter (in.)	2 Minimum Time (min:sec)	3 Length For Minimum Time (ft.)	4 Time For Longer Length (sec.)	Specification Time for Length (L) Shown (min:sec)							
				100 ft.	150 ft.	200 ft.	250 ft.	300 ft.	350 ft.	400 ft.	450 ft.
4	3:46	597	.380 L	3:46	3:46	3:46	3:46	3:46	3:46	3:46	3:46
6	5:40	398	.854 L	5:40	5:40	5:40	5:40	5:40	5:40	5:42	6:24
8	7:34	298	1.520 L	7:34	7:34	7:34	7:34	7:36	8:52	10:08	11:24
10	9:26	239	2.374 L	9:26	9:26	9:26	9:53	11:52	13:51	15:49	17:48
12	11:20	199	3.418 L	11:20	11:20	11:24	14:15	17:05	19:56	22:47	25:38
15	14:10	159	5.342 L	14:10	14:10	17:48	22:15	26:42	31:09	35:36	40:04
18	17:00	133	7.692 L	17:00	19:13	25:38	32:03	38:27	44:52	51:16	57:41
24	22:40	99	13.674 L	22:47	34:11	45:34	56:58	68:22	79:46	91:10	102:33

TOWN OF HANOVER, NEW HAMPSHIRE
SEWER MANHOLE VACUUM TEST FORM

The manhole will be brought under no less than ten (10) inches of vacuum, no matter what the manhole depth. There must be no more than one (1) inch of drop over a ten (10) minute period for the manhole to be acceptably watertight.

All manhole testing will be completed prior to inverts being installed.

Date:_____

Project:_____

Contractor:_____

Location:_____

Begin Test Vacuum (10 inches minimum):_____

End Test Vacuum after 10 minutes:_____

Total Vacuum Drop after 10 minutes:_____ Pass____ Fail____

Witnessed By:_____ Title:_____

Connection #:_____

TOWN OF HANOVER
P.O. BOX 483
HANOVER, NEW HAMPSHIRE 03755

SEWER CONNECTION FORM

Map #:_____Lot #_____Sketch Attached:_____

Applicant:_____

Telephone Number:_____

Billing Name & Address: _____

_____

_____

Address of Connection (if different from above):_____

Primary Contractor:_____

Installation Contractor:_____

Connection Date:_____Connection/Fee:_____ Recap/Fee: _____

Please Bill: _____

_____ _____
Date of Inspection Authorized Agent

Distribution:

_____ Applicant
_____ Primary Contractor
_____ Public Works Department
_____ Accounting

(Revised 4/9/17)

Manhole Information
Data
Collection Sheet

- **Date:**_____
- **Manhole Number:**_____
- **Street Location:**_____
- **Frame Size:**____**Cover Condition:**____**comments:**_____
- **Safty Inspection:** **visual :**_____ **air test:**_____
- **Depth : center** **invert to rim** _____
- **Manhole Construction Mat'l:** _____ **comments**_____
- **Shelf Condition:**_____ **Invert Mat'l:**_____**comments**_____
- **Flow Condition: clear**____ **typical** ___ **cloudy**___ **comments**_____
- **Visible Infiltration:**_____
- **Pipe Information:**

direction	type	size	mat'l	drop y/n depth	flow
____	____	____	____	_____	___
____	____	____	____	_____	___
____	____	____	____	_____	___
____	____	____	____	_____	___
____	____	____	____	_____	___
____	____	____	____	_____	___

- **Sketch:**