



Water Reclamation  
P.O. Box 483  
Hanover, NH 03755  
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## Food Preparation Establishment Wastewater General Permit Application

### SECTION A: GENERAL INFORMATION

1. This application is for an:	Existing Discharge <input type="checkbox"/>	Proposed Discharge <input type="checkbox"/>	Increased Use <input type="checkbox"/>	Permit Renewal <input type="checkbox"/>
2. Name of Establishment:	<hr/>			
Establishment location:	<hr/>			
Billing address (if different)	<hr/>			
4 Name of Owner:	<hr/>			
Owner's Telephone Number:	<hr/>			
Email Address:	<hr/>			
5 Designated signatory authority in responsible charge of this facility:	<hr/>			
Name and Title:	<hr/>			
Telephone Number:	<hr/>			
Email Address:	<hr/>			
6 Person to contact concerning information provided herein:	<hr/>			
Name and Title:	<hr/>			
Business Telephone Number:	<hr/>			
Email Address:	<hr/>			

### SECTION B: FOOD PREPARATION ESTABLISHMENT INFORMATION

1 Type of establishment (please check all that apply)

<hr/> Bakery	<hr/> Coffee shop	<hr/> Hospital
<hr/> Bar/Cocktails	<hr/> Company/Office Building	<hr/> Hotel/Motel/Inn
<hr/> Cafeteria	<hr/> Convenience store	<hr/> Ice Cream Shop
<hr/> Carry Out	<hr/> Fast Food Restaurant	<hr/> Nursing/Adult living Home
<hr/> Caterer	<hr/> Full Service Restaurant	<hr/> Religious Institution
<hr/> Club/Organization	<hr/> Grocery Store	<hr/> School/College
		<hr/> Other

Provide a brief description of the establishments products offered, services rendered or attach menu.

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2 Quantity of items in establishment (indicate the # of each unit)

Qty	Qty	Qty
Charbroiled	Grill	Stove
Fryolator	Hand sinks in kitchen area	Three-compartment sink
Dishwasher	Hot dog roller	Tilt kettles/skillet
Floor drains	Mop sink	Two-compartment sink
Floor sinks	Oven	Wok station
Garbage grinder (disposals)	Pre-rinse sink	Pulper
Griddle	Rotisserie	Other

3 If your establishment has fryers, grills and/or ovens, which type of exhaust cleaning system do you use to clean the filters?

Automatic cleaning system  Manual cleaning system

4 For manual or automatic hoods where is the filter wash water drained?

\_\_\_\_\_

5 Is your exhaust hood and fan cleaned by a professional contracted hood cleaning company? Yes \_\_\_\_\_ No \_\_\_\_\_

6 How often is the entire hood system cleaned? \_\_\_\_\_

7 Hood cleaning company name \_\_\_\_\_ number \_\_\_\_\_

8 Attach a sketch or blueprints if available: Show the location of all sinks (hand, pots, & pans, prep), floor drains, dishwashers & disposals. Also indicate location and plumbing plans for all grease removal equipment (grease traps/interceptors). Indicate in the drawings which fixtures convey wastewater to the grease interceptors.

9 Business size and volume

Percent (%) of carry-out business \_\_\_\_\_ Customer seating capacity (outside) \_\_\_\_\_

Percent (%) of dine-in business \_\_\_\_\_ Customer seating capacity (inside) \_\_\_\_\_

Total number of employees during peak season \_\_\_\_\_

Average number of meals served per day during the peak season \_\_\_\_\_

Seating capacity of establishment \_\_\_\_\_

Please request **Section C** if you estimate your kitchen flows to be greater than 2500 gallons per day

10 Please indicate the hours and days your establishment is open

Hours	Hours
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	_____

11 Does your establishment have an external grease interceptor? Yes \_\_\_\_\_ No \_\_\_\_\_

12 List the name and phone number of the waste hauling company who pumps out the external grease interceptor.

Company \_\_\_\_\_ Phone \_\_\_\_\_

13 How often is your external grease interceptor cleaned? \_\_\_\_\_

14 Does your facility have an indoor grease trap? Yes \_\_\_\_\_ No \_\_\_\_\_

15 Do you have an automatic or manual style grease trap? \_\_\_\_\_

16 What is the manufacture, model, and size of your grease trap? \_\_\_\_\_

17 What is the frequency of cleaning for your grease trap?

18 If a contractor cleans your grease trap please provide the following  
 Company \_\_\_\_\_ Phone \_\_\_\_\_

19 When the internal automatic grease interceptors or manual traps are cleaned where do you dispose of the grease after cleaning.  
 \_\_\_\_\_ Solid Waste (Trash)  
 \_\_\_\_\_ Mixed with other grease stored on premises  
 \_\_\_\_\_ Contractor/Grease interceptor waste hauler disposes of grease  
 \_\_\_\_\_ Other

20 If waste cooking oils and grease are stored on the premises for rendering or recycling where is the storage container located?  
 Describe container and location \_\_\_\_\_

What is the name of your service removing the waste cooking oil or grease?  
 Company \_\_\_\_\_ Phone \_\_\_\_\_

21 Please indicate the number of the following fixtures connected to your grease interceptor.

Qty	Qty	Qty
_____ Pre-rinse sink	_____ Hand sinks in kitchen area	_____ Automatic Fume Hood
_____ Dish washer	_____ Floor sinks	_____ Ice Cream Equipment
_____ Pot Washer	_____ Mop sinks	_____ Steam Tables
_____ One compartment sink	_____ Floor drains	_____ Garbage grinder (disposals)
_____ Two-compartment sink	_____ Tilt kettles/skillet	_____ Pulper discharge
_____ Three-compartment sink	_____ Wok station	_____ Other

22 Do you use additives in your grease traps, floor drains, sewer lines, etc., to clean them?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

23 Please attach any additional information (for example: menus, procedures, BMP's ) you feel may be beneficial in support of this document.

**Signature of Authorized Representative**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

On behalf of the above-named applicant (owner), I hereby apply for a permit to discharge non-domestic wastewater to the wastewater collection and treatment facilities owned by the Town of Hanover, New Hampshire. I certify that I am familiar with the Town's Sewer Use Ordinance, and the information contained in this application. 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 violations. I further understand that if the actual wastewater discharged differs in any significant manner from the information contained herein, any permit issued based upon this application is void and such discharge shall be in violation of the Town's Sewer Use Ordinance.

## DISCHARGE PERMIT APPLICATION INSTRUCTIONS AND FEES

### **Applicant Instructions**

All items must be completed for this application to be considered complete. If this application is for a proposed discharge, indicate whether discharge information is actual or estimated. Existing discharges must give actual information for all questions. If an item is not applicable, indicate "NA." Please print or type all information. Attach additional pages where additional space is required.

For new discharges applications shall be submitted within 90 days prior to the date upon which any discharge will begin. For existing permits applications shall be submitted 60 days prior to permit expiration.

Completed applications shall be submitted to:

Town of Hanover, WRF  
Attn: Pretreatment Coordinator  
PO BOX 483  
Hanover, NH 03755

### **Application Fees**

The Town of Hanover has adopted application fees for Food Preparation and Industrial Discharge Permits pursuant to the latest Rates and Fees Schedule. Fees shall be based on Permit classification as established by the Industrial User Classification System contained in Section 2.2 of the Town's Industrial Pretreatment Program.

Upon completion of the Food Preparation or Wastewater Discharge Permit an invoice will be mailed to your establishment.

**CONFIDENTIALITY:** Per the Town of Hanover Sewer Use Ordinance, information and data submitted as part of this application relating to wastewater characteristics shall be available to the public without restriction. Confidential and/or proprietary information shall be stamped "Confidential" or "Proprietary Information" or a written request shall accompany this application requesting confidentiality of this information.

### SECTION C: WATER USAGE & DISCHARGE (For Kitchen Flows Greater than 2500 GPD)

1. Show the current quantities of water received and wastewater discharged daily.

Water Used For	INCOMING WATER		OUTGOING WATER		
	Source *	Average Gals/Day	To Sanitary Sewer	Other than to Sanitary Sewer	Average Gals/Day
Domestic / Sanitary					
Processes: List processes that generate wastewater					
1.					
2.					
3.					
4.					
<i>Laundry</i>					
<i>Total Kitchen Flow</i>					
<i>Pool backwash/draining</i>					
<i>Cooling tower blowdown</i>					
<i>Boiler blowdown</i>					
<i>Contact Cooling Water</i>					
<i>Non-Contact Cooling Water</i>					
<i>Lawn Irrigation</i>					<b>Irrigation</b>
<i>Other:</i>					
<i>Storm water</i>					
<b>Totals - Gallons per day</b>					

2. If maximum flows expected to occur within the next year are different than above, indicate below.


#### NOTES:

\* = In the table above, enter the appropriate letter code indicating the source:

- A. Town water
- B. River or pond
- C. Groundwater
- D. Other (specify) \_\_\_\_\_

\*\* = In the table above, enter the code indicating the discharge point:

- A. Evaporation
- B. Storm drains
- C. Consumed in Products
- D. Other (specify) \_\_\_\_\_
- E. Surface waters (NPDES Permit No. \_\_\_\_\_)
- F. Holding tanks/leach fields
- G. Off-site disposal