Town of Hanover, New Hampshire
PUBLIC WORKS DEPARTMENT

P.O. Box 483
Hanover, NH 03755
(603) 643-3327
Fax (603) 643-0736
dpw@HanoverNH.org

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

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.

SECTION A: GENERAL INFORMATION

1. This application is for an: Existing Discharge ☐ Proposed Discharge ☐ Increased Use ☐
2. Name of facility: _____
   Facility location: _____
   Mailing address (if different) _____
3. 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.

Signature of Authorized Representative

Signature _____ Title _____ Date _____

The Congress has declared it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally-safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally-safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally-safe manner.

The Town of Hanover supports this policy and encourages the business and residential community to incorporate pollution prevention into their daily activities. Cost-free technical assistance may be obtained from the New Hampshire Pollution Prevention Program at (800) 273-9469.

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.

4. Name of Owner: _____

   Address of Owner: _____

   Owner's Telephone Number: _____

5. Designated signatory authority in responsible charge of this facility:

   Name and Title: _____

   Telephone Number: _____

6. Person to contact concerning information provided herein:

   Name and Title: _____

   Business Telephone Number: _____

   FAX Telephone Number: _____

   Email Address: _____

7. Have you been issued any federal, State, or local environmental permit(s)?

   Yes _____ No _____

   If yes, please list the permit(s):

Description	Permit No.

8. Is a Slug Control Plan prepared for this facility?
   If yes, attach a copy. Yes _____ No _____

SECTION B: PRODUCT OR SERVICE INFORMATION

1. Provide a brief narrative description of manufacturing or service activity:

_____

_____

_____

_____

2. INDUSTRIAL CLASSIFICATION CODE

List the North American Industry Classification System (NAICS) or Standard Industrial Classification Code (SIC) for all activities:

NAICS or SIC Code Number	Industrial Group

3. If your facility employs or will be employing processes in any of the industrial categories (subject to National Categorical Pretreatment Standards) listed below, regardless of whether any of these processes generates wastewater or waste sludge, place a check beside the category or business activity (Check all that apply).

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Builder's Paper
- ☐ Centralized Waste Treatment
- ☐ Cement Manufacturing
- ☐ Coil Coating
- ☐ Copper Forming
- ☐ Dairy Products Processing
- ☐ Elec./Electronic Components
- ☐ Electroplating
- ☐ Feedlots
- ☐ Ferroalloy Manufacturing
- ☐ Fertilizer Manufacturing
- ☐ Fruits/Vegetable Process/Mfg.
- ☐ Glass Manufacturing
- ☐ Grain Mills Manufacturing
- ☐ Ink Formulating
- ☐ Inorganic Chemicals
- ☐ Iron & Steel Manufacturing
- ☐ Leather Tanning & Finishing
- ☐ Meat Processing
- ☐ Metal Finishing
- ☐ Metal Molding & Casting
- ☐ Metal Products and Machinery
- ☐ Non-Ferrous Metals Forming
- ☐ Non-Ferrous Metals Manufacturing
- ☐ Organic Chemicals, Plastics & Synthetic Fibers
- ☐ Paint Formulating
- ☐ Paving & Roofing (Tars & Asphalts)
- ☐ Pesticide Chemicals
- ☐ Petroleum Refining
- ☐ Pharmaceuticals
- ☐ Phosphate Manufacturing
- ☐ Plastics Molding & Forming
- ☐ Porcelain Enameling
- ☐ Pulp & Paper
- ☐ Rubber Processing
- ☐ Seafood Processing
- ☐ Soaps & Detergents Manufacturing
- ☐ Steam Electric
- ☐ Timber Products Manufacturing
- ☐ Textile Mills

SECTION C: FACILITY OPERATIONAL CHARACTERISTICS

1. Are your processes subject to seasonal variation? Yes_____ No_____
   If yes, explain periods of peak operation and production.

   _____

   _____

   _____

2. Product/Services Quantity Information (attach sheets as needed):

Description of Product or Service	Average Rate of Production / Qty of Services Provided		
	Amount	Units (see key below)	Time Basis (wk, month, yr, etc.)

Unit key: A. Pounds E. Tons H. Barrels J. Bushels
B. Square feet F. Gallons I. Pieces or units K. Kilograms
C. Square meters G. Liters
D. Other (specify) _____

3. Schematic Flow Diagram: For each major activity in which wastewater is or will be generated, provide a diagram of the flow of materials, products, water and wastes from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated.

4. Building Layout Diagram: Provide drawings for each building on the premises. Show the location of water/flow meters, sampling stations, monitoring equipment and pretreatment facilities, chemical storage areas, numbered unit processes (from Schematic Flow Diagram), sanitary and storm sewer lines, street names, wells, and each facility sewer line connection to the public sewers.

5. Description of potential expansion plans within the next 3 to 5 years. Include description of possible impacts on wastewater discharges to the sewer.

   _____

   _____

   _____

6. Shift Information

	Hours	For each day of operation, list the number of employees working per shift						
		Sun	Mon	Tue	Wed	Thu	Fri	Sat
Shift 1								
Shift 2								
Shift 3								
	Totals							

SECTION D: WATER USAGE & DISCHARGE

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

	INCOMING WATER		OUTGOING WATER			
			To Sanitary Sewer		Other than to Sanitary Sewer	
Water Used For	Source *	Average Gals/Day	Average Gals/Day	Maximum Gals/Day	Average Gals/Day	Discharge To (**)
Domestic / Sanitary						
Processes: List processes that generate wastewater						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Cooling tower blowdown						
Boiler blowdown						
Contact Cooling Water						
Non-Contact Cooling Water						
Lawn Irrigation						*Irrigation*
Other:						
Storm water						
Totals - Gallons per day						

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

3. Describe the flow characteristics of continuous/batch/intermittent process discharges. (If additional space is required, use back of page.)

Source	Volume (gallons)	Duration (minutes)	Frequency (occurrences/day, etc.)	Time of Discharge (day & time)	Comments

4. List past four (4) quarters of water usage from Town water bills and identify areas of facility served by each water account:

Year	Quarter	Gallons (Acct. No._____)	Gallons (Acct. No._____)	Gallons (Acct. No._____)	Totals
AREA SERVED					

5. Describe any raw water treatment processes used.

_____

_____

6. Describe any water recycling or material reclaiming processes used. List practices that reduce or eliminate the creation of pollutants or wastes at the source.

_____

_____

_____

7. Describe any wastewater treatment equipment or processes in use and processes from which they receive wastewater:

Process Line	Type of Pretreatment

8. Furnish plans and specifications (if not previously submitted to the Town) covering any existing or proposed pretreatment facilities.

9. Wastewater discharges from buildings:

Sewer connection location	Discharge Connects to	Average Volume (gals/day)

10. Describe liquid or hazardous wastes, if any, that are transported off-site for disposal:

Type of Waste	Waste Transporter	Disposal Site

11. Sampling Station(s):

Manufacturer	Sampler Model	Location/Designation

12. Flow Meter(s):

Manufacturer	Model	Location

SECTION E: WASTEWATER ANALYSIS

Complete the following section for analytes as required. Submit Chain-of-Custody forms and analytical results obtained from a State of New Hampshire certified laboratory for each discharge point to the Town's sewer system. All monitoring and analytical procedures must comply with procedures specified in 40 CFR Part 136.

Sampling of wastewater for these analyses must be representative of normal daily activities for this facility. The time, location and sampling methods must be approved by the Public Works Department for acceptance as part of this application.

TOWN OF HANOVER, NEW HAMPSHIRE

ANALYSES FOR INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

1. Sample point(s): _____

_____

_____

2. Wastestreams present in sample analyzed: _____

_____

3. Sample collection (Must be 24-hour flow-proportional composite where feasible):

Pollutants Sampled	Date(s)	Time(s)	Composite or Grab

4. Samples collected by: _____

5. Name of certified laboratory: _____

	Required by Town	Analytical Results
6. Volatile Organic Compounds (Method 624):	☐	attach results
7. Acid and Base/Neutral Extractable Organics (Method 625):	☐	attach results
8. PCBs (Method 625):	☐	attach results

9. Metals (total) and Cyanide:

	Required by Town	Analytical Results (mg/L)		Required by Town	Analytical Results (mg/L)
Aluminum	☐	_____	Lead	☐	_____
Arsenic	☐	_____	Mercury	☐	_____
Beryllium	☐	_____	Molybdenum	☐	_____
Cadmium	☐	_____	Nickel	☐	_____
Chromium (T)	☐	_____	Selenium	☐	_____
Copper	☐	_____	Silver	☐	_____
Cyanide(T)	☐	_____	Zinc	☐	_____
Iron	☐	_____			

NOTE: Maximum Analytical Reporting Limits (mg/L)

Aluminum	**0.01**	**Cyanide**	**0.02**	**Selenium**	**0.001**
Arsenic	**0.001**	**Lead**	**0.005**	**Silver**	**0.001**
Cadmium	**0.001**	**Mercury**	**0.0001**	**Zinc**	**0.01**
Chromium (T)	**0.001**	**Molybdenum**	**0.005**		
Copper	**0.01**	**Nickel**	**0.005**		

10. Conventional Pollutants:	Required by Town	Analytical Results (mg/L)
Total Phenols	☐	
Ammonia (Total as N)	☐	
Biochemical Oxygen Demand	☐	
Chemical Oxygen Demand	☐	
Total Dissolved Solids	☐	
Total Suspended Solids	☐	
pH	☐	
Sulfide	☐	
Sulfite	☐	
Sulfate	☐	
Closed-cup Flashpoint	☐	
Oil & Grease (Method 1664)	☐	
Total Petroleum Hydrocarbons (Method 1664 SGT-HEM)	☐	

11. Other Constituents Characteristic of Your Operation:

	Required by Town	Analytical Results (mg/L)
	☐	
	☐	
	☐	
	☐	

SECTION F: IDENTIFICATION OF RAW MATERIALS AND/OR POLLUTANTS PRESENT

List all raw materials and chemicals used in your facility operations that:

1. You know or have reason to believe are present in your wastewater discharge, or
2. Are hazardous wastes when disposed, or
3. Contain priority pollutants (see list on next page), or
4. Are stored at your facility in quantities of five (5) gallons or five (5) pounds or more at any given time.

Refer to Table 1, Page 11 for priority pollutant listing. Computer inventory printouts may be used to provide the information required. Attach Material Safety Data Sheets (MSDSs) for all items that have not had MSDSs previously submitted.

Raw Material / Product Name	Purpose or Process for Raw Material Usage	Amount Used/Year (Pounds, gallons, etc.)	Estimated % Loss to Sewer

Priority Pollutants required to be identified by applicant if expected to be present

TABLE 1

Metals and Cyanide

114 Antimony	115 Arsenic
117 Beryllium	118 Cadmium
119 Chromium	120 Copper
122 Lead	123 Mercury
124 Nickel	125 Selenium
126 Silver	127 Thallium
128 Zinc	121 Cyanide

Organics - Volatile Compounds

002 Acrolein	003 Acrylonitrile
004 Benzene	006 Carbon tetrachloride (tetrachloromethane)
047 Bromoform	
007 Chlorobenzene	051 Chlorodibromomethane
016 Chloroethane	019 2-chloroethylvinyl ether
023 Chloroform (trichloromethane)	048 Dichlorobromomethane
010 1,2 -dichloroethane	013 1,1-dichloroethane
032 1,2-dichloropropane	029 1,1-dichloroethylene
038 Ethylbenzene	033 1,3-dichloropropene
045 Methyl chloride	046 Methyl bromide
015 1,1,2,2-tetrachloroethane	044 Methylene chloride
086 Toluene	085 Tetrachloroethylene
011 1,1,1-trichloroethane	030 1,2-trans-dichloroethylene
088 Vinyl chloride (chloroethylene)	014 1,1,2-trichloroethane
	087 Trichloroethylene

Pesticides

	089 Aldrin
103 Beta-BHC	102 Alpha-BHC
105 Delta-BHC	104 Gamma-BHC
092 4,4' DDT	091 Chlordane
094 4,4' DDD	093 4,4'-DDE
095 Alpha-endosulphan	090 Dieldrin
097 Endosan sulfate	096 Beta-endosulphan
098 Endrin	099 Endrin aldehyde
101 Heptachlor epoxide	100 Heptachlor

Organics - Acid Compounds

024 2-chlorophenol	031 2,4-dichlorophenol
034 2,4-dimethylphenol	060 4,6-dinitro-o-cresol
059 2,4-dinitrophenol	057 2-nitrophenol
058 4-nitrophenol	022 p-chloro-m-cresol
064 Pentachlorophenol	065 Phenol
021 2,4,6-trichlorophenol	

Organics - Base/Neutral Compounds

001 Acenaphthene	077 Acenaphthylene
078 Anthracene	005 Benzidine
072 Benzo (a) anthracene	073 Benzo (a) pyrene
074 Benzo (b) fluoranthene	079 Benzo(ghi)perylene
075 Benzo (k) fluoranthene	043 Bis(2-chloroethoxy)methane
018 Bis (2-chloroethyl) ether	042 Bis(2-chloroisopropyl)ether
066 Bis(2-ethylhexyl)phthalate	041 4-bromophenyl phenyl ether
067 Butylbenzyl Phthalate	020 2-chloronaphthalene
040 4-chlorophenyl phenyl ether	076 Chrysene
082 Dibenzo (a,h) anthracene	025 1,2-dichlorobenzene
026 1,3-dichlorobenzene	027 1,4-dichlorobenzene
026 3,3'-dichlorobenzidine	070 Diethyl phthalate
071 Dimethyl phthalate	068 Di-n-butyl phthalate
035 2,4-dinitrotoluene	036 2,6-dinitrotoluene
069 Di-n-octyl phthalate	037 1,2-diphenylhydrazine
039 Fluoranthene	080 Fluorene
009 Hexachlorobenzene	052 Hexachlorobutadiene
053 Hexachlorocyclopentadiene	012 Hexachloroethane
083 Indeno (1,2,3-cd) pyrene	054 Isophorone
055 Naphthalene	056 Nitrobenzene
061 N-nitrosodimethylamine	063 N-nitrosodi-n-propylamine
062 N-nitrosodiphenylamine	081 Phenanthrene
084 Pyrene	008 1,2,4-trichlorobenzene
113 Toxaphene	106 PCB-1242
107 PCB-1254	108 PCB-1221
109 PCB-1232	110 PCB-1248
111 PCB-1260	112 PCB-1016

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 sumitted to:

Town of Hanover, WRF
PO BOX 483
Hanover, NH 03755

Application Fees

The Town of Hanover has adopted application fees for Food Preparation and Industrial Discharge Permits persuant 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.