



Town of Milford
 WATER UTILITIES DEPARTMENT

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 Milford, NH 03055-8999
 (603) 249-0662
 Fax (603) 249-0699
www.milfordnh.info

TDD Access:
 Relay NH 1-800-735-2964

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. This application is also available in electronic format (Microsoft Excel). Attach additional pages where additional space is required.

Part I - General Information

- 1) This application is for an: Existing Proposed Increased
 Discharge Discharge Use
- 2) Company Name _____
- 3) Physical Address _____
- 4) Mailing Address (if different) _____

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 Milford 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.

Authorized Signature	Title	Date
<p>Authorized Signature: A corporate officer, general partner or proprietor, or manager who has been assigned authority to sign documents (Town must have copy of written authorization).</p>		

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 Milford 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. Additional resources are available and may be obtained by contacting the Wastewater Treatment Facility.

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Part I - General Information (con't)

CONFIDENTIALITY: Per the Town of Milford 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.

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

Name and Title: _____

Telephone Number: _____

6) Person to contact concerning the information provided herein:

Contact Name and Title: _____

7) Contact Telephone Number: _____

8) Contact Email: _____

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

Yes

No

If yes, please list the permit(s):

<u>Description</u>	<u>Permit Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10) Is a Slug Control Plan* prepared for this facility?

Yes

No

If yes, attach a copy if not previously provided to Town.

* A plan or other action to provide protection from accidental discharge to the sewer of prohibited materials or wastes regulated by the Town of Milford Sewer Use Ordinance.

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Part II - Operations Information

11) Provide a brief narrative description of manufacturing or service activity:

12) 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

<hr/>	<hr/>

13) If your facility employs or will be employing processes in any industrial categories subject to National Categorical Pretreatment Standards, regardless of whether any of these processes generates wastewater or waste sludge, indicate category(ies) below:

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

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Part II - Operations Information (continued)

14) 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							

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

16) Description of Manufacturing and/or Services (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) | _____ | | |

17) Facility Layout Diagrams and Schematics:

Provide a schematic drawing of building(s) including location of: water meters; significant process, sanitary and storm sewer lines; sewer connections; the production process including origin of each waste stream; chemical storage areas; identification of bulk chemical storage tanks, monitoring equipment and pretreatment facilities. Show location of hazardous waste storage areas. Identify spill containment measures. Provide process schematic flow diagrams as needed to clearly identify the nature of your operations. (Attach sheets as needed.)



NOTES ON REPORTED FLOWS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

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21. Describe the flow characteristics of continuous/batch/intermittent process discharges. (If additional space is required, please provide as an attachment.)

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

22. List past four (4) quarters of water usage from water bills (or meter readings if well source) and identify areas of facility served by each water meter:

Year	Quarter	Meter 1 Gallons	Meter 2 Gallons	Meter 3 Gallons	Totals
TOTALS					
AREA SERVED					
ACCOUNT NO.					

23. Describe any incoming water treatment processes used (e.g., deionization, reverse osmosis).

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

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25. Describe any wastewater treatment equipment or processes and processes from which they receive wastewater:

Type of Pretreatment	Process Line(s) Served

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

27. Wastewater discharges from buildings:

Sewer connection location / Description	Discharge Connects to	Estimated % of Total Wastewater Flow

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

Type of Waste	Waste Transporter	Disposal Site
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

29. Sampling Station(s), if present:

Manufacturer	Sampler Model	Location/Designation
_____	_____	_____
_____	_____	_____
_____	_____	_____

30. Meter(s) for measuring wastewater discharge flows, if present:

Manufacturer	Type of System (e.g., V-notch wier with ultrasonic)	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part IV Summary - Analysis of Industrial Wastewater (site name)

31) Sample point(s) ID: Wastestreams present: Sample collection: Analytical Requirements

Sample point(s) ID:	Wastestreams present:	Sample collection:	Analytical Requirements

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Part IV - Analysis of Industrial Wastewater

Complete this section for parameters as required. Submit Chain-of-Custody forms and analytical sheets from State of New Hampshire certified laboratory. All monitoring and analytical procedures must comply with procedures specified in 40 CFR Part 136.

31) Sample point(s) ID: Sample collection: Wastestreams present in sample analyzed:

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32) - Sample collection must be 24-hour flow-proportional composite where feasible. In the event flow-proportional sampling is not feasible, the Town may authorize the use of time-proportional sampling, or grab sampling where the applicant demonstrates that this will provide a representative sample of the effluent being discharged.
 - Samples for temperature, pH, cyanides, oil & grease, total phenols, sulfides, and volatile organic compounds shall be obtained using grab collection techniques.

33) The following must be reported on laboratory chain-of-custody or other documentation included with analytical reports:
 - The date, exact place, method and time of sampling and the names of person or persons collecting the sample;
 - The dates analyses were performed;
 - The name of the certified laboratory performing the analyses;
 - The analytical techniques and methods used; and
 - The results of such analyses.

34) **Conventional Pollutants**

	Analysis Required by Town	Results	
pH (daily range as recorded on a strip chart recorder or minimum of four grabs)	<input type="checkbox"/>	_____	Units
Temperature range	<input type="checkbox"/>	_____	Deg-F
Color	<input type="checkbox"/>	_____	Pt-Co
Turbidity	<input type="checkbox"/>	_____	JTU

	Required by Town	Results (mg/L)		Required by Town	Results (mg/L)
Biochemical Oxygen Demand	<input type="checkbox"/>	_____	Chemical Oxygen Demand	<input type="checkbox"/>	_____
Total Solids	<input type="checkbox"/>	_____	Suspended Solids	<input type="checkbox"/>	_____
Dissolved Solids	<input type="checkbox"/>	_____	Total Volatile Solids	<input type="checkbox"/>	_____
Suspended Volatile Solids	<input type="checkbox"/>	_____	Settleable Solids (ml/l)	<input type="checkbox"/>	_____
Total Phosphorous	<input type="checkbox"/>	_____	Orthophosphate	<input type="checkbox"/>	_____
Ammonia (as N)	<input type="checkbox"/>	_____	Oil & Grease (4 grabs 1664 SGT-HEM)	<input type="checkbox"/>	_____
Chlorine Demand	<input type="checkbox"/>	_____	Oil & Grease (4 grabs 1664 HEM)	<input type="checkbox"/>	_____
Chlorides	<input type="checkbox"/>	_____	Sulfate	<input type="checkbox"/>	_____
Total Phenols (4 grabs)	<input type="checkbox"/>	_____	Sulfite	<input type="checkbox"/>	_____
		_____	Sulfide (4 grabs)	<input type="checkbox"/>	_____

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35) Metals (Total) and Cyanide (Total)

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		

	Required by Town	Results (mg/L)		Required by Town	Results (mg/L)
Aluminum	<input checked="" type="checkbox"/>	_____	Iron	<input type="checkbox"/>	_____
Arsenic	<input checked="" type="checkbox"/>	_____	Lead	<input checked="" type="checkbox"/>	_____
Beryllium	<input type="checkbox"/>	_____	Mercury	<input checked="" type="checkbox"/>	_____
Cadmium	<input checked="" type="checkbox"/>	_____	Molybdenum	<input checked="" type="checkbox"/>	_____
Chromium (T)	<input checked="" type="checkbox"/>	_____	Nickel	<input checked="" type="checkbox"/>	_____
Chromium (VI)	<input type="checkbox"/>	_____	Selenium	<input type="checkbox"/>	_____
Copper	<input checked="" type="checkbox"/>	_____	Silver	<input type="checkbox"/>	_____
Cyanide(T)	<input type="checkbox"/>	_____	Zinc	<input checked="" type="checkbox"/>	_____

36) Organic Priority Pollutants

	Required by Town	
Volatiles (4 grabs) Method 624	<input type="checkbox"/>	<u>Attach results</u>
Acid Compounds Method 625	<input type="checkbox"/>	<u>Attach results</u>
Base/Neutrals Method 625	<input type="checkbox"/>	<u>Attach results</u>
Pesticides	<input type="checkbox"/>	<u>Attach results</u>

37) Other Constituents Characteristic of Your Operation

List below:	Required by Town	Results
_____	<input type="checkbox"/>	_____

Notes: Using protocols (including appropriate preservation) specified in 40 CFR Part 136 and appropriate EPA guidance, multiple grab samples collected during a 24-hour period may be composited prior to the analysis as follows: for cyanide, total phenols, and sulfides the samples may be composited in the laboratory or in the field; for volatile organics and oil and grease, the samples may be composited in the laboratory.

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

Metals and Cyanide		Organics - Base/Neutral Compounds	
114 Antimony	115 Arsenic	001 Acenaphthene	077 Acenaphthylene
117 Beryllium	118 Cadmium	078 Anthracene	005 Benzidine
119 Chromium	120 Copper	072 Benzo (a) anthracene	073 Benzo (a) pyrene
122 Lead	123 Mercury	074 Benzo (b) fluoranthene	079 Benzo(ghi)perylene
124 Nickel	125 Selenium	075 Benzo (k) fluoranthene	043 Bis(2-chloroethoxy)methane
126 Silver	127 Thallium	018 Bis (2-chloroethyl) ether	042 Bis(2-chloroisopropyl)ether
128 Zinc	121 Cyanide	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
Organics - Volatile Compounds		Pesticides / PCBs	
002 Acrolein	003 Acrylonitrile	103 Beta-BHC	089 Aldrin
004 Benzene	006 Carbon tetrachloride (tetrachloromethane)	105 Delta-BHC	102 Alpha-BHC
047 Bromoform	051 Chlorodibromomethane	092 4,4' DDT	104 Gamma-BHC
007 Chlorobenzene	019 2-chloroethylvinyl ether	094 4,4' DDD	091 Chlordane
016 Chloroethane	048 Dichlorobromomethane	095 Alpha-endosulphan	093 4,4'-DDE
023 Chloroform (trichloromethane)	013 1,1-dichloroethane	097 Endosan sulfate	090 Dieldrin
010 1,2 -dichloroethane	029 1,1-dichloroethylene	098 Endrin	096 Beta-endosulphan
032 1,2-dichloropropane	033 1,3-dichloropropene	101 Heptachlor epoxide	099 Endrin aldehyde
038 Ethylbenzene	046 Methyl bromide	113 Toxaphene	100 Heptachlor
045 Methyl chloride	044 Methylene chloride	107 PCB-1254	106 PCB-1242
015 1,1,2,2-tetrachloroethane	085 Tetrachloroethylene	109 PCB-1232	108 PCB-1221
086 Toluene	030 1,2-trans-dichloroethylene	111 PCB-1260	110 PCB-1248
011 1,1,1-trichloroethane	014 1,1,2-trichloroethane		112 PCB-1016
088 Vinyl chloride (chloroethylene)	087 Trichloroethylene		
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			

TABLE 1