



## Town of Jaffrey, New Hampshire PUBLIC WORKS DEPARTMENT

23 Knight Street  
Jaffrey, New Hampshire 03452  
(603) 532-7876  
Fax (603) 532-8593  
<http://town.jaffrey.nh.us>

### 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 Jaffrey, New Hampshire. I certify that I am familiar with the Town's Sewer System 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 System 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 Jaffrey 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.

**TOWN OF JAFFREY, NEW HAMPSHIRE**

**CONFIDENTIALITY:** Per the Town of Jaffrey 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):

<u>Description</u>	<u>Permit No.</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Is a Slug Control Plan prepared for this facility?

If yes, attach a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_

## TOWN OF JAFFREY, NEW HAMPSHIRE

### 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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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).

<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	

# TOWN OF JAFFREY, NEW HAMPSHIRE

## 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								

# TOWN OF JAFFREY, NEW HAMPSHIRE

## SECTION D: WATER USAGE & DISCHARGE

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	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

C. Groundwater

B. River or pond

D. Other (specify) \_\_\_\_\_

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

A. Evaporation

E. Surface waters (NPDES Permit No. \_\_\_\_\_)

B. Storm drains

F. Holding tanks/leach fields

C. Consumed in Products

G. Off-site disposal

D. Other (specify) \_\_\_\_\_

# TOWN OF JAFFREY, NEW HAMPSHIRE

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

## TOWN OF JAFFREY, NEW HAMPSHIRE

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 JAFFREY, 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):	<input type="checkbox"/>	attach results
7. Acid and Base/Neutral Extractable Organics (Method 625):	<input type="checkbox"/>	attach results
8. PCBs (Method 625):	<input type="checkbox"/>	attach results

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

**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	0.003		
Copper	0.01	Nickel	0.005		

# TOWN OF JAFFREY, NEW HAMPSHIRE

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

11. Other Constituents Characteristic of Your Operation:	Required by Town	Analytical Results (mg/L)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

## TOWN OF JAFFREY, NEW HAMPSHIRE

## 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.

[illegible]

**TOWN OF JAFFREY, NEW HAMPSHIRE**

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

<b>Metals and Cyanide</b>		<b>Organics - Acid Compounds</b>	
114 Antimony	115 Arsenic	024 2-chlorophenol	031 2,4-dichlorophenol
117 Beryllium	118 Cadmium	034 2,4-dimethylphenol	060 4,6-dinitro-o-cresol
119 Chromium	120 Copper	059 2,4-dinitrophenol	057 2-nitrophenol
122 Lead	123 Mercury	058 4-nitrophenol	022 p-chloro-m-cresol
124 Nickel	125 Selenium	064 Pentachlorophenol	065 Phenol
126 Silver	127 Thallium	021 2,4,6-trichlorophenol	
128 Zinc	121 Cyanide		
<b>Organics - Volatile Compounds</b>		<b>Organics - Base/Neutral Compounds</b>	
002 Acrolein	003 Acrylonitrile	001 Acenaphthene	077 Acenaphthylene
004 Benzene	006 Carbon tetrachloride (tetrachloromethane)	078 Anthracene	005 Benzidine
047 Bromoform	051 Chlorodibromomethane	072 Benzo (a) anthracene	073 Benzo (a) pyrene
007 Chlorobenzene	019 2-chloroethylvinyl ether	074 Benzo (b) fluoranthene	079 Benzo(ghi)perylene
016 Chloroethane	048 Dichlorobromomethane	075 Benzo (k) fluoranthene	043 Bis(2-chloroethoxy)methane
023 Chloroform (trichloromethane)	013 1,1-dichloroethane	018 Bis (2-chloroethyl) ether	042 Bis(2-chloroisopropyl)ether
010 1,2 -dichloroethane	029 1,1-dichloroethylene	066 Bis(2-ethylhexyl)phthalate	041 4-bromophenyl phenyl ether
032 1,2-dichloropropane	033 1,3-dichloropropene	067 Butylbenzyl Phthalate	020 2-chloronaphthalene
038 Ethylbenzene	046 Methyl bromide	040 4-chlorophenyl phenyl ether	076 Chrysene
045 Methyl chloride	044 Methylene chloride	082 Dibenzo (a,h) anthracene	025 1,2-dichlorobenzene
015 1,1,2,2-tetrachloroethane	085 Tetrachloroethylene	026 1,3-dichlorobenzene	027 1,4-dichlorobenzene
086 Toluene	030 1,2-trans-dichloroethylene	026 3,3'-dichlorobenzidine	070 Diethyl phthalate
011 1,1,1-trichloroethane	014 1,1,2-trichloroethane	071 Dimethyl phthalate	068 Di-n-butyl phthalate
088 Vinyl chloride (chloroethylene)	087 Trichloroethylene	035 2,4-dinitrotoluene	036 2,6-dinitrotoluene
<b>Pesticides</b>		069 Di-n-octyl phthalate	037 1,2-diphenylhydrazine
	089 Aldrin	039 Fluoranthene	080 Fluorene
103 Beta-BHC	102 Alpha-BHC	009 Hexachlorobenzene	052 Hexachlorobutadiene
105 Delta-BHC	104 Gamma-BHC	053 Hexachlorocyclopentadiene	012 Hexachloroethane
092 4,4' DDT	091 Chlordane	083 Indeno (1,2,3-cd) pyrene	054 Isophorone
094 4,4' DDD	093 4,4'-DDE	055 Naphthalene	056 Nitrobenzene
095 Alpha-endosulphan	090 Dieldrin	061 N-nitrosodimethylamine	063 N-nitrosodi-n-propylamine
097 Endosan sulfate	096 Beta-endosulphan	062 N-nitrosodiphenylamine	081 Phenanthrene
098 Endrin	099 Endrin aldehyde	084 Pyrene	008 1,2,4-trichlorobenzene
101 Heptachlor epoxide	100 Heptachlor	113 Toxaphene	106 PCB-1242
		107 PCB-1254	108 PCB-1221
		109 PCB-1232	110 PCB-1248
		111 PCB-1260	112 PCB-1016

**TABLE 1**