



Water Reclamation
 P.O. Box 483
 Hanover, NH 03755
 (603) 643-2362
 Fax (603) 643-5927
 mark.roper@hanoverNH.org

Food Preparation Establishment Wastewater General Permit Application

SECTION A: GENERAL INFORMATION

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

SECTION B: FOOD PREPARATION ESTABLISHMENT INFORMATION

1. Type of establishment (please check all that apply)

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

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

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/skillets	_____ 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	Maximum Gals/Day	Average Gals/Day	Discharge To (**)
Domestic / Sanitary						
Processes: List processes that generate wastewater						
1.						
2.						
3.						
4.						
Laundry						
Total Kitchen Flow						
Pool backwash/draining						
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