

Application No. \_\_\_\_\_  
Date Received \_\_\_\_\_

CITY OF ROCHESTER, NEW HAMPSHIRE  
INDUSTRIAL DISCHARGE AGREEMENT APPLICATION

All items are to be completed. If an item is not applicable indicate "NA". Unless otherwise specified, please print or type.

PART I COMPANY INFORMATION

- 1) Company Name \_\_\_\_\_
- 2) Address \_\_\_\_\_
- 3) Mailing Address (if different) \_\_\_\_\_
- 4) Representative \_\_\_\_\_
- 5) Title \_\_\_\_\_
- 6) Phone No. \_\_\_\_\_
- 7) Owner \_\_\_\_\_
- 8) Nature of Business \_\_\_\_\_
- 9) Primary Standard Industrial Classification \_\_\_\_\_
- 10) Federal Pretreatment Category(ies) \_\_\_\_\_
- 11) List all environmental permits held by/for the facility \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Type of Process: Continuous \_\_\_\_\_ Batch \_\_\_\_\_
- 13) Hours of Operation per Day: \_\_\_\_\_
- 14) Days of Operation per Week: \_\_\_\_\_
- 15) No. of Employees Shift 1: \_\_\_\_\_  
Shift 2: \_\_\_\_\_  
Shift 3: \_\_\_\_\_  
Total \_\_\_\_\_

16)      Products      Amount Produced/Year

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PART II

WATER USAGE

17) Source(s) of Water      Average Volume Gallons/Day

Municipal	_____
River	_____
Ground	_____
Other	_____
Total	_____

18) Water Consumed in Product(s)? \_\_\_\_\_ Gallons/Day

PART III

WASTEWATER DISCHARGE

19) Wastewater Discharged to Municipal Sewerage System

<u>Type</u>	Average Flow Gallons/Day	Maximum Flow Gallons/Day	Pretreatment Type
Process			
Sanitary	_____	_____	_____
Cooling	_____	_____	_____
Boiler Blowdown	_____	_____	_____

Air Conditioner \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Total \_\_\_\_\_

20) Wastewater Discharged Other Than to Municipal Sewerage System

Type	Average Flow Gallons/Day	Where Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____

21) Is wastewater discharged \_\_\_\_\_ Continuously  
 \_\_\_\_\_ Intermittently

22) Are discharges seasonal? \_\_\_\_\_ If so, what is the maximum  
 flow period? \_\_\_\_\_ month to \_\_\_\_\_ month

23) Intermittent Discharges: Duration \_\_\_\_\_ Minutes/Day  
 Frequency \_\_\_\_\_ Occurrences/Day

24) Company or Production Expansion Plans (relate to product and waste flow):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PART IV

SCHEMATIC

25) Attach a schematic drawing of building(s) including location of water meters, internal plumbing, sewer connections, monitoring equipment and pretreatment facilities.

## PART V

## CHARACTERISTICS OF INDUSTRIAL WASTEWATER

Complete this section only if other than sanitary wastewater is present. Provide an analysis sheet from a certified laboratory, if available. Please estimate values if laboratory analyses are not available.

- 26) Sample Point(s) \_\_\_\_\_
- 27) Source of Wastewater \_\_\_\_\_
- 28) Volume \_\_\_\_\_ Gallons/Day
- 29) pH (Daily Range) \_\_\_\_\_ Units
- 30) Temperature Daily Range \_\_\_\_\_ F
- 31) Color \_\_\_\_\_ Pt-Co
- 32) Turbidity \_\_\_\_\_ JTU
- 33) Fecal Coliform Bacteria \_\_\_\_\_ No./100 ml
- 34) Total Coliform Bacteria \_\_\_\_\_ No./100 ml

Parameter	Average Daily Concentration	Quantity	Categorical Pretreatment Standard (if applicable)
35) Biochemical Oxygen Demand (BOD 5-day)	_____ mg/l	_____ lb/day	_____ mg/l
36) Chemical Oxygen Demand (COD)	_____ mg/l	_____ lb/day	_____ mg/l
37) Total Solids	_____ mg/l	_____ lb/day	_____ mg/l
38) Suspended Solids	_____ mg/l	_____ lb/day	_____ mg/l
39) Dissolved Solids	_____ mg/l	_____ lb/day	_____ mg/l
40) Total Volatile Solids	_____ mg/l	_____ lb/day	_____ mg/l
41) Suspended Volatile Solids	_____ mg/l	_____ lb/day	_____ mg/l
42) Settleable Solids (ml/l)	_____ mg/l	_____ lb/day	_____ mg/l
43) Total Phosphorus	_____ mg/l	_____ lb/day	_____ mg/l
44) Orthophosphate	_____ mg/l	_____ lb/day	_____ mg/l
45) Ammonia (as N)	_____ mg/l	_____ lb/day	_____ mg/l

Parameter	Average Daily Concentration	Quantity	Categorical Pretreatment Standard (if applicable)
46) Oil and Grease	_____ mg/l	_____ lb/day	_____ mg/l
47) Chlorine Demand	_____ mg/l	_____ lb/day	_____ mg/l
48) Chromium (VI)	_____ mg/l	_____ lb/day	_____ mg/l
49) Chromium (T)	_____ mg/l	_____ lb/day	_____ mg/l
50) Iron	_____ mg/l	_____ lb/day	_____ mg/l
51) Copper	_____ mg/l	_____ lb/day	_____ mg/l
52) Zinc	_____ mg/l	_____ lb/day	_____ mg/l
53) Lead	_____ mg/l	_____ lb/day	_____ mg/l
54) Mercury	_____ mg/l	_____ lb/day	_____ mg/l
55) Nickel	_____ mg/l	_____ lb/day	_____ mg/l
56) Cadmium	_____ mg/l	_____ lb/day	_____ mg/l
57) Silver	_____ mg/l	_____ lb/day	_____ mg/l
58) Arsenic	_____ mg/l	_____ lb/day	_____ mg/l
59) Total Metals*	_____ mg/l	_____ lb/day	_____ mg/l
60) Phenol	_____ mg/l	_____ lb/day	_____ mg/l
61) Cyanide (A)**	_____ mg/l	_____ lb/day	_____ mg/l
62) Cyanide (T)	_____ mg/l	_____ lb/day	_____ mg/l
63) Chlorides	_____ mg/l	_____ lb/day	_____ mg/l
64) Sodium	_____ mg/l	_____ lb/day	_____ mg/l
65) Calcium	_____ mg/l	_____ lb/day	_____ mg/l
66) Manganese	_____ mg/l	_____ lb/day	_____ mg/l
67) Phosphate	_____ mg/l	_____ lb/day	_____ mg/l

\* Sum of the concentrations of copper, nickel, chromium (T) and zinc.

\*\* Cyanide amenable to chlorination

Parameter	Average Daily Concentration	Quantity	Categorical Pretreatment Standard (if applicable)
68) Sulfite	_____ mg/l	_____ lb/day	_____ mg/l
69) Sulfide	_____ mg/l	_____ lb/day	_____ mg/l
70) Sulfate	_____ mg/l	_____ lb/day	_____ mg/l
71) Beryllium	_____ mg/l	_____ lb/day	_____ mg/l
72) Selenium	_____ mg/l	_____ lb/day	_____ mg/l
73) Total Toxic Organics	_____ mg/l	_____ lb/day	_____ mg/l
74) Other Constituents Characteristic of your Operations.	_____ mg/l	_____ lb/day	_____ mg/l
	_____ mg/l	_____ lb/day	_____ mg/l

75) Sample Technique: Grab \_\_\_\_\_ Composite \_\_\_\_\_

76) Who Collected Sample: \_\_\_\_\_

77) Name and Address of Certified Laboratory: \_\_\_\_\_

PART VI

PROPOSED PRETREATMENT ACTIONS

Provide a schedule of actions to be taken to comply with discharge limitations established by the City of Rochester, the State and the EPA.

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

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Signature of Authorized Representative

-----  
(Date)

-----  
Title

(Note to Signing Representative: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided herein, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR part 2.)