

TOWN OF HUDSON

APPLICATION FOR INDUSTRIAL WASTE DISCHARGE PERMIT

A. 1. COMPANY NAME _____
(IF DIVISION, GIVE PARENT COMPANY NAME):

2. COMPANY STREET ADDRESS: _____

3. COMPANY MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

4. COMPANY TELEPHONE: _____ FAX: _____

5. PERSON(S) AND TITLE(S) TO WHOM COMMUNICATION SHOULD BE SENT:

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
PHONE: _____ EXT. _____	PHONE: _____ EXT.: _____

6. INDIVIDUAL IN CHARGE OF COORDINATING MONITORING AND SAMPLING.

NAME: _____
TITLE: _____
PHONE _____

7. STANDARD INDUSTRIAL CLASSIFICATION NUMBER (S): _____

8. TYPE OF BUSINESS: _____

9. PRINCIPLE PRODUCT(S): _____

B. FACILITY OPERATIONAL CHARACTERISTICS

1. RAW MATERIALS AND PRODUCTS USED (INCLUDE ANY AND ALL PRODUCTS OR CHEMICALS USED IN PROCESSING, CLEANING, ETC.): _____

2 DAILY OR WEEKLY CLEAN-UP SCHEDULE (BE AS SPECIFIC AS POSSIBLE):

3. MONTHLY OR SEASONAL CLEAN-UP SCHEDULE (BE AS SPECIFIC AS POSSIBLE):

4. PLANT WASTEWATER DISCHARGE CONSISTS OF: (CHECK AS APPLICABLE)

() BATCH WASTEWATER DISCHARGES (IF CHECKED, COMPLETE THE FOLLOWING):

A. AVERAGE NUMBER OF BATCH DISCHARGES PER DAY AND SCHEDULE OF OCCURRENCE

B. WASTEWATER MAKE-UP (WASHWATER, RINSES, ETC.)

C. DISCHARGE RATE (GPD) _____

() CONTINUOUS WASTEWATER DISCHARGE (IF CHECKED, COMPLETE THE FOLLOWING):

A. AVERAGE WASTEWATER FLOW RATE (GPD) _____

B. MAXIMUM WASTEWATER FLOW RATE (GPD) _____

C. MINIMUM WASTEWATER FLOW RATE (GPD) _____

5. ARE WASTEWATER DISCHARGES SUBJECT TO SEASONAL VARIATIONS?

() NO

() YES (COMPLETE THE FOLLOWING):

A. SEASONAL MAXIMUM WASTEWATER DISCHARGE FLOW _____(GPD)
FOR THE PERIOD OF _____ TO _____

B. SEASONAL MINIMUM WASTEWATER DISCHARGE FLOW _____(GPD)
FOR THE PERIOD OF _____ TO _____

6. SOURCE OF WASTEWATER (CHECK AS APPLICABLE):

() PROCESS (THROUGH PRODUCTION AND CLEANING): _____(GPD)
BY WHAT MEANS WAS THIS FLOW DETERMINED:

() COOLING (AIR CONDITIONING, COOLING TOWERS, ETC.):
BY WHAT MEANS WAS THIS FLOW DETERMINED:

() DOMESTIC WASTE (TOILETS, WASHROOMS, ETC.): _____(GPD)
BY WHAT MEANS WAS THIS FLOW DETERMINED:

() OTHER (SPECIFY SOURCE): _____(GPD)
BY WHAT MEANS WAS THIS FLOW DETERMINED:

C. WATER CONSUMPTION

1. WATER SOURCE (CHECK AS APPLICABLE):

- () TOWN OF HUDSON _____ GPD
BY WHAT MEANS WAS THIS FLOW DETERMINED:

- () OTHER SOURCES (SPECIFY SOURCES): _____ GPD
BY WHAT MEANS WAS THIS FLOW DETERMINED:

D. PRETREATMENT

1. IS WASTEWATER PRETREATMENT PROPOSED OR CURRENTLY PROVIDED?
(PRETREATMENT INCLUDES BOTH SIMPLE DEVICES SUCH AS GREASE TRAPS OR FLOW EQUALIZATION TANKS AND MORE COMPLEX PROCESSES SUCH AS HEAVY METALS REMOVAL SYSTEMS.)

- () NO
() YES (COMPLETE THE FOLLOWING)

I. IS WASTEWATER PRETREATMENT A CONTINUOUS OR BATCH OPERATION?

(IF BATCH, DESCRIBE THE FREQUENCY AND DURATION OF OPERATION.)

PRETREATMENT PROCESS:

1. DESCRIBE IN DETAIL THE WASTEWATER PRETREATMENT PROCESSES AND INCLUDE THE DESIGN VOLUMES WHICH CAN BE TREATED, DETENTION TIMES, ANTICIPATED REMOVAL EFFICIENCIES, ETC.

2. HOW ARE THE BY-PRODUCTS OF THIS SYSTEM DISPOSED OF?
(EXAMPLE: SLUDGE, SKIMMINGS, ETC.)

3. IF BY-PRODUCTS ARE DISPOSED OF BY A CONTRACTOR, GIVE NAME, ADDRESS AND TELEPHONE NUMBER.

WASTEWATER CHARACTERISTICS

PARAMETER	UNITS	AVERAGE AVERAGE DAILY VALUE	MAXIMUM MAXIMUM DAILY VALUE	MINIMUM MINIMUM DAILY VALUE
BIOCHEMICAL OXYGEN DEMAND (BOD ₅)	MG/1			
CHEMICAL OXYGEN DEMAND (COD)	MG/1			
SUSPENDED SOLIDS (SS)	MG/1			
VOLATILE SUSPENDED SOLIDS (VSS)	MG/1			
TOTAL SOLIDS (TS)	MG/1			
VOLATILE TOTALSOLIDS (VTS)	MG/1			
TOTAL KJELDAHL NITROGEN (TKN)	MG/1			
AMMONIA NITROGEN (NH ₃ N)	MG/1			
NITRATE NITROGEN (NO ₃ N)	MG/1			
OIL/GREASE (MINERAL BASED)	MG/1			
CYANIDE (CN)	MG/1			
CADMIUM (Cd)	MG/1			
CHROMIUM (TOTAL Cr)	MG/1			
COPPER (Cu)	MG/1			
ZINC (Zn)	MG/1			
NICKEL (Ni)	MG/1			
LEAD (Pb)	MG/1			
pH	UNITS			
TEMPERATURE (TEMP)	°C			
FLOW	GPD			
PHOSPHORUS	MG/1			
TITANIUM	MG/1			

5. HOW WERE THESE WASTEWATER CHARACTERISTICS OBTAINED AND DEVELOPED?
(SAMPLING, BACKGROUND LEVELS, OR SIMILAR FACILITIES)

SUBMIT DRAWING(S) (8 ½" X 11") OF COMPANY FACILITY SHOWING LOCATION OF BUILDING(S), BUILDING SEWER AND DRAIN LINES, PRETREATMENT SYSTEM(S) (IF ANY), INCOMING WATER LINE(S), PRIVATE (YARD) SEWER LINE(S), DISCHARGE SAMPLING SITE(S), FLOW MEASUREMENT SITE(S), STORM SEWER CONNECTION(S) AND PRIVATE CONNECTION(S) TO THE SANITARY SEWERAGE SYSTEM. SUBMIT DRAWING(S) (8 ½" X 11") OF PIPING AND INSTRUMENTATION OF PRETREATMENT SYSTEM (IF APPLICABLE). INCLUDE EQUIPMENT BRAND NAMES, DIMENSIONS, CAPACITIES, ETC.

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE UNDERSIGNED APPLICANT AGREES TO COMPLY WITH AND ABIDE BY ALL THE REQUIREMENTS AND PROVISIONS OF THE TOWN OF HUDSON'S SEWER USE REGULATIONS.

SIGNATURE _____

DATE: _____