

N.H. Department of Environmental Services
 Waste Management Division
 Hazardous Waste Management Bureau
 29 Hazen Drive, PO Box 95
 Concord, New Hampshire 03302-0095
 603) 271-2942; Fax: (603) 271-0869

| <i>For Office Use Only</i> | | |
|--|-----------------|-----|
| Date Rec'd: | | |
| ↓ <i>Fee</i> <i>Received</i> ↔↔↔ | New Application | (N) |
| | Renewal | (R) |
| | Modification | (M) |
| Amount: | \$ | |
| Check: | # | |

Hazardous Waste Limited Permit Application

NEW HAMPSHIRE HAZARDOUS WASTE RULES Env-Hw 304.04 Limited Permits

SECTION I. RESPONSIBILITIES OF THE FACILITY OWNER/ OPERATOR

In order to qualify for a Hazardous Waste Limited Permit, the owner/operator must comply with all applicable requirements of the New Hampshire Hazardous Waste Rules, Env-Hw 100-1100, effective January 28, 2009. These include, but are not limited to, the limited permit requirements in Env-Hw 304.04.

Limited permits expire five years from the date of issuance. Limited permit renewals are subject to the procedures as referenced in Env-Hw 304.04(r).

New applications are subject to a **\$750** fee, as indicated in Env-Hw 304.07(d). Permit renewals or modifications are subject to a **\$400** fee, as indicated in Env-Hw 304.07(e)(7). Checks should be made payable to "Treasurer, State of New Hampshire." Credit card (Visa and MasterCard) orders will be accepted by calling Linda Birmingham at (603) 271-5328. Applications cannot be processed without payment.





This application form may be jointly reviewed by the New Hampshire Department of Environmental Services, Waste Management Division – Hazardous Waste Management Bureau; the Water Division – Wastewater Engineering Bureau; and the Air Resources Division – Permitting and Environmental Health Bureau. A site inspection may be performed by the above divisions prior to rendering a decision whether or not to grant a limited permit.

SECTION II. GENERAL INFORMATION


1. Facility's Name: _____
 2. Facility's EPA Identification Number: _____
 3. Facility's Location:
Street Address: _____
City/Town: _____ State: _____ ZipCode: _____
 4. Facility's Mailing Address (if different):
Street Address: _____
City/Town: _____ State: _____ ZipCode: _____
 5. Facility's Telephone Number: _____
 6. Facility's Principal Contact Person:
Name: _____ Title: _____
Telephone Number(s): _____
 7. Facility's Legal Owner:
Name: _____
Telephone Number: _____
 8. Facility's Operator (if different):
Name: _____ Title: _____
Telephone Number(s): _____
 9. Please check one of the following:
 New Limited Permit Application
 Limited Permit Renewal
 Limited Permit Modification
- Date Original Limited Permit Issued: _____

SECTION III. FACILITY INFORMATION


Complete all of the following information. For Items 1 through 7, write "YES," "NO," or "NOT APPLICABLE (N/A)" in the space provided. **Items 8 through 19 are required for all facilities.**

1. _____ Facility seeks to permit an elementary neutralization unit. (Reference Chapter Env-Hw 100 for definition.)
2. _____ Facility seeks to permit a wastewater treatment unit. (Reference Chapter Env-Hw 100 for definition.)
3. _____ Facility seeks to permit an evaporation-type unit that removes/reduces/treats wastewaters by an evaporation/heat/air stripping/vacuum distillation process.
4. _____ Facility discharges the treated wastewaters to a municipal wastewater treatment plant.
(If yes, provide permit number: _____
Expiration Date: _____ and **ATTACH A COPY**  of the municipality's discharge permit or discharge approval letter.)
5. _____ Facility discharges the treated wastewaters directly into surface waters.
(If yes, provide the NPDES permit number: _____
and **ATTACH A COPY**  of the NPDES permit.)
6. _____ Facility has a groundwater management permit from the NHDES Waste Management Division, Hazardous Waste Remediation Bureau, per the requirements of Env-Or 600.
(If yes, provide permit number: _____ ,
Expiration Date: _____ and **ATTACH A COPY**  of the groundwater permit.)
7. _____ For evaporation-type units, **ATTACH A COPY**  of the NHDES Air Resources Division permit or technical/analytical documentation to demonstrate that air emissions from the unit do not significantly impact ambient air quality.
8. Provide a general description of the nature of the facility's business, e.g., type of operation, products manufactured, etc.

9. Provide a description of the process(es) generating the wastewaters.

10. ATTACH A COPY  of the process design drawings/plans and/or a flow diagram that indicates how wastewaters are being generated.



11. Provide a description of the elementary neutralization, wastewater treatment, or evaporation unit or process, including design capacity, equipment used and the physical/chemical treatment techniques.

12. ATTACH A COPY  of engineering design plans, process flow drawings, and/ or manufacturer's technical specifications for the facility's neutralization, treatment or evaporation unit.

13. Please list the waste streams to be treated, neutralized or evaporated and the waste code that would apply before treatment of each wastestream.

| Name or Description of Waste | EPA or State Hazardous Waste Number | Amount to Be Treated (specify pounds or gallons) | | |
|---------------------------------|-------------------------------------|--|----------|---------------|
| | | Per Day | Per Week | Per Month |
| <i>e.g. Rinse water from...</i> | <i>D002</i> | | | <i>50 gal</i> |
| | | | | |
| | | | | |
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14. List the hazardous waste constituents (organics, inorganics, metals) that are contained in the wastewater being treated, neutralized or evaporated (reference Chapter Env-Hw 400 Identification and Listing of Hazardous Wastes).


15. _____ **ATTACH A COPY**  of analytical results for a representative sample of wastewater before treatment. **ATTACH A COPY**  of analytical results for a representative sample of wastewater after treatment/ neutralization if available.

16. Provide the pH of the wastewater:

_____ Before treatment/neutralization
_____ After treatment/neutralization
_____ Final discharge pH

17. Does the treatment/neutralization/evaporation unit generate a sludge/sediment?

YES NO

If yes, **ATTACH A COPY**  of analytical results for a representative sample of sludge.

Is the sludge classified as a hazardous waste?

YES NO

If yes, EPA or state hazardous waste number(s) (reference Env-Hw 400):

Amount of sludge generated (in pounds): _____ per week, or _____ per month

Where is the sludge disposed?

18. Does the unit recycle any wastewaters? _____ If yes, provide the percentage of wastewater recycled and describe the recycling process.

19. Specify the facility's total wastewater discharge or evaporation volume (in gallons).

_____ per day or _____ per month

SECTION IV. SIGNATORY REQUIREMENTS

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of all those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

I further understand that by issuing a Hazardous Waste Limited Permit, the state of New Hampshire incurs no liability and makes no guarantees with respect to the facility's treatment system, its wastewater or air emission discharges, or the compliance of such discharges with state or federal regulations.

Signature of the Operator

(Date)

Name of Operator (please print)

Title of Operator (please print)

Signature of the Owner (if different)

(Date)

Name of Owner (if different) (please print)

Title of Owner (if different) (please print)