



TOWN OF BRISTOL
PUBLIC WORKS DEPARTMENT WATER/SEWER
230 LAKE STREET, BRISTOL, NEW HAMPSHIRE 03222
TEL: 603-744-8411 • FAX 603-744-2521

October 11, 2011


Shelley Puleo
Environmental Protection Specialist
USEPA-Region 1
5 Post Office Square
Boston MA 02109-3912

Dear Ms. Puleo,

This letter will serve as our Notice of Intent to continue under our General Permit issued to us, Permit #NHG580021.

There have been no upgrades to the facility that would change the treatment process requiring us to request changes to our current permit.

Sincerely,



Jeffrey Chartier
Superintendent

CC: Meridith Timony
NHDES

FACILITY NAME AND PERMIT NUMBER:

Allenstown Wastewater Treatment Facility - NHG580714

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Allenstown Wastewater Treatment Facility

Mailing Address 35 Canal St.
Allenstown, NH 03275

Contact person Dana L. Clement

Title Superintendent

Telephone number (603) 485-5600

Facility Address 35 Canal St.
(not P.O. Box) Allenstown, NH 03275

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

owner operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES NHG580714 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Town of Allenstown</u>	<u>4500</u>	<u>Sanitary</u>	<u>Municipal</u>
<u>Town of Pembroke</u>	<u>7500</u>	<u>Sanitary</u>	<u>Municipal</u>
_____	_____	_____	_____
Total population served <u>12000</u>			

FACILITY NAME AND PERMIT NUMBER:
 Allenstown Wastewater Treatment Facility - NHG480714

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate To be determined mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>0.882</u>	<u>0.789</u>	<u>0.694</u>	mgd
c. Maximum daily flow rate	<u>1.951</u>	<u>3.047</u>	<u>2.979</u>	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 100 %
 Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? Yes No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent X
- ii. Discharges of untreated or partially treated effluent _____
- iii. Combined sewer overflow points _____
- iv. Constructed emergency overflows (prior to the headworks) _____
- v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes No

If yes, provide the following for each surface impoundment:

Location: _____
 Annual average daily volume discharged to surface impoundment(s) _____ mgd
 Is discharge continuous or intermittent?

c. Does the treatment works land-apply treated wastewater? Yes No

If yes, provide the following for each land application site:

Location: _____
 Number of acres: _____
 Annual average daily volume applied to site: _____ Mgd
 Is land application continuous or intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Allenstown 03275
(City or town, if applicable) (Zip Code)
Merrimack NH
(County) (State)
43 degrees 14 min 45 sec N 70 degrees 58 min 20.5 sec W
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 280 ft.
- d. Depth below surface (if applicable) 6 ft.
- e. Average daily flow rate 0.694 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
 Yes X No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser?
 Yes X No

A.10. Description of Receiving Waters.

- a. Name of receiving water Merrimack River
- b. Name of watershed (if known) _____
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
 acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

Primary Secondary
 Advanced Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal To be determined %
Design SS removal To be determined %
Design P removal To be determined %
Design N removal To be determined %
Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? Yes No

d. Does the treatment plant have post aeration? Yes No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.18	s.u.			
pH (Maximum)	7.48	s.u.			
Flow Rate	2.979	MGD	0.694	MGD	365
Temperature (Winter)	6.5	Degrees C	8.3	Degrees C	61
Temperature (Summer)	23.4	Degrees C	20.8	Degrees C	66

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5	39.8	mg/l	11.4	mg/l	103	SM5210.B	3.9 / 0.1
FECAL COLIFORM		1986.3	#/100ml	<39.7	#/100ml	156	Colilert by IDEXX	<1.0 / <1.0
TOTAL SUSPENDED SOLIDS (TSS)		43.3	mg/l	15.0	mg/l	109	SM2540D	3.8 / 0.1

**END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate \geq 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
56000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Ongoing repair/replacement of collection system pipes and manholes based on previous flow study and video inspections.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes No

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	__ / __ / ____	__ / __ / ____
- End construction	__ / __ / ____	__ / __ / ____
- Begin discharge	__ / __ / ____	__ / __ / ____
- Attain operational level	__ / __ / ____	__ / __ / ____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	26.0	mg/l	21.5	mg/l	4	4500NH3D	14 / 1.0
CHLORINE (TOTAL RESIDUAL, TRC)	0.51	mg/l	<0.4	mg/l	4	4500CIG	0.2 / 0.01
DISSOLVED OXYGEN	5.3	mg/l	4.94	mg/l	4	SM4500	4.63 / 0.01
TOTAL KJELDAHL NITROGEN (TKN)	30	mg/l	25	mg/l	4	4500NorgC	20 / 1.0
NITRATE PLUS NITRITE NITROGEN	1.5	mg/l	<1.1	mg/l	4	353.2	<0.5 / 0.5
OIL and GREASE	<5.0	mg/l	<5.0	mg/l	4	1664A	<0.5 / 0.5
PHOSPHORUS (Total)	9.4	mg/l	7.1	mg/l	4	365.3	3.6 / 0.1
TOTAL DISSOLVED SOLIDS (TDS)	500	mg/l	403	mg/l	4	2540C	330 / 1.0
OTHER							

**END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

Basic Application Information packet

Supplemental Application Information packet:

Part D (Expanded Effluent Testing Data)

Part E (Toxicity Testing: Biomonitoring Data)

Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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 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.

Name and official title Dana L. Clement, Superintendent

Signature 

Telephone number (603) 485-5600

Date signed 20/3/2011

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<0.0005	mg/l	<0.0029	lb/day	<0.0005	mg/l	<0.0026	lb/day	4	200.8	<0.0005 / 0.0005
ARSENIC	0.0051	mg/l	0.02118	lb/day	0.0032	mg/l	0.0159	lb/day	4	200.8	0.0024 / 0.0001
BERYLLIUM	<0.0005	mg/l	<0.0029	lb/day	<0.0005	mg/l	<0.0025	lb/day	4	200.8	<0.0005 / 0.0005
CADMIUM	<0.0001	mg/l	<0.0005	lb/day	<0.0001	mg/l	<0.0005	lb/day	4	200.8	<0.0001 / 0.0001
CHROMIUM	0.0006	mg/l	0.0035	lb/day	0.0005	mg/l	0.0002	lb/day	4	200.8	<0.0005 / 0.0005
COPPER	0.017	mg/l	0.1005	lb/day	0.0152	mg/l	0.0786	lb/day	4	200.8	0.0081 / 0.0001
LEAD	0.0005	mg/l	0.0029	lb/day	0.0004	mg/l	0.0020	lb/day	4	200.8	0.0003 / 0.0001
MERCURY	<0.0001	mg/l	<0.0005	lb/day	<0.0001	mg/l	<0.0005	lb/day	4	200.8	<0.0001 / 0.0001
NICKEL	0.0037	mg/l	0.0218	lb/day	0.004	mg/l	0.0197	lb/day	4	200.8	0.0032 / 0.0001
SELENIUM	<0.001	mg/l	<0.0048	lb/day	<0.0008	mg/l	<0.0039	lb/day	4	200.8	<0.0005 / 0.0005
SILVER	<0.0001	mg/l	<0.0005	lb/day	<0.0001	mg/l	0.0005	lb/day	4	200.8	<0.0001 / 0.0001
THALLIUM	<0.0005	mg/l	<0.0029	lb/day	<0.0005	mg/l	<0.0025	lb/day	4	200.8	<0.0005 / 0.0005
ZINC	0.04	mg/l	0.2365	lb/day	0.0347	mg/l	0.1742	lb/day	4	200.8	0.022 / 0.001
CYANIDE	0.014	mg/l	0.0581	lb/day	0.0052	mg/l	0.0237	lb/day	4	4500CNE	0.002 / 0.001
TOTAL PHENOLIC COMPOUNDS	<0.05	mg/l	<0.2956	lb/day	<0.05	mg/l	<0.2509	lb/day	4	420.1	<0.05 / 0.05
HARDNESS (AS CaCO ₃)	71	mg/l	364.75	lb/day	63.75	mg/l	317.4	lb/day	4	200.8	54 / 1
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	MLJ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<50	ug/l	<0.2956	lb/day	<50	ug/l	<0.2509	lb/day	4	624	<50/50
ACRYLONITRILE	<50	ug/l	<0.2956	lb/day	<50	ug/l	<0.2509	lb/day	4	624	<50/50
BENZENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	624	<1/1
BROMOFORM	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
CARBON TETRACHLORIDE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
CLOROBENZENE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
CHLORODIBROMO-METHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
CHLOROETHANE	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	624	<5/5
2-CHLORO-ETHYL VINYL ETHER	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
CHLOROFORM	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
DICHLOROBROMO-METHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
1,1-DICHLOROETHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
1,2-DICHLOROETHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
TRANS-1,2-DICHLORO-ETHYLENE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
1,1-DICHLOROETHYLENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	624	<1/1
1,2-DICHLOROPROPANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
1,3-DICHLORO-PROPYLENE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
ETHYLBENZENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	624	<1/1
METHYL BROMIDE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<1/1
METHYL CHLORIDE	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	624	<5/5
METHYLENE CHLORIDE	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	624	<5/5
1,1,2,2-TETRACHLORO-ETHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
TETRACHLORO-ETHYLENE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
TOLUENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	624	<1/1

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OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
1,1,2-TRICHLOROETHANE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
TRICHLOROETHYLENE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2
VINYL CHLORIDE	<2	ug/l	<0.0118	lb/day	<2	ug/l	<0.0100	lb/day	4	624	<2/2

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
2-CHLOROPHENOL	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
2,4-DICHLOROPHENOL	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
2,4-DIMETHYLPHENOL	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
4,6-DINITRO-O-CRESOL	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
2,4-DINITROPHENOL	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	625	<5/5
2-NITROPHENOL	<5	ug/l	<0.0256	lb/day	<2	ug/l	<0.0100	lb/day	4	625	<1/1
4-NITROPHENOL	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	625	<5/5
PENTACHLOROPHENOL	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	625	<5/5
PHENOL	10	ug/l	0.0415	lb/day	5.25	ug/l	0.0246	lb/day	4	625	2/1
2,4,6-TRICHLOROPHENOL	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
ACENAPHTHYLENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
ANTHRACENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
BENZIDINE	<5	ug/l	<0.0295	lb/day	<5	ug/l	<0.0250	lb/day	4	625	<5/5
BENZO(A)ANTHRACENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1
BENZO(A)PYRENE	<1	ug/l	<0.0059	lb/day	<1	ug/l	<0.0050	lb/day	4	625	<1/1

FACILITY NAME AND PERMIT NUMBER:

Allenstown Wastewater Treatment Facility NHG580714

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BENZO(GH)PERYLENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BENZO(K)FLUORANTHENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BIS (2-CHLOROETHOXY) METHANE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BIS (2-CHLOROETHYL)-ETHER	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BIS (2-CHLOROISO-PROPYL) ETHER	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BIS (2-ETHYLHEXYL) PHTHALATE	<5	ug/l	<0.0295	lbs/day	<5	ug/l	<0.0250	lbs/day	4	625	<5/5
4-BROMOPHENYL PHENYL ETHER	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
BUTYL BENZYL PHTHALATE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
2-CHLORONAPHTHALENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
4-CHLORPHENYL PHENYL ETHER	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
CHRYSENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
DI-N-BUTYL PHTHALATE	<5	ug/l	<0.0295	lbs/day	<5	ug/l	<0.0250	lbs/day	4	625	<5/5
DI-N-OCTYL PHTHALATE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
DIBENZO(A,H) ANTHRACENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
1,2-DICHLOROBENZENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
1,3-DICHLOROBENZENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
1,4-DICHLOROBENZENE	9	ug/l	0.0462	lbs/day	3.5	ug/l	0.0179	lbs/day	4	625	1/1
3,3-DICHLOROBENZIDINE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
DIETHYL PHTHALATE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
DIMETHYL PHTHALATE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
2,4-DINITROTOLUENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
2,6-DINITROTOLUENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
1,2-DIPHENYLHYDRAZINE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1

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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	0.0050	lbs/day	4	625	<1/1
FLUORENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
HEXACHLOROBENZENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
HEXACHLOROBUTADIENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
HEXACHLOROCYCLO-PENTADIENE	<5	ug/l	<0.0295	lbs/day	<5	ug/l	<0.0250	lbs/day	4	625	<5/5
HEXACHLOROETHANE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
INDENO(1,2,3-CD)PYRENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
ISOPHORONE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
NAPHTHALENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
NITROBENZENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
N-NITROSODI-N-PROPYLAMINE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
N-NITROSODI- METHYLAMINE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
N-NITROSODI-PHENYLAMINE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
PHENANTHRENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
PYRENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1
1,2,4-TRICHLOROBENZENE	<1	ug/l	<0.0059	lbs/day	<1	ug/l	<0.0050	lbs/day	4	625	<1/1

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

**END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Allenstown Wastewater Treatment Facility NHG580714

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

___ chronic 9 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: _____ Test number: _____ Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

I. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

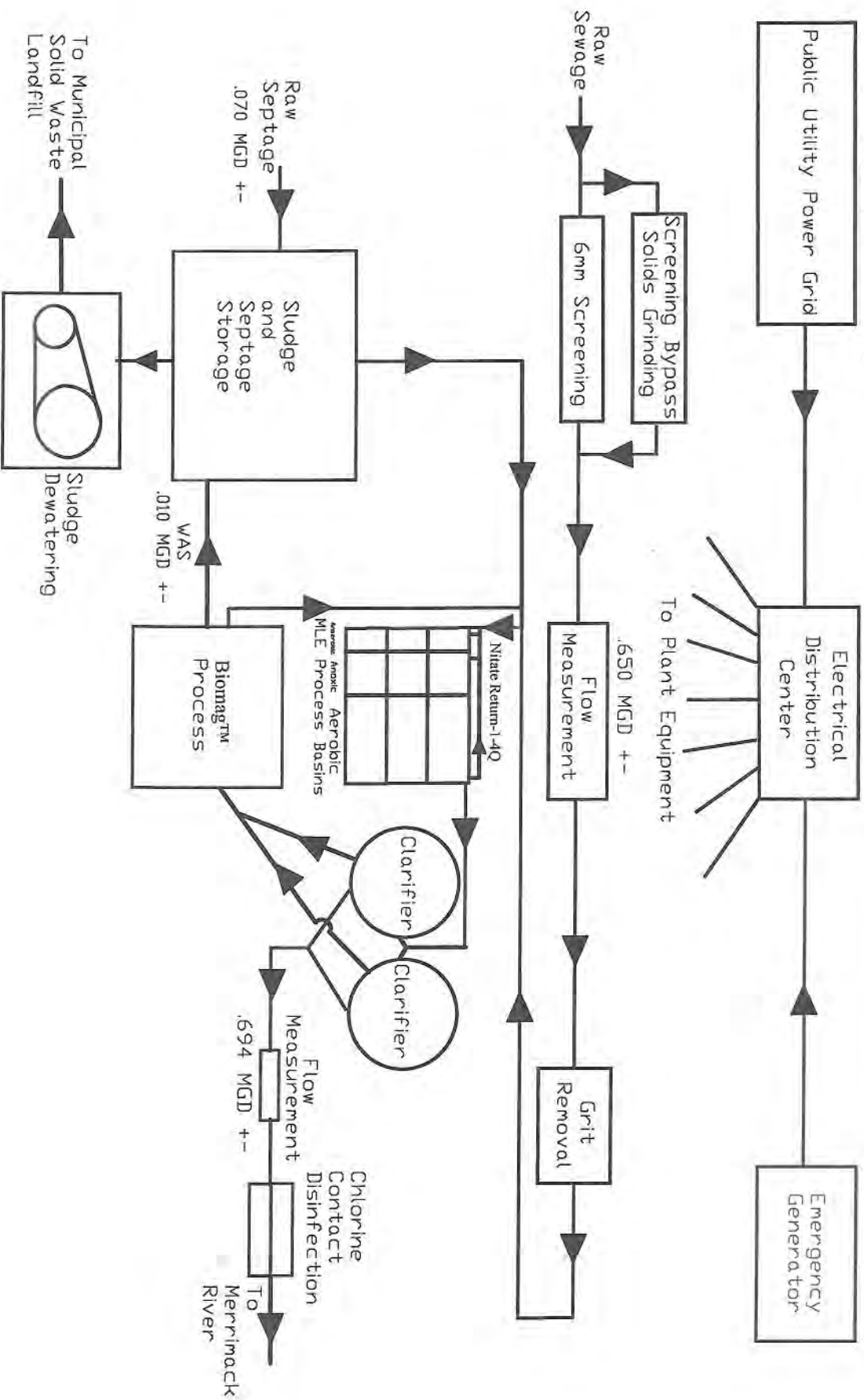
Date submitted: <u>2007-2011</u> (MM/DD/YYYY)	Outfall 001 Method 2002/2000	DATE	RESULT
		8/1/11	>100/>100
		3/22/11	76.23/<100
		9/1/10	>100/>100
		2/5/10	8.1/7.9
Summary of results: (see instructions)		9/1/09	>100/>100
		2/4/09	<100/65.9
		8/12/08	>100/>100
		2/26/08	>100/90.57
		7/31/07	93.9/49.1
		1/23/07	>100/>100

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.



ALLENSTOWN WASTEWATER TREATMENT FACILITY PROCESS FLOW DIAGRAM

The Allentown facility is a Modified Ludzack-Ettinger (MLE) process treatment facility. The facility also uses the **Biomag™** advanced treatment process. The facility consists of screening, grit removal, MLE process basins, secondary clarifiers, **Biomag™** treatment, chlorine disinfection, and sludge dewatering.



FACILITY NAME AND PERMIT NUMBER:

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Allenstown Wastewater Treatment Facility NHG580714

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

- a. Facility name Allenstown Wastewater Treatment Facility
- b. Mailing Address 35 Canal St.
Allenstown, New Hampshire 03275
- c. Contact person Dana L. Clement
Title Superintendent
Telephone number (603) 485-5600
- d. Facility Address (not P.O. Box) 35 Canal St.
Allenstown, Nwe Hampshire 03275
- e. Is this facility a Class I sludge management facility? Yes No
- f. Facility design flow rate: TBD mgd
- g. Total population served: 12000
- h. Indicate the type of facility:
 Publicly owned treatment works (POTW) Privately owned treatment works
 Federally owned treatment works Blending or treatment operation
 Surface disposal site Sewage sludge incinerator
 Other (describe) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name _____
- b. Mailing Address _____

- c. Contact person _____
Title _____
Telephone number _____
- d. Is the applicant the owner or operator (or both) of this facility?
 owner operator
- e. Should correspondence regarding this permit should be directed to the facility or the applicant.
 facility applicant

FACILITY NAME AND PERMIT NUMBER:

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Allenstown Wastewater Treatment Facility NHG580714

A.3. Permit Information.

- a. Facility's NPDES permit number (if applicable): NHG580714
- b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

A.4. Indian Country. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

Yes No If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

- a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.
- b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

A.6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

A.7. Contractor Information.

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? Yes No

If yes, provide the following for each contractor (attach additional pages if necessary):

- a. Name _____
- b. Mailing Address _____
- c. Telephone Number _____
- d. Responsibilities of contractor _____

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A.8. Pollution Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

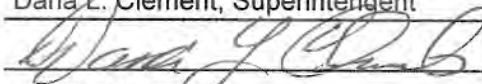
A.9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

- Section A (General Information)
- Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
- Section C (Land Application of Bulk Sewage Sludge)
- Section D (Surface Disposal)
- Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 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.

Name and official title Dana L. Clement, Superintendent
 Signature  Date signed 9/30/11
 Telephone number (603) 485-5600

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

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B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

B.1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 682.5 dry metric tons

B.2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing Address _____

c. Contact person _____

Title _____

Telephone number _____

d. Facility Address (not P.O. Box) _____

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

B.3. Treatment Provided At Your Facility.

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

_____ Class A _____ Class B X Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- _____ Option 1 (Minimum 38 percent reduction in volatile solids)
- _____ Option 2 (Anaerobic process, with bench-scale demonstration)
- _____ Option 3 (Aerobic process, with bench-scale demonstration)
- _____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- _____ Option 5 (Aerobic processes plus raised temperature)
- _____ Option 6 (Raise pH to 12 and retain at 11.5)
- _____ Option 7 (75 percent solids with no unstabilized solids)
- _____ Option 8 (90 percent solids with unstabilized solids)
- X None or unknown

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Allenstown Wastewater Treatment Facility NHG580714

B.3. Treatment Provided At Your Facility. (con't)

- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?
_____ Yes _____ No

Complete Section B.5 if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment Off Site for Treatment or Blending.

- a. Receiving facility name _____
- b. Mailing address _____

- c. Contact person _____
Title _____
Telephone number _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____

FACILITY NAME AND PERMIT NUMBER:

Allenstown Wastewater Treatment Facility NHG580714

Form Approved 1/14/99
OMB Number 2040-0086

B.6. Shipment Off Site for Treatment or Blending. (con't)

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? Yes No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

Class A Class B Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge.

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?

Yes No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above? Yes No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:

- Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or
- Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or
- Section B.6 (you send it to another facility for treatment or blending).

B.7. Land Application of Bulk Sewage Sludge.

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Allenstown Wastewater Treatment Facility NHG580714

B.7. Land Application of Bulk Sewage Sludge. (con't)

- b. Do you identify all land application sites in Section C of this application? Yes No

If no, submit a copy of the land application plan with application (see instructions).

- c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? Yes No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

- a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____ dry metric tons

- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

Yes No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

- c. Site name or number _____

- d. Contact person _____

Title _____

Telephone number _____

Contact is Site owner Site operator

- e. Mailing address _____

- f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: _____ dry metric tons

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

B.9. Incineration.

- a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____ dry metric tons

- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

- c. Incinerator name or number: _____

- d. Contact person: _____

Title: _____

Telephone number: _____

Contact is: Incinerator owner Incinerator operator

FACILITY NAME AND PERMIT NUMBER:

Allenstown Wastewater Treatment Facility NHG580714

Form Approved 1/14/99
OMB Number 2040-0086

B.9. Incineration. (con't)

e. Mailing address: _____

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: _____ dry metric tons

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in a Municipal Solid Waste Landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill Turnkey Landfill

b. Contact person Roy A. Boyer

Title Major Account Representative

Telephone number (603) 726-0587

Contact is Landfill owner Landfill operator

c. Mailing address 4 Liberty Lane West
Hampton, NH 03842

d. Location of municipal solid waste landfill:

Street or Route # 97 Rochester Neck Rd.

County Strafford

City or Town Rochester State NH Zip 03839

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:

682.5 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
<u>DES-SW-ST-95001</u>	<u>NHDES Solid Waste</u>
_____	_____
_____	_____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

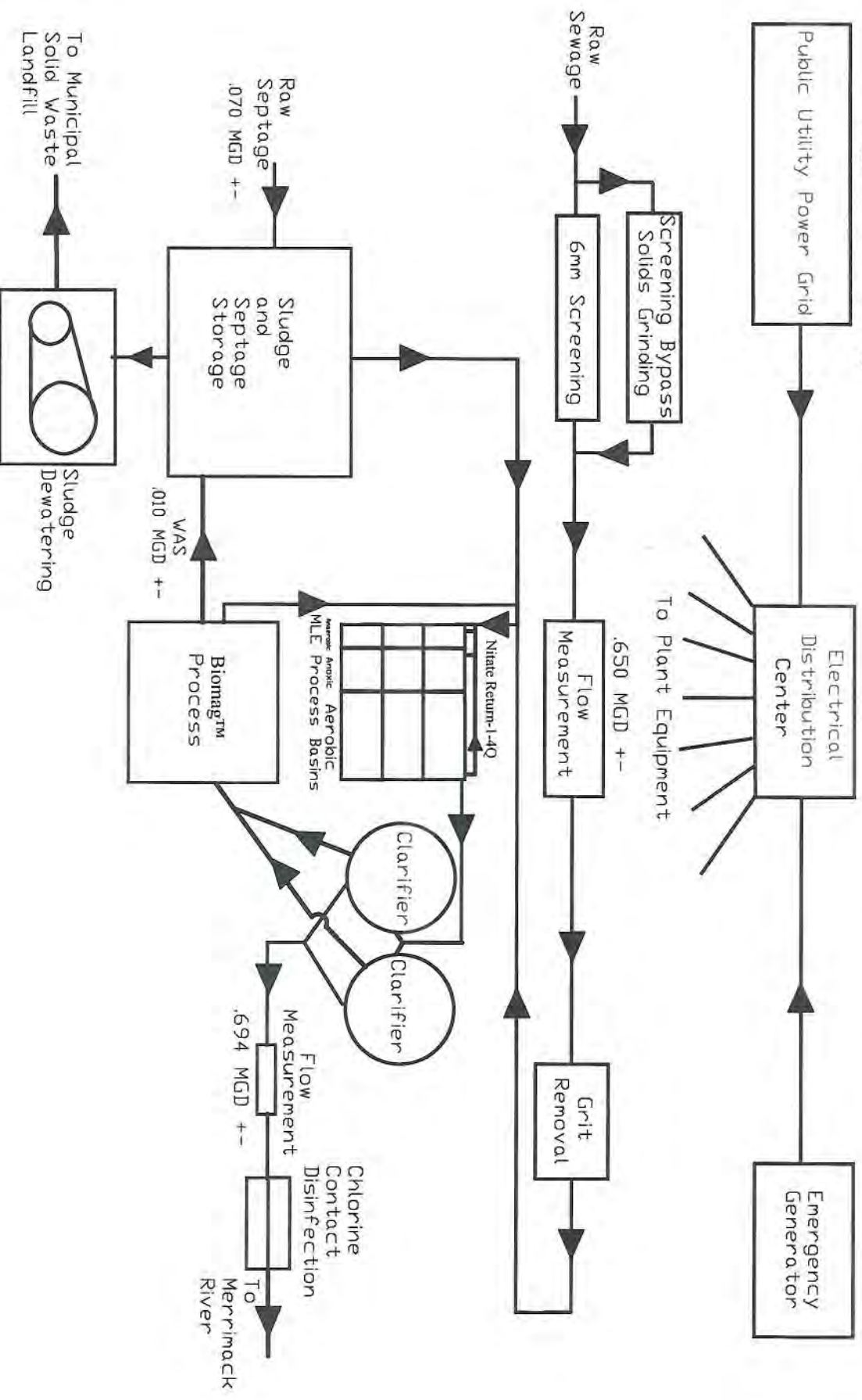
h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

Yes No



ALLENSTOWN WASTEWATER TREATMENT FACILITY PROCESS FLOW DIAGRAM

The Allenstown facility is a Modified Ludzack-Ettinger (MLE) process treatment facility. The Facility also uses the Biomag™ advanced treatment process. The facility consists of screening, grit removal, MLE process basins, secondary clarifiers, Biomag™ treatment, chlorine disinfection, and sludge dewatering.





LABORATORY REPORT

EAI ID#: 97076

Client: **Suncook WWTP**
Client Designation: **None**

Sample ID: SWTF 022321

Lab Sample ID: 97076.01

Matrix: sludge

Date Sampled: 2/23/11

Date Received: 2/23/11

Paint Filter Absent

Units	Analysis		Method	Analyst
	Date	Time		
None	3/01/11	15:10	9095	SEL



LABORATORY REPORT

EAI ID#: 97076

Client: Suncook WWTP

Client Designation: None

Sample ID: SWTF 022321

Lab Sample ID: 97076.01

Matrix: sludge

Date Sampled: 2/23/11

Date Received: 2/23/11

Arsenic	< 0.5
Barium	2.9
Cadmium	< 0.1
Chromium	< 0.1
Lead	< 0.5
Mercury	< 0.01
Selenium	< 0.1
Silver	< 0.1

Analytical Matrix	Units	Date of Analysis	Method	Analyst
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS
TCLPsolid	mg/L	2/28/11	6020	DS



LABORATORY REPORT

EAI ID#: 99397

Client: **Suncook WWTP**
Client Designation: **None**

Sample ID: SWTF 051211
Lab Sample ID: 99397.01
Analytical Type: Sample
Matrix: solid
Date Sampled: 5/12/11
Date Received: 5/12/11
Date Extracted:

		Analytical Matrix	Units	Date Analyzed	Dilution Factor	Method	Analyst	TCLP Reg Limits (Leachate Conc.)
Vinyl chloride	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	200 ug/l
1,1-Dichloroethene	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	700 ug/l
2-Butanone(MEK)	< 200	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	200000 ug/l
Chloroform	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	6000 ug/l
Carbon tetrachloride	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	500 ug/l
Benzene	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	500 ug/l
1,2-Dichloroethane	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	500 ug/l
Trichloroethene	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	500 ug/l
Tetrachloroethene	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	700 ug/l
Chlorobenzene	< 40	TCLPsolid	ug/l	5/20/11	20	1311/8260B	KJP	100000 ug/l
4-Bromofluorobenzene (surr)	94 %R	TCLPsolid	%	5/20/11		1311/8260B	KJP	
1,2-Dichlorobenzene-d4 (surr)	102 %R	TCLPsolid	%	5/20/11		1311/8260B	KJP	
Toluene-d8 (surr)	100 %R	TCLPsolid	%	5/20/11		1311/8260B	KJP	



LABORATORY REPORT

EAI ID#: 99397

Client: **Suncook WWTP**
Client Designation: **None**

Sample ID:	SWTF 051211								
Lab Sample ID:	99397.01								
Analytical Type:	Sample								
Matrix:	solid								
Date Sampled:	5/12/11								
Date Received:	5/12/11								
Date Extracted:	5/19/11	Analytical Matrix	Units	Date Analyzed	Dilution Factor	Method	Analyst	TCLP Reg Limits (Leachate Conc.)	
2,4,5-Trichlorophenol	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	400000	ug/l
2,4,6-Trichlorophenol	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	2000	ug/l
Pentachlorophenol	< 50	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	100000	ug/l
2-Methylphenol	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	200000	ug/l
3/4-Methylphenol	360	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	200000	ug/l
1,4-Dichlorobenzene	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	7500	ug/l
Hexachloroethane	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	3000	ug/l
Hexachlorobutadiene	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	500	ug/l
Hexachlorobenzene	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	130	ug/l
Nitrobenzene	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	2000	ug/l
2,4-Dinitrotoluene	< 10	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	130	ug/l
Pyridine	< 50	TCLPsolid	ug/l	5/19/11	10	8270D	JMR	5000	ug/l
2-Fluorophenol (surr)	34 %R	TCLPsolid	%	5/19/11		8270D	JMR		
Phenol-d6 (surr)	26 %R	TCLPsolid	%	5/19/11		8270D	JMR		
2,4,6-Tribromophenol (surr)	82 %R	TCLPsolid	%	5/19/11		8270D	JMR		
Nitrobenzene-D5 (surr)	58 %R	TCLPsolid	%	5/19/11		8270D	JMR		
2-Fluorobiphenyl (surr)	62 %R	TCLPsolid	%	5/19/11		8270D	JMR		
p-Terphenyl-D14 (surr)	64 %R	TCLPsolid	%	5/19/11		8270D	JMR		



LABORATORY REPORT

EAI ID#: 99397

Client: **Suncook WWTP**
Client Designation: **None**

Sample ID: SWTF 051211

Lab Sample ID: 99397.01

Matrix: solid

Date Sampled: 5/12/11

Date Received: 5/12/11

Paint Filter: Absent

Analysis				
Units	Date	Time	Method	Analyst
None	5/23/11	12:00	9095	SEL



LABORATORY REPORT

EAI ID#: 99397

Client: **Suncook WWTP**

Client Designation: **None**

Sample ID: SWTF 051211

Lab Sample ID: 99397.01

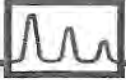
Matrix: solid

Date Sampled: 5/12/11

Date Received: 5/12/11

Arsenic < 0.5
Barium < 0.5
Cadmium < 0.1
Chromium < 0.1
Lead < 0.5
Mercury < 0.01
Selenium < 0.1
Silver < 0.1

Analytical Matrix	Units	Date of Analysis	Method	Analyst
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS
TCLPsolid	mg/L	5/20/11	6020	DS



LABORATORY REPORT

EAI ID#: 101635

Client: **Suncook WWTP**

Client Designation: **None**

Sample ID: AWTF 072711

Lab Sample ID: 101635.01

Matrix: sludge

Date Sampled: 7/27/11

Date Received: 7/27/11

Paint Filter **Absent**

Analysis				
Units	Date	Time	Method	Analyst
None	7/28/11	9:48	9095	SEL



LABORATORY REPORT

EAI ID#: 101635

Client: Suncook WWTP

Client Designation: None

Sample ID: AWTF 072711

Lab Sample ID: 101635.01

Matrix: sludge

Date Sampled: 7/27/11

Date Received: 7/27/11

Arsenic < 0.5
Barium < 0.5
Cadmium < 0.1
Chromium < 0.1
Lead < 0.5
Mercury < 0.01
Selenium < 0.1
Silver < 0.1

Analytical Matrix	Units	Date of Analysis	Method	Analyst
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS
TCLPsolid	mg/L	8/2/11	6020	DS