

Name of Facility: _____

Date: _____ Map/Lot Number: _____



TOWN OF HUDSON

Engineering Department



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Sewer Permit Application Screening Questionnaire/Checklist

Type of Facility or Facility Operations (Check all that apply):

- *Residential
- *Retail
- *Office
(Excluding medical/dental)
- *Personal Service Establishment
- *Dog Grooming/Kennel
- *Educational
- *Medical Offices/Treatment/Hospital
- *Restaurant/Function Hall
- *Hotel/Motel/Inn/Bed & Breakfast
Other Food Preparation
(Including but not limited to
food prepared for retail)
- Dental Offices
(Excluding 100% orthodontic)
- Laboratory
- Warehouse
- Manufacturing
- Assembly
- Disassembly
- Repackaging
- Research & Development
- Photo Processing
- Vehicle Service
- Product Testing
- Waste/Wastewater Treatment
(For waste not generated on-site)
- Laundromat
- Mortuary/Funeral Home/Crematory
- Other: _____

North American Industrial Classification System (NAICS) Code: _____

<http://www.census.gov/eos/www/naics/>

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Is any water used within the space to be permitted? (Answer yes or no for each line)

- | | | |
|---|------------------------------|------------------------------|
| Bathrooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Lunchroom | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Food Preparation
(Other than microwave or vending) | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Showers | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Compressor | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Boiler | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Cooling Tower
(For facility climate control) | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Cooling Tower
(Used for production) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manufacturing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assembly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Production | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Processing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Research & Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Janitorial | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Emergency Shower | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| Photo Processing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laboratory
(Including educational) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical or Dental Laboratory or Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Washing of Anything Other Than Hands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Swimming Pool or Spa | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If associated with * from above, IPP Application may not be required.

Note:

<p>Vehicle Service could include:</p> <ul style="list-style-type: none">Fuel StationPaintingAuto Body Rework/RepairOil ChangesRadiator WorkEngine RepairWashingDetailingBattery <p>Institutional could include:</p> <ul style="list-style-type: none">EducationalMedical	<p>Personal Service Establishment could include:</p> <ul style="list-style-type: none">Hair SalonBarber ShopManicure/Pedicure (Nail Salon)Health SpaDry CleanerMassage TherapyCobblerTattoo ParlorBody Art/Piercing
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