

# New I/A System Permit Summary Sheet

## Site Information

Town: \_\_\_\_\_ Town Permit # \_\_\_\_\_  
Assessor Map/Parcel: \_\_\_\_\_ Unique Town ID # \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Alternate Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_

## Title 5 Information

Building Type/Use: \_\_\_\_\_ Design Flow: \_\_\_\_\_  
Seasonal: Yes  No  Unknown  Bedrooms: \_\_\_\_\_  
Title V N.S.A.: NRNSA  Zone II/  On-site Well  Lot Size: \_\_\_\_\_  
IWPA

## Non-standard components:

*Please list all components e.g. I/A treatment unit, pump chamber, pre- and post equalization tanks, pressure distribution SAS, effluent filter, UV unit, etc., and maintenance schedule for each component e.g. quarterly, 2x/yr, annual, etc.*

## I/A Treatment Unit

Make and Model: \_\_\_\_\_  
Inspection Frequency: \_\_\_\_\_

Approval Date: \_\_\_\_\_ COC Date \_\_\_\_\_ Startup Date: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Contract Entity: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract Duration: \_\_\_\_\_

DEP Approval:  General  General with Nitrogen Reduction

Remedial  Provisional  Pilot DEP Permit ID # \_\_\_\_\_

## Influent/Effluent Monitoring Requirements and Water Quality Limits

*Please indicate water quality parameters that must be monitored and any town mandated water quality limits; if no limits are shown, we will assume parameters and effluent limits specified in the system's DEP approval will apply.*

### Effluent

pH  \_\_\_\_\_ BOD<sub>5</sub> \_\_\_\_\_ CBOD \_\_\_\_\_ TSS \_\_\_\_\_ TN \_\_\_\_\_  
Nitrate  \_\_\_\_\_ Nitrite  \_\_\_\_\_ Organic N  \_\_\_\_\_ Ammonia  \_\_\_\_\_ TKN  \_\_\_\_\_  
Fecal Coliform  \_\_\_\_\_ Total P  \_\_\_\_\_ Organic P  \_\_\_\_\_ TDS  \_\_\_\_\_ Oil/Grease  \_\_\_\_\_  
Conductance  \_\_\_\_\_ Alkalinity  \_\_\_\_\_ Water Usage  \_\_\_\_\_ Temp.  \_\_\_\_\_  
Monitoring Schedule: \_\_\_\_\_ Other Applicable Limits: \_\_\_\_\_

### Influent

pH  \_\_\_\_\_ BOD<sub>5</sub> \_\_\_\_\_ CBOD \_\_\_\_\_ TSS \_\_\_\_\_ TN \_\_\_\_\_  
Nitrate  \_\_\_\_\_ Nitrite  \_\_\_\_\_ Organic N  \_\_\_\_\_ Ammonia  \_\_\_\_\_ TKN  \_\_\_\_\_  
Fecal Coliform  \_\_\_\_\_ Total P  \_\_\_\_\_ Organic P  \_\_\_\_\_ TDS  \_\_\_\_\_ Oil/Grease  \_\_\_\_\_  
Conductance  \_\_\_\_\_ Alkalinity  \_\_\_\_\_ Water Usage  \_\_\_\_\_ Temp.  \_\_\_\_\_  
Monitoring Schedule: \_\_\_\_\_ Other Applicable Limits: \_\_\_\_\_