

**BI-ANNUAL WASTE WATER TREATMENT PLANT
OPERATION, SAMPLING & TESTING
WALLIS SANDS STATE PARK
1050 OCEAN BLVD. RYE, NH 03870**

SPECIFICATIONS

PROJECT # PR-1510



STATE OF NEW HAMPSHIRE
DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT
**DIVISION OF PARKS AND RECREATION
PLANNING AND DEVELOPMENT SECTION**

NOVEMBER 2014

STATE OF NEW HAMPSHIRE
DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT
DIVISION OF PARKS AND RECREATION
PLANNING AND DEVELOPMENT
172 Pembroke Road
P.O. Box 1856
Concord, N.H. 03302-1856
TEL. 603-271-2606 FAX 603-271-2629

NOTICE TO BIDDERS

**Project: #PR-1510 BI-ANNUAL WASTE WATER TREATMENT PLANT OPERATION,
SAMPLING, TESTING & MAINTENANCE
WALLIS SANDS STATE PARK
1050 OCEAN BLVD RYE, NH 03870**

Sealed bid proposals for the above project will be accepted until 2:00 P.M., prevailing time, on Thursday December 18, 2014. Proposals should be mailed to: Attn: Ed Mussey Public Works Project Manager I Department of Resources and Economic Development PO Box 1856, 172 Pembroke Road, Concord, NH 03302-1856.

Specifications will be available to interested contractors at the Planning and Development Office on November 16, 2014. They may also be viewed at the following locations:

- 1.) Construction Summary of New Hampshire Inc. 734 Chestnut Street, Manchester, NH 03104 Tel. (603) 627-8856.
- 2.) Infinite Imaging 933 Islington Street, Portsmouth, NH 03801 Tel. 1-800-581-2712
- 3.) McGraw-Hill Construction Plan Room 34 Crosby Drive Suite 201 Bedford, MA, 03170 Tel. (781) 430-2006
- 4.) Signature Press & Blueprinting, 45 Londonderry Turnpike, Hooksett, NH 03106 Tel. (603) 624-4025
- 5.) Works in Progress, 20 Farrell Street, Suite 103, South Burlington, VT 05403 Tel. 1-800-669-7048

All companies, corporations, and tradenames bidding must be registered and have a certificate of existence from the NH Secretary of State, Corporate Division (telephone 603-271-3244) in order to do business with the State of New Hampshire.

All bidders will be required to attend the pre-bid conference at the Wallis Sands State Park Ocean Blvd. Rye, NH at 10:00 a.m. on Wednesday December 10, 2014 Please call Ed Mussey at 603-271-2606 Ext. 404 at least 24 hours prior to the bid conference if you will be attending.

Bid Proposals must be made out on the forms provided in the specifications packet and submitted in a sealed envelope marked: Bid Proposal: Waste Water Treatment Plant Sampling and Testing, Project No. PR-1510.

Edward V Mussey
Public Works Project Manager I

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT
DIVISION OF PARKS AND RECREATION
PLANNING AND DEVELOPMENT**

172 Pembroke Road
P.O. Box 1856
Concord, NH 03302-1856
Tel. (603) 271-2606 Fax (603) 271-2629

**SPECIFICATIONS
BI-ANNUAL
WASTE WATER TREATMENT PLANT OPERATION, SAMPLING, TESTING, AND MAINTENANCE
WALLIS SANDS STATE PARK
1050 OCEAN BLVD
RYE, NH 03870**

PROJECT No. PR-1510

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT
DIVISION OF PARKS AND RECREATION
PLANNING AND DEVELOPMENT
172 Pembroke Road
P.O. Box 1856
Concord, N.H. 03302-1856
TEL. 603-271-2606 FAX 603-271-2629

BID PROPOSAL FORM

**PROJECT: #PR-1510 BI-ANNUAL WASTE WATER TREATMENT PLANT OPERATION
SAMPLING, TESTING, & MAINTENANCE
WALLIS SANDS STATE PARK
1050 OCEAN BLVD RYE, NH 03870**

MANDATORY PRE BID MEETING: December 10, 2014 at 10:00 a.m. at the site.

DATE BID OPENING: December 18, 2014 at 2:00 p.m.

START DATE: May 1, 2015

COMPLETION DATE: No later than October 1, 2016

Sealed bid proposals for the above project will be accepted until 2:00 p.m., prevailing time, on December 18, 2014. Bids should be MAILED TO: Attn: Ed Mussey Public Works Project Manager | Department of Resources and Economic Development, PO Box 1856, 172 Pembroke Road, Concord, NH 03302-1856 Please note on the outside of the envelope "Bid Proposal Waste Water Sampling, Testing & Maintenance" Project No. PR-1510.

DATE: _____

PROPOSAL OF: _____

GRAND TOTAL / LUMP SUM BASE BID: _____

STATE OF NEW HAMPSHIRE
DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT
DIVISION OF PARKS AND RECREATION
PLANNING AND DEVELOPMENT

PROPOSAL

Proposal of...

(name)

(address)

To furnish and deliver all materials except as noted and to perform all work in accordance with the Contract of the State of New Hampshire, Department of Resources and Economic Development for the construction of...

Project #PR-1510 Bi-Annual Waste Water Treatment Plant Operation, Sampling, Testing & Maintenance at Wallis Sands State Park, 1050 Ocean Blvd. Rye, NH 03870.

Commissioner
Department of Resources and Economic Development
172 Pembroke Road, P.O. Box 1856
Concord, N.H. 03302-1856

Commissioner:

In accordance with the advertisement of the Department of Resources and Economic Development inviting proposals for the project herein before named and in conformity with the Plans and Specifications on file in the office of the Department of Resources and Economic Development, _____ (firm name) hereby certifies that _____ is/are the only person, or persons, interested in this proposal as principals; that this proposal is made without collusion with any person, firm, or corporation; that an examination has been made of the Plans, of the Standard Specifications, and Special Attentions, Supplemental Specifications, and Special Provisions, all of which are attached hereto, and also of the site of the work; and I, or we, propose to furnish all necessary machinery, equipment, tools, labor, and other means of construction, and to furnish all materials specified in the manner and at the time prescribed; and understand that the quantities of work as shown herein are approximate only and are subject to increase or decrease, and further understand that all quantities of work are to be performed at the quoted prices.

To execute the form of contract and begin work within 15 (fifteen) days after the notice to proceed has been received or otherwise delivered to the contractor and to prosecute said work until its completion.

It is further proposed:

To guarantee all of the work performed under this contract to be done in accordance with the plans and specifications and contract documents.

The undersigned acknowledges receipt of the following addenda, issued if any, during the bidding time, and states that these have been incorporated in the proposal:

Addendum #1 dated _____

Addendum #2 dated _____

Addendum #3 dated _____

Dated _____

SCHEDULE OF VALUES FOR WASTE WATER TREATMENT PLANT SAMPLING, TESTING & MAINTENANCE PROJECT # PR-1510

Month/Year	Cost
May 2015	
June 2015	
\$5,000 Allowance	\$5,000
FY 2015 Total	
July 2015	
August 2015	
September 2015	
May 2016	
June 2016	
\$5000 ALLOWANCE	\$5,000
FY 2016 Total	
July 2016	
August 2016	
September 2016	
\$5000 ALLOWANCE	\$5,000
FY 2017 Total	
Total Lump Sum FY 2015-FY2016	

ALLOWANCE #1: Unanticipated Modification and/or Additions to Contract Items:

Include in the Contract, a stipulated sum/price of **\$15,000** for use upon the Project Managers instruction. This Allowance will make money available for modifications and/or additions to contract items due to owner-initiated changes, or for unknown, latent or differing existing conditions, or for the removal of hazardous materials that are encountered by construction.

- a. Contractor's costs for products, delivery, installation, labor, insurance, payroll, taxes, equipment rental, overhead and profit will be included in Change Orders authorizing expenditure of funds from this Allowance. The cost of the bond for the amount of Allowance shall be included as part of the lump sum base bid.
- b. Funds will be drawn from an Allowance only by Change Order. Contractor can proceed with Change Order Work against Allowance with direction from the Project Manager. The Contractor shall not proceed with any work that will exceed the amount of Allowance remaining.
- c. Credits can only be added to an Allowance by Alteration Order. The Contractor may not use a credit until an Alteration Order is fully executed.
- d. Notwithstanding the Contractors objection, the Project Manager may at any time reduce the funds remaining in the Allowance by Alteration Order.
- e. At Final Payment of the Contract, funds remaining in the Allowance will be credited to the State.

NOTE: The Schedule of values must be completely filled out in order for bid proposal to be considered responsive.

SIGNATURE PAGE

Company Name _____

Address _____

Phone _____

Fax _____

E-mail Address _____

Signature of Authorized Bidder _____

Print _____

Title _____

Address of Bidder _____

(if different than company)

Names and Addresses of Members of the Firm/Corporation

Name _____ address _____

Name _____ address _____

Name _____ address _____

Subject: SAMPLE CONTRACT **FORM NUMBER P-37 (version 1/09)**

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name <div style="border: 1px solid black; padding: 2px;">Department of Resources and Economic Development</div>		1.2 State Agency Address <div style="border: 1px solid black; padding: 2px;">PO Box 1856, 172 Pembroke Rd. Concord, NH 03302-1856</div>	
1.3 Contractor Name <div style="border: 1px solid black; height: 20px;"></div>		1.4 Contractor Address <div style="border: 1px solid black; height: 20px;"></div>	
1.5 Contractor Phone Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	1.6 Account Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	1.7 Completion Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	1.8 Price Limitation <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
1.9 Contracting Officer for State Agency <div style="border: 1px solid black; padding: 2px;">Edward Mussey, Public Works Project Manager I</div>		1.10 State Agency Telephone Number <div style="border: 1px solid black; padding: 2px;">603-271-2606 Ext. 404</div>	
1.11 Contractor Signature <div style="border: 1px solid black; height: 20px;"></div>		1.12 Name and Title of Contractor Signatory <div style="border: 1px solid black; height: 20px;"></div>	
1.13 Acknowledgement: State of , County of On , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <div style="border: 1px solid black; height: 20px;"></div>			
1.14 State Agency Signature		1.15 Name and Title of State Agency Signatory <div style="border: 1px solid black; height: 20px;"></div>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (<i>if applicable</i>) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: _____ On: _____			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be

attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual

intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

GENERAL CONDITIONS

GENERAL

This contract is to be governed by all the applicable provisions of these specifications.

This project consists of Assembling winterized equipment, Performing Waste Water Treatment Plant Sampling, Testing, and Maintenance, disassembly and winterization of equipment at the Wallis Sands State Park in Rye, NH as indicated in these specifications.

BIDDING REQUIREMENTS

Bids shall only be accepted on the official Bid Proposal Forms, attached to these specifications. **Any bids submitted that are not on the official bid proposal forms will not be accepted.**

CONDITIONS AT SITE OR BUILDING

Bidders shall visit the site and be responsible for having ascertained pertinent local conditions such as: location, accessibility, general character of the site or building, the character and extent of existing work within or adjacent to the site, and any other work being performed thereon at the time of the submission of this bid.

RIGHT TO WORK IN N.H.

All bidders must be registered and have a certificate of existence from the Secretary of State, Corporate Division (telephone 603-271-3244) in order to do business with the State of New Hampshire. All Bidders must obtain the certificate of Existence prior to submitting their bid.

PROPOSAL SELECTION

In most cases the proposal submitted by the qualified bidder with the lowest base bid price shall be selected. However, the Department of Resources and Economic Development reserves the right to reject any or all proposals, or advertise for new proposals as it judges to be in the best interest of the state.

CONTRACTORS QUALIFICATIONS

The successful bidder shall provide evidence upon request that they have been in the Waste Water Sampling and Testing business successfully performing this type, scale, and quality of work for a minimum of five years. A comprehensive list of all projects worked on involving Waste Water Sampling and Testing work in the past two years by the contractor shall be submitted with references.

EXECUTION OF CONTRACT

The Contractor's attention is called to the following:

EXECUTION AND APPROVAL OF CONTRACT. The contract shall be signed by the successful Bidder and returned, together with the contract bond, if applicable, within 15 days after the contract has been mailed or otherwise delivered to the Bidder. No contract shall be considered as in effect until it has been fully executed by all the parties thereto and, when the contract amount is more than \$10,000, the award has been concurred in by the Governor and Council.

FAILURE TO EXECUTE CONTRACT. Failure to execute the contract within 15 days after the contract has been mailed or otherwise delivered to the successful Bidder shall be just cause for the cancellation of the award and the forfeiture of the proposal guaranty which shall become the property of the Department, not as a penalty, but in liquidation of damages sustained. Award may then be made to the next lowest Bidder, or the work may be re-advertised as the Commissioner may decide.

STARTING DATE

The Contractor shall start work after notice to proceed is received. The notice to proceed shall be issued immediately upon contract approval by the Governor and Council, and shall establish the actual construction start date. Failure to start work within 15 calendar days after the start date shall be considered a default of the contract. If the actual start date is later than the advertised start date, the completion date shall be extended by an equivalent number of working days.

PROTECTION OF EXISTING PROPERTY

It shall be the responsibility of the contractor to protect existing property from damage. Any damage caused by the contractor in the performance of the work shall be repaired or replaced at his expense to the satisfaction of the Department Project Manager.

CODES

All work performed shall meet the provisions, if applicable, of

WORKMANSHIP

All work shall be performed in a neat workmanlike manner by skilled workmen who have been actively engaged in performing the type of work specified under this contract for the last two years.

CLEAN-UP

All debris from the project shall be cleaned up daily and removed from the site at least on a daily basis.

DEFAULT AND TERMINATION OF CONTRACT

If the Contractor...

- (a) Fails to begin the work under the contract within the time specified in the contract, or
- (b) Fails to perform the work with sufficient workmen and equipment or with sufficient materials to assure the prompt completion of said work, or
- (c) Performs the work unsuitably or neglects or refuses to remove materials or to perform anew such work as may be rejected as unacceptable and unsuitable, or
- (d) Discontinues the prosecution of work, or
- (e) Fails to resume work which has been discontinued, within reasonable time after notice to do so, or
- (f) Becomes insolvent or is declared bankrupt, or commits any act of bankruptcy or insolvency, or
- (g) Makes an assignment for the benefit of creditors, or
- (h) For any other cause whatsoever, fails to carry on the work in an acceptable manner...

The Commissioner will give notice in writing to the Contractor of such delay, neglect, or default.

If the Contractor or Surety does not proceed in accordance with the Notice, then the Commissioner will, upon written notification from the Project Manager of the fact of such delay, neglect or default, and the Contractor's failure to comply with such notice, have full power and authority without violating the contract, to take the prosecution of the work out of the hands of the Contractor. The Commissioner may enter into an agreement for the completion of said contract according to the terms and conditions thereof, or use such other methods as in his opinion will be required for the completion of said contract in an acceptable manner.

All extra costs and charges incurred by the Department as a result of such delay, neglect or default, together with the cost of completion of the work under the contract will be deducted from any monies due or which may become due said Contractor. If such expenses exceed the sum which would have been payable under the contract, then the Contractor and the Surety shall be liable and shall pay to the Department, the amount of such excess.

FAILURE TO COMPLETE THE WORK ON TIME

If the Contractor fails to complete all of the work or sections of the Project, within the time specified in the Contract, the sum given in the schedule that follows will be deducted from any money due the Contractor. This deduction will be made, not as a penalty, but as fixed, agreed liquidation damages for inconvenience to the State and for reimbursing the Department the cost of the Administration of the Contract, including engineering and inspection. Should the amount of money otherwise due the Contractor be less than the amount of such liquidated damages, the Contractor and his Surety shall be liable to the State for such deficiency.

Permitting the Contractor to continue and finish the work after the time fixed for its completion, shall in no way obligate the State to waive any of its rights under the Contract.

When the final acceptance has been duly made by the Project Manager, any liquidated damage charges shall end.

The fixed, agreed, liquidated damages shall be assessed in accordance with the following schedule.

<u>ORIGINAL CONTRACT AMOUNT</u>		<u>AMOUNT OF LIQUIDATED DAMAGES</u> <u>PER WORKING DAY</u>
From more than:	to and including:	
0.	25,000.	\$ 200.00
25,000.	50,000.	\$ 300.00
50,000.	100,000.	\$ 400.00
100,000.	500,000.	\$ 500.00

CHANGES IN THE WORK

The Project Manager may at any time, by a written order, and without notice to the Sureties, make changes in the Specifications and completion date of this contract and within the general scope thereof.

In making any change, the additional cost or credit for the change shall be determined as follows:

- The order shall stipulate the mutually agreed upon lump sum price which shall be added to or deducted from the contract price. The contractor shall furnish an itemized breakdown of the prices used in computing the value of any change that might be ordered.
- If the price change is an addition to the contract price and the work is performed by the general contractor and not a subcontractor, it shall include the contractor's indirect costs as follows: Workmen's Compensation and Employee Liability, Unemployment and Social Security Taxes.
- In addition to the above indirect costs, the general contractor shall be allowed a markup not to exceed ten percent (10%). Said ten percent (10%) shall be all inclusive for overhead, supervision, and profit. In addition to this, an allowance shall be made for performance and payment bond additional premium.
- If the price change is an addition to the contract price and involves the work of the general contractor and subcontractor, the general contractor would be allowed ten percent (10%) on that part of the work performed by him and five percent (5%) on that part of the work performed by the subcontractor. The same percentages shall apply to subcontractors.
- On any change which involves a net credit to the Owner, no allowance for overhead and profit shall be figured.

INSURANCE REQUIREMENTS

No operations under this contract shall commence unless and until certification of insurance attesting to the below listed requirements have been filed with the Commissioner, approved by the Attorney General, and the Contract approved by the Governor and Council and a Notice to Proceed is issued.

Insurance requirements by paragraphs 1-4 below shall be the responsibility of the Prime Contractor. The Prime Contractor, at his discretion, may make similar requests of any subcontractor.

Following is the summary of minimum insurance requirements:

1. Workmen's Compensation Insurance (In accordance with RSA 281-A.)
 - a. Employers' Liability
 - 1.) \$100,000 each accident
 - 2.) \$500,000 Disease-policy limit
 - 3.) \$100,000 Disease-each employee

2. Commercial General Liability Insurance: Occurrence Form Policy: Include full Contractual Liability (see Indemnification Clause 9),, Explosion, Collapse, and Underground coverage's:
 - a. Limits of Liability:
 - 1.) \$1,000,000 Each Occurrence Bodily injury & Property Damage.
 - 2.) \$2,000,000 General Aggregate-Include per Project Aggregate Endorsement.
 - 3.) \$2,000,000 Products/Completed Operations Aggregate.
 - 4.) State shall be named as an additional named insured.

3. Commercial Umbrella Liability
 - a. Limits of Liability:
 - 1.) \$1,000,000 Each Occurrence
 - 2.) 1,000,000 Aggregate

4. General Insurance Conditions
 - a. Each policy shall contain a clause prohibiting cancellation or modifications of the policy earlier than thirty (30) days or ten (10) in cases of non-payment of premium after written notice thereof has been received by the State.

5. Indemnification:
 - a. The Contractor shall indemnify, defend, and hold harmless the State of New Hampshire, its Agencies, and its agents and employees from and against any and all claims, liabilities, suits or penalties arising out of (or which may be claimed to arise out of) acts of omissions of the Contractor or subcontractors in the performance of work covered by the Contract. This covenant shall survive the termination of the Contract. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved by the State.

NOTE:

References to "the Project Manager" shall be understood to mean the Department Project Manager designated by the Planning and Development office of the New Hampshire Department of Resources and Economic Development.

PROPOSAL FOR WASTE WATER TREATMENT PLANT SAMPLING AND TESTING

The plant service provider shall furnish all tools, equipment, and materials needed to perform the duties at Wallis Sands State Park, Rye NH and shall be responsible for the following:

1. Seasonal Operation of the waste water treatment facility from May 1-September 30, 2015 and May 1-September 30, 2016.
2. Sampling, testing, and reporting of effluent characteristics as required by the attached New Hampshire Department of Services permit # 0020966.
3. Filling out and submitting a standard NPDES monthly discharge monitoring report (DMR). The DMR's for May 2015-October 2015 will be forwarded to the contractor when they become available. The DMR's for May 2013 thru October 2013 are attached to these specifications for reference.
4. Monthly DMRs are to be signed and submitted with a cover letter explaining the basis of all Permit violations, including violations of effluent limits, narrative requirements, reporting requirements, compliance schedules, deviations from all required monitoring frequencies, sample types and units of measurement. Also, state the reasons for including any NODI codes and the action taken to resolve any NODI code violation. DMRs and cover letters are to be submitted to:

U.S. Environmental Protection Agency
Water Enforcement, OES4-SMR
5 Post Office Square, Suite 100
Boston, MA 02109-3912

If there are any questions on the DMR's or if additional DMR's are required please contact the Data Specialist Mrs. Norma Mason, mason.norma@epa.gov Tel No. (617) 918-1879.

5. Assembly of winterized equipment; pumps, ultraviolet lamps, hoses, metering equipment, etc. for use during the operating season. Disassembly and winterization of equipment at the end of the operating season.
6. Inspection and light maintenance of the facility as needed; to include test operation of pumps, alarm system, valves, cleaning and or replacement of ultraviolet lamps, ballasts, and a check of the associated mechanical and electrical equipment. Any deficiencies are to be reported to the Project Manager and the Park Manager for repairs. The service provider shall occasionally advise the Project Manager and Park Manager as to the use of materials, methods, or procedures to ensure the proper operation of the system.
7. Replacement UV Lamps and ballasts and other electrical or mechanical parts will be charged against the Allowance of the contract at the Approval of the Project Manager.
8. Representing DRED as necessary in responding to inquiries, requests for information, or meetings with state and local officials.
9. Perform year-end summary and self-assessment reports as needed.
10. Perform EPA Quality Control procedures as needed.

11. This proposal is for work to be performed from May 1, 2015 thru September 30, 2015 and May 1, 2016 thru September 30, 2016.

ADDITIONAL REQUIREMENTS: Please see attached "Sample" Permit No. NH0020966 "AUTHORIZATION TO DISCHARGE UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM". Note that the Permit is currently being renewed and once it is issued, a copy will be forwarded to the contractor selected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
05/01/2013 TO 05/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

ATTN: Peter Halifach, Chief Operator

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C									
00310 10 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		*****	
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		*****	
00310 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	GRAB
pH	*****	*****	*****	*****	*****	*****		*****	
00400 1 0 Effluent Gross	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM		SU	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****	
00530 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****	
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****	
00530 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED FEBRUARY 19TH, 2002 FOR FURTHER MONITORING REQUIREMENTS. ATTACH ADDITION PAGE FOREXPLANATION OF VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
05/01/2013 TO 05/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

ATTN: Peter Hallflich, Chief Operator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal - % samples exceeding limit	*****	*****	*****	*****	*****	*****			
30500 1 0 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	*****	*****	Five Per Week	GRAB	
Enterococci: group D, MF trans, M-E, EIA	*****	*****	*****	*****	*****	*****			
31639 1 0 Effluent Gross	*****	*****	35 MO GEOMN	*****	*****	104 DAILY MX	Daily	GRAB	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	Continuous	RCORDR	
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 1 0 Effluent Gross	*****	*****	14 MO GEOMN	*****	*****	Req. Mon. DAILY MX	Weekdays	GRAB	
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 0 0 See Comments	*****	*****	*****	*****	*****	43 DAILY MX	Weekdays	GRAB	
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	*****	Monthly	COMP24	
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****			
81011 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	*****	Monthly	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code NUMBER	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

ATTN: Peter Hallifach, Chief Operator

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2013 TO 06/30/2013

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C									
00310 10 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****			
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****			
00310 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****			GRAB
pH	*****	*****	*****	*****	*****	*****			
00400 10 Effluent Gross	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM		SU	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 10 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****			GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
	TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966 PERMIT NUMBER
001-A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2013 TO 06/30/2013

TREATED WASTEWATER EFFLUENT
External Outfall

ATTN: Peter Hallifach, Chief Operator

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal - % samples exceeding limit	*****	*****	*****	*****	*****	*****			
30500 10 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	*****	*****		Five Per Week	GRAB
Enterococci: group D, MF trans, M-E, EIA	*****	*****	*****	*****	*****	*****			
31639 10 Effluent Gross	*****	*****	35 MO GEOMN	*****	*****	104 DAILY MX		Daily	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 10 Effluent Gross	Req. Mon. MO AVG	MGD	*****	*****	*****	*****		Continuous	RCORDR
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 10 Effluent Gross	*****	*****	14 MO GEOMN	*****	*****	Req. Mon. DAILY MX		Weekdays	GRAB
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 0 0 See Comments	*****	*****	*****	*****	*****	43 DAILY MX		Weekdays	GRAB
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	*****		Monthly	COMP24
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****			
81011 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	*****		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966 PERMIT NUMBER
001-A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2013 TO 07/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

ATTN: Peter Hallifach, Chief Operator

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C									
00310 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	Twice Per Month
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		*****	
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	Twice Per Month
BOD, 5-day, 20 deg. C	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	
00310 O 0 See Comments	*****	*****	*****	*****	*****	*****		*****	
pH	*****	*****	*****	*****	*****	*****		*****	
00400 1 0 Effluent Gross	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM		SU	Three Per Week
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****	
00530 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	Twice Per Month
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****	
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	Twice Per Month
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****	
00530 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	Twice Per Month

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2013 TO 07/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

ATTN: Peter Halifach, Chief Operator

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal - % samples exceeding limit	*****	*****	*****	*****	*****	*****			
30500 1 0 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	*****	%		Five Per Week	GRAB
Enterococci: group D, MF trans, M-E, EIA	*****	*****	*****	*****	*****	*****			
31639 1 0 Effluent Gross	*****	*****	35 MO GEOMN	*****	*****	#/100mL		Daily	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	Req. Mon. MO AVG	*****	*****	*****	*****	*****		Continuous	RCORDR
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 1 0 Effluent Gross	*****	*****	14 MO GEOMN	*****	*****	#/100mL		Weekdays	GRAB
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 0 0 See Comments	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	%		Monthly	COMP24
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****			
81011 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
	TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2013 TO 08/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

ATTN: Peter Hallifach, Chief Operator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS				
BOD, 5-day, 20 deg. C										
00310 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		*****		
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		*****		
00310 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	Twice Per Month	GRAB
pH	*****	*****	*****	*****	*****	*****		*****		
00400 1 0 Effluent Gross	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM		SU	Three Per Week	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****		
00530 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****		
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****		
00530 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		AREA Code	NUMBER
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2013 TO 08/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

ATTN: Peter Hallifach, Chief Operator

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % samples exceeding limit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	*****	*****		Five Per Week	GRAB
Enterococci: group D, MF trans, M-E, EIA	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	35 MO GEOMN	*****	104 DAILY MX	*****	#100mL	Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MX	*****	*****	*****		Continuous	RCORDR
50050 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	14 MO GEOMN	*****	*****	*****	#100mL	Weekdays	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
74055 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81010 K0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	85 MO AV MIN	*****	*****	*****		Monthly	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	85 MO AV MIN	*****	*****	*****		Monthly	COMP24
81011 K0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
TYPED OR PRINTED	AREA Code	NUMBER	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED FEBRUARY 19TH, 2002 FOR FURTHER MONITORING REQUIREMENTS. ATTACH ADDITION PAGE FOREXPLANATION OF VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

ATTN: Peter Hallifach, Chief Operator

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2013 TO 09/30/2013

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS				
BOD, 5-day, 20 deg. C										
00310 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****				
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		*****		
00310 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	Twice Per Month	GRAB
pH	*****	*****	*****	*****	*****	*****		*****		
00400 1 0 Effluent Gross	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM		SU	Three Per Week	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	2.5 MO AVG	4.2 DAILY MX	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX		mg/L	Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****				
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	*****		mg/L	Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		*****		
00530 O 0 See Comments	3.8 WKLY AVG	*****	lb/d	*****	*****	*****		*****	Twice Per Month	GRAB

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 submitted 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/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED FEBRUARY 19TH, 2002 FOR FURTHER MONITORING REQUIREMENTS. ATTACH ADDITION PAGE FOREXPLANATION OF VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

FROM 09/01/2013 TO 09/30/2013
MONITORING PERIOD
MM/DD/YYYY

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

ATTN: Peter Halifach, Chief Operator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal - % samples exceeding limit	*****	*****	*****	*****	*****	*****			
30500 1 0 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	*****	%	Five Per Week	GRAB	
Enterococci: group D, MF trans, M-E, EIA	*****	*****	*****	*****	*****				
31639 1 0 Effluent Gross	*****	*****	35 MO GEOMN	*****	*****	#/100mL	Daily	GRAB	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	Req. Mon. MO AVG	MGD	*****	*****	*****	*****	Continuous	RCORDR	
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 1 0 Effluent Gross	*****	*****	14 MO GEOMN	*****	*****	#/100mL	Weekdays	GRAB	
Coliform, fecal general	*****	*****	*****	*****	*****	*****			
74055 0 0 See Comments	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	%	Monthly	COMP24	
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****			
81011 K 0 Percent Removal	*****	*****	85 MO AV MN	*****	*****	%	Monthly	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

FROM 10/01/2013 TO 10/31/2013
MONITORING PERIOD
MM/DD/YYYY

TREATED WASTEWATER EFFLUENT
External Outfall
No Discharge

ATTN: Peter Halifach, Chief Operator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS							
BOD, 5-day, 20 deg. C	2.5	MO AVG	4.2	DAILY MX	30	MO AVG	45	WKLY AVG	50	DAILY MX	mg/L	Twice Per Month	GRAB
00310 1 0 Effluent Gross	*****		*****		*****		*****		*****				
BOD, 5-day, 20 deg. C	*****		*****		*****		*****		*****				
00310 G 0 Raw Sewage Influent	*****		*****		*****		*****		*****				
BOD, 5-day, 20 deg. C	*****		*****		*****		*****		*****				
00310 O 0 See Comments	3.8	WKLY AVG	*****		*****		*****		*****			Twice Per Month	GRAB
pH	*****		*****		*****		*****		*****				
00400 1 0 Effluent Gross	*****		*****		*****		*****		*****				
Solids, total suspended	*****		*****		*****		*****		*****				
00530 1 0 Effluent Gross	2.5	MO AVG	4.2	DAILY MX	30	MO AVG	45	WKLY AVG	50	DAILY MX	mg/L	Twice Per Month	GRAB
Solids, total suspended	*****		*****		*****		*****		*****				
00530 G 0 Raw Sewage Influent	*****		*****		*****		*****		*****				
Solids, total suspended	*****		*****		*****		*****		*****				
00530 O 0 See Comments	3.8	WKLY AVG	*****		*****		*****		*****			Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
	TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED FEBRUARY 19TH, 2002 FOR FURTHER MONITORING REQUIREMENTS. ATTACH ADDITION PAGE FOREXPLANATION OF VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WALLIS SANDS STATE PARK
ADDRESS: ROUTE 1-A
RYE, NH 03871

FACILITY: WALLIS SANDS STATE PARK
LOCATION: ROUTE 1-A
RYE, NH 03871

ATTN: Peter Hallifach, Chief Operator

NH0020966
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03302
MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2013 TO 10/31/2013

TREATED WASTEWATER EFFLUENT
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal - % samples exceeding limit 30500 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Five Per Week	GRAB
Enterococci: group D, MIF trans, M-E, EIA 31639 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Daily	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Continuous	RCORDR
Coliform, fecal general 74055 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Weekdays	GRAB
Coliform, fecal general 74055 0 0 See Comments	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Weekdays	GRAB
BOD, 5-day, percent removal 81010 K 0 Percent Removal	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Monthly	COMP24
Solids, suspended percent removal 81011 K 0 Percent Removal	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		AREA Code	NUMBER
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED FEBRUARY 19TH, 2002 FOR FURTHER MONITORING REQUIREMENTS. ATTACH ADDITION PAGE FOREXPLANATION OF VIOLATIONS.

**AUTHORIZATION TO DISCHARGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM**

In compliance with the provisions of the Federal Clean Water Act, as amended,
(33 U.S.C. §§1251 et seq.; the "CWA"),

New Hampshire Department of Resources and Economic Development

is authorized to discharge from the Wastewater Treatment Plant located at

**Wallis Sands State Park
Ocean Boulevard (Route 1A)
Rye, New Hampshire 03870**

to receiving water named

Atlantic Ocean (Hydrologic Basin Code 01060003)

in accordance with effluent limitations, monitoring requirements and other conditions set forth herein.

This permit shall become effective on **the date of signature.**

This permit and the authorization to discharge expire at midnight, five (5) years from the effective date.

This permit supersedes the permit issued on February 19, 2002.

This permit consists of 9 pages in Part I including effluent limitations, monitoring requirements, etc.,
Sludge Compliance Guidance dated November 4, 1999 and Part II including General Conditions and
Definitions.

Signed this ^{30th} day of *October*, 2007



Stephen Perkins, Director
Office of Ecosystem Protection
U.S. Environmental Protection Agency
EPA-New England
Boston, Massachusetts

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning **ON MAY 1ST and LASTING THROUGH TO OCTOBER 31ST OF EACH YEAR**, the permittee is authorized to discharge treated domestic (sanitary) wastewater from outfall serial number 001 into the Atlantic Ocean. Such discharges shall be limited and monitored by the permittee as specified below. Samples taken in compliance with the monitoring requirements specified below shall be taken at a location that provides a representative analysis of the effluent.

Effluent Characteristic	Discharge Limitations			Monitoring Requirements					
	Average Monthly	Average Weekly (lbs/day)	Maximum Daily	Average Monthly	Average Weekly	Maximum Daily	Measurement Frequency	Sample Type	Recorder ¹
Flow; MGD	-----	-----	-----	Report	-----	Report	Continuous		
BOD ₅	2.5	3.8	4.2	30 mg/l	45 mg/l	50 mg/l	2/Month ²	Grab	
TSS	2.5	3.8	4.2	30 mg/l	45 mg/l	50 mg/l	2/Month ²	Grab	
pH Range ³	6.5 to 8.0 Standard Units (See PART I.E.4)						3/Week	Grab	
Fecal Coliform Bacteria; Colonies per 100 ml				14 ⁴	-----	Report ⁵	5/Week ⁶	Grab	
Enterococci Bacteria ⁷ ; Colonies per 100 ml				35	-----	104	1/Day	Grab	

See page 3 for footnotes

FOOTNOTES TO PART I.A.1.

- (1) The effluent flow shall be continuously measured and recorded using a flow meter and totalizer.
- (2) The influent concentrations of both BOD₅ and TSS shall also be monitored twice per month using a grab sample.
- (3) State Certification Requirement.
- (4) Compliance with the "average monthly" limit for Fecal Coliform shall be determined by calculating the geometric mean. Not more than 10 percent of the collected samples shall exceed a Most Probable Number (MPN) of 43 per 100 milliliters for a 5-tube decimal dilution test. Fecal Coliform shall be tested using an approved method as specified in 40 C.F.R. Part 136, List of Approved Biological Methods for Wastewater and Sewage Sludge. All Fecal Coliform data collected must be submitted with the monthly Discharge Monitoring Reports.
- (5) The permittee is required to report two (2) statistics each month. One is the maximum daily Fecal Coliform value expressed in terms of "Colonies per 100 ml", and the other is the "percentage" of collected samples that exceeds a MPN of 43 per 100 milliliters for the 5-tube decimal dilution test. The latter statistic will be used to judge compliance with that part of the limit that reads "Not more than 10 percent of the collected samples shall exceed a MPN of 43 per 100 milliliters for a 5-tube decimal dilution test" referenced in footnote (4) immediately above.
- (6) Fecal coliform samples shall be collected concurrently with the enterococci bacteria samples.
- (7) The average monthly value for Enterococci shall be determined by calculating the geometric mean. Enterococci shall be tested using an approved method as specified in 40 C.F.R. Part 136, List of Approved Biological Methods for Wastewater and Sewage Sludge.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (Continued)

2. The discharge shall not cause a violation of the water quality standards of the receiving water.
3. The discharge shall be adequately treated to ensure that the surface water remains free from pollutants in concentrations or combinations that settle to form harmful deposits, float as foam, debris, scum or other visible pollutants. It shall be adequately treated to insure that the surface waters remain free from pollutants which produce odor, color, taste or turbidity in the receiving water which is not naturally occurring and would render it unsuitable for its designated uses.
4. The permittee's treatment facility shall maintain a minimum of 85 percent removal for both

BOD₅ and TSS. The percent removal shall be based on a comparison of average monthly influent versus effluent concentrations.

5. When the effluent discharged for a period of three consecutive months exceeds 80 percent of the 0.01 Million Gallons per Day (MGD) design flow (0.008 MGD), the permittee shall submit to the permitting authorities a projection of loadings up to the time when the design capacity of the treatment facility will be reached, and a program for maintaining satisfactory treatment levels consistent with approved water quality management plans. Before the design flow will be reached, or whenever treatment necessary to achieve permit limits cannot be assured, the permittee may be required to submit plans for facility improvements.
6. Any introduction of pollutants into the treatment works from either a non-domestic source (user) or a primary industrial category (See 40 CFR Part 122, Appendix A as amended) is prohibited. The term (user) is defined in 40 CFR Section 403.3.
7. All Publicly Owned Treatment Works (POTWs) must provide adequate notice to both EPA-New England and the NHDES-WD of the following:
 - a. Any substantial change in the volume or character of pollutants being introduced into that POTW by a source introducing pollutants into the POTW at the time of issuance of the permit.
 - b. For purposes of this paragraph, adequate notice shall include information on:
 - (1) the quantity and quality of effluent introduced into the POTW; and
 - (2) any anticipated impact of the change on the quantity or quality of effluent to be discharged from the POTW.
8. The permittee shall not discharge into the receiving water any pollutant or combination of pollutants in toxic amounts.

B. SLUDGE CONDITIONS

1. The permittee shall comply with all existing federal and state laws and regulations that apply to sewage sludge use and disposal practices and with the CWA Section 405(d) technical standards.
2. The permittee shall comply with the more stringent of either the state (Env-Wq 800) or federal (40 CFR Part 503) requirements.
3. The requirements and technical standards of 40 CFR Part 503 apply to facilities which perform

one or more of the following use or disposal practices.

- a. Land application - the use of sewage sludge to condition or fertilize the soil.
 - b. Surface disposal - the placement of sewage sludge in a sludge only landfill.
 - c. Placement of sludge in a municipal solid waste landfill (See 40 CFR Section 503.4).
 - d. Sewage sludge incineration in a sludge only incinerator.
4. The 40 CFR Part 503 conditions do not apply to facilities which place sludge within a municipal solid waste landfill. These conditions do not apply to facilities which do not dispose of sewage sludge during the life of the permit, but rather treat the sludge (lagoons-reed beds), or are otherwise excluded under 40 CFR Section 503.6.
5. The permittee shall use and comply with the attached Sludge Compliance Guidance document to determine appropriate conditions. Appropriate conditions contain the following elements.

- General requirements
- Pollutant limitations
- Operational standards (pathogen reduction requirements and vector attraction reduction requirements)
- Management practices
- Record keeping
- Monitoring
- Reporting

Depending upon the quality of material produced by a facility all conditions may not apply to the facility.

6. The permittee shall monitor the pollutant concentrations, pathogen reduction and vector attraction reduction for the permittee's chosen sewage sludge use or disposal practices at the following frequency. This frequency is based upon the volume of sewage sludge generated at the facility in dry metric tons per year.

less than 290	1/Year
290 to less than 1,500	1/Quarter
1,500 to less than 15,000	6/Year
15,000 plus	1/Month

7. The permittee shall sample the sewage sludge using the procedures detailed in 40 CFR Section

503.8.

8. The permittee shall submit an annual report containing the information specified in the attached Sludge Compliance Guidance document. Reports are **due annually by February 19th**. Reports shall be submitted to both addresses (EPA-New England and NHDES-WD) contained in the reporting section of the permit.

C. SPECIAL CONDITION

pH Limit Adjustment

The permittee may submit a written request to EPA-New England requesting a change in the permitted pH limit range to be not less restrictive than 6.0 to 9.0 Standard Units found in the applicable National Effluent Limitation Guideline (Secondary Treatment Regulations in 40 CFR Part 133) for this facility. The permittee's written request must include the State's approval letter containing an original signature (no copies). The State's letter shall state that the permittee has demonstrated to the State's satisfaction that as long as discharges to the receiving water from a specific outfall are within a specific numeric pH range the naturally occurring receiving water pH will be unaltered. That letter must specify for each outfall the associated numeric pH limit range. Until written notice is received by certified mail from the EPA-New England indicating the pH limit range has been changed, the permittee is required to meet the permitted pH limit range in the respective permit.

D. MONITORING AND REPORTING CONDITIONS

Monitoring results shall be summarized for each calendar month and reported on separate Discharge Monitoring Report Form(s) (DMRs) postmarked no later than the 15th day of the month following the completed reporting period.

Signed and Dated original DMRs and all other reports required herein, shall be submitted to the Director at the following address:

U.S. Environmental Protection Agency
Water Technical Unit (SEW)
P.O. Box 8127
Boston, Massachusetts 02114-8127

Duplicate signed copies of all reports required herein shall be submitted to the State at:

New Hampshire Department of Environmental Services
Water Division
Wastewater Engineering Bureau
P.O. Box 95, 29 Hazen Drive
Concord, New Hampshire 03302-0095

E. STATE PERMIT CONDITIONS

1. The permittee shall not at any time, either alone or in conjunction with any person or persons, cause directly or indirectly the discharge of waste into the said receiving water unless it has been treated in such a manner as will not lower the legislated water quality classification or interfere with the uses assigned to said water by the New Hampshire Legislature (RSA 485-A:12).
2. This NPDES Discharge Permit is issued by EPA under Federal and State law. Upon final issuance by EPA, the New Hampshire Department of Environmental Services-Water Division (NHDES-WD) may adopt this permit, including all terms and conditions, as a State permit pursuant to RSA 485-A:13.
3. EPA shall have the right to enforce the terms and conditions of this Permit pursuant to federal law and NHDES-WD shall have the right to enforce the Permit pursuant to state law, if the Permit is adopted. Any modification, suspension or revocation of this Permit shall be effective only with respect to the Agency taking such action, and shall not affect the validity or status of the Permit as issued by the other Agency.
4. The pH range of 6.5 to 8.0 Standard Units (S.U.) must be achieved in the final effluent unless the permittee can demonstrate to NHDES-WD: (1) that the range should be widened due to naturally occurring conditions in the receiving water or (2) that the naturally occurring receiving water pH is not significantly altered by the permittee's discharge. The scope of any demonstration project must receive prior approval from NHDES-WD. In no case, shall the above procedure result in pH limits outside the range of 6.0 - 9.0 S.U., which is the federal effluent limitation guideline regulation for pH for secondary treatment and is found in 40 CFR 133.102(c).
5. Pursuant to New Hampshire Code of Administrative Rules, Env-Wq 703.07(a):
 - (a) Any person proposing to construct or modify any of the following shall submit an application for a sewer connection permit to the department:

- (1) Any extension of a collector or interceptor, whether public or private, regardless of flow;
 - (2) Any wastewater connection or other discharge in excess of 5,000 gpd;
 - (3) Any wastewater connection or other discharge to a WWTP operating in excess of 80 percent design flow capacity based on actual average flow for 3 consecutive months;
 - (4) Any industrial wastewater connection or change in existing discharge of industrial wastewater, regardless of quality or quantity; and
 - (5) Any sewage pumping station greater than 50 gpm or serving more than one building.
6. The POTW shall immediately notify the Shellfish Section of NHDES-WD of possible high bacteria/virus loading events from the facility or its sewage collection infrastructure. Such events include:
- a. Any lapse or interruption of normal operation of the POTW disinfection system, or other event that results in discharge of sewage from the POTW or sewer infrastructure (pump stations, sewer lines, manholes, etc.) that has not undergone full disinfection as specified in the NPDES permit.
 - b. Average Daily flows in excess of the POTW's average daily design flow of 10,000 gallons per day.
 - c. Daily post-disinfection effluent sample result of either 43 fecal coliform/100ml or greater. Notification shall also be made for instances where NPDES-required bacteria sampling is not completed, or where the results of such sampling are invalid.
 - d. Notification shall be made using the program's 24-hour pager. Upon initial notification of a possible high bacteria/virus loading event, Shellfish Program staff will determine the most suitable interval for continued notification and updates on an event-by-event basis:
7. In addition to submitting DMRs, monitoring results shall also be summarized for each calendar month and reported on separate Monthly Operating Report Form(s) (MORs) postmarked no later than the 15th day of the month following the completed reporting period. Signed and dated MORs shall be submitted to:

Page 9 of 9
Permit No. NH0020966

New Hampshire Department of Environmental Services (NHDES)
Water Division
Wastewater Engineering Bureau
P.O. Box 95, 29 Hazen Drive
Concord, New Hampshire 03302-0095

CERTIFICATE OF AUTHORITY

(Sole Proprietor)

I, _____, as a Sole Owner of my Business, _____,

certify that I am authorized to enter into a contract with the State of New Hampshire, Department of Resources and Economic Development, on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this _____ day of _____, 20 ____.

(Sole Owner Signature)

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20 ____, before me, _____,

the undersigned Officer, personally appeared _____, who acknowledge her/himself to be the Sole Owner, of _____, a Business, and that she/he, as such Sole Owner being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the Business by her/himself as

_____.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(Notary Public/Justice of the Peace)

My Commission expires: _____

CERTIFICATE OF VOTE

(Corporation with Seal)

I, _____ of the
(Corporation Representative Name) (Corporation Representative Title)
_____, do hereby certify that:
(Corporation Name)

(1) I am the duly elected and acting _____ of the
(Corporation Representative Title)
_____, a _____ corporation (the "Corporation");
(Corporation Name) (State of Incorporation)

(2) I maintain and have custody of and am familiar with the Seal and minute books of the Corporation;

(3) I am duly authorized to issue certificates;

(4) the following are true, accurate and complete copies of the resolutions adopted by the Board of Directors of the Corporation at a meeting of the said Board of Directors held on the

___ day of _____, 20___, which meeting was duly held in accordance with

_____ law and the by-laws of the Corporation:
(State of Incorporation)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting by and through the Department of Resources and Economic Development, providing for the performance by the Corporation of certain _____ services, and that the President (any Vice President) (and the Treasurer) (or any of them acting singly) be and hereby (is) (are) authorized and directed for and on behalf of this Corporation to enter into the said contract with the State and to take any and all such actions and to execute, seal, acknowledge and deliver for and on behalf of this Corporation any and all documents, agreements and other instruments (and any amendments, revisions or modifications thereto) as (she) (he) (any of them) may deem necessary, desirable or appropriate to accomplish the same;

RESOLVED: That the signature of any officer of this Corporation affixed to any instrument or document described in or contemplated by these resolutions shall be conclusive evidence of the authority of said officer to bind this Corporation thereby;

The forgoing resolutions have not been revoked, annulled or amended in any manner whatsoever, and remain in full force and effect as of the date hereof; and the following person(s) (has) (have) been duly elected and now occupy the office(s) indicated below

_____ President Name

_____ Vice President Name

_____ Treasurer Name

IN WITNESS WHEREOF, I have hereunto set my hand as the

(Title)
of the Corporation and have affixed its corporate seal this ____ day of _____, 20__.

(Title)

(Seal)

STATE OF _____

COUNTY OF _____

On this the ____ day of _____, 20__, before me, _____, the undersigned officer, personally appeared _____, who acknowledge her/himself to be the

_____, of _____, a corporation, and that she/he, as

(Title) (Name of Corporation)

such _____ being authorized to do so, executed the foregoing instrument for the

(Title)

purposes therein contained, by signing the name of the corporation by her/himself as

_____.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Notary Public/Justice of the Peace

My Commission expires: _____

CERTIFICATE OF AUTHORITY/VOTE
(Limited Liability Company)

I, _____, hereby certify that:
(Name of Sole Member/Manager of Limited Liability Company, Contract Signatory – Print Name)

1. I am the Sole Member/Manager of the Company of _____
(Name of Limited Liability Company)

2. I hereby further certify and acknowledge that the State of New Hampshire will rely on this certification as evidence that I have full authority to bind _____
(Name of Limited Liability Company)

and that no corporate resolution, shareholder vote, or other document or action is necessary to grant me such authority.

(Contract Signatory - Signature)

(Date)

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20____, before me _____,
(Day) (Month) (Yr) (Name of Notary Public / Justice of the Peace)

the undersigned officer, personally appeared _____, known to me (or
(Contract Signatory – Print Name)

satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

(NOTARY SEAL)

(Notary Public / Justice of the Peace -Signature)

Commission Expires: _____



**State of New Hampshire
VENDOR APPLICATION**

VENDOR # _____
(Assigned by Purchase & Property)

BUSINESS NAME/ADDRESS LOCATION

Legal Business Name: _____
 Doing Business As Name: _____
 Payment Address: _____
 City/Town: _____ STATE: _____ ZIP: _____
 Business Address: _____
 City/Town: _____ STATE: _____ ZIP: _____
 Telephone #: _____ Cell Phone #: _____ FAX #: _____
 Website: _____ E-Mail (Main Office): _____

Electronic Payment Option: Please contact Treasury at treasury@treasury.state.nh.us or visit their website at www.nh.gov/treasury for further information on this option.

TYPE OF BUSINESS

(Note: Registration with the NH Secretary of State **MUST** be done **prior** to the awarding of any contracts) www.nh.gov/sos/corporate (603) 271-3244

Registered with NH Secretary of State? _____ State Incorporated In: _____

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

Minority Institutions	<input type="checkbox"/>	Minority Owned Large Business	<input type="checkbox"/>	Minority Owned Small Business	<input type="checkbox"/>
Disabled Veteran Business	<input type="checkbox"/>	Svs Disabled Veteran Owned	<input type="checkbox"/>	Veteran Owned Small Business	<input type="checkbox"/>
Physically Challenged Bus	<input type="checkbox"/>	SBA Cert Fin Disadvantaged Bus	<input type="checkbox"/>	SBA Cert Hist Underutilized Bus	<input type="checkbox"/>
Historically Black Colleges	<input type="checkbox"/>	Women Owned Sm Bus	<input type="checkbox"/>	Women Owned Large Businesses	<input type="checkbox"/>
Small Business	<input type="checkbox"/>	SBA Cert Sm Disadvantaged Bus	<input type="checkbox"/>		

SIGNATURE BLOCK

I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.

Name and Title (**print or type**): _____

Signature: _____ Date: _____

RETURN ADDRESS

www.admin.state.nh.us/purchasing

(Phone) 603-271-2201
 (Fax) 603-271-2700
 (Email) PRCHWEB@NH.GOV

**DIVISION OF PLANT & PROPERTY MANAGEMENT
 BUREAU OF PURCHASE AND PROPERTY
 STATE HOUSE ANNEX, ROOM 102
 25 CAPITOL STREET
 CONCORD NH 03301-6398**



STATE OF NEW HAMPSHIRE ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____
(Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

BUSINESS NAME: _____

Doing Business As Name: _____

PAYMENT ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ **Fed ID # (EIN/FIN):** _____

PRINCIPAL ACTIVITY

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor Corporation (S) Government
 LLC (C Corporation) Corporation (C) Medical or Health Care Services
 LLC (S Corporation) Partnership Legal Services
 LLC (P Partnership) Estate or Trust Non-Profit

EXEMPTIONS: _____ Exemption from FATCA reporting: _____

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ **CELL PHONE #:** _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

Website: _____ **E-Mail (Main Office):** _____

PLEASE RETURN WHEN COMPLETED TO:
(Email) PRCHWEB@NH.GOV
(Phone) 603-271-2201
(FAX) 603-271-2700
www.admin.state.nh.us/purchasing

**DIVISION OF PLANT & PROPERTY MGMT
BUREAU OF PURCHASE & PROPERTY
STATE HOUSE ANNEX – ROOM 102
25 CAPITOL ST
CONCORD NH 03301**

Catherine A. Provencher
STATE TREASURER



THE STATE OF NEW HAMPSHIRE
STATE TREASURY

25 CAPITOL STREET, ROOM 121
CONCORD, NH 03301
(603) 271-2621
FAX (603) 271-3922

EMAIL: businessoffice@treasury.state.nh.us
TDD Access: Relay NH 1-800-735-2964

**STATE TREASURY ACH ENROLLMENT FORM
FOR DIRECT DEPOSITS (ACH CREDITS)**

NEW CHANGE DELETE

Company/Vendor Name _____ Taxpayer Identification Number (TIN) EIN/FIN _____
(Hereinafter called "The Company")

I (we) hereby authorize **The State of New Hampshire**, hereinafter called "The State", to

initiate credit entries to my (our) Checking Account, Savings Account (**select one**) at the depository financial institution named below, hereinafter called "Depository", and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until The State has received written notification from The Company of its termination in such time and in such manner as to afford The State a reasonable opportunity to act on it.

Name(s) _____ Telephone # _____
(Please Print)

Date _____ Authorized Signature _____
(Handwritten Signature Required)

Fax # _____ E-Mail _____

NOTE: WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PAGE 2

PLEASE SELECT ONLY ONE OPTION BELOW FOR HOW YOU WOULD LIKE TO RECEIVE YOUR REMITTANCE INFORMATION REGARDING YOUR PAYMENT FROM THE STATE OF NEW HAMPSHIRE:

VIA EMAIL ADDRESS: _____

PLEASE PROVIDE AN EMAIL ADDRESS THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS (60 CHARACTER LIMIT –YOU MAY PROVIDE MORE THAN ONE ADDRESS). FOR LARGER ORGANIZATIONS, AN EMAIL DISTRIBUTION ADDRESS IS RECOMMENDED.

VIA FAX NUMBER: _____

PLEASE PROVIDE A CENTRAL FAX NUMBER FOR YOUR ORGANIZATION THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS.

PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM AS PART OF THE AUTHORIZATION

PLEASE RETURN THIS FORM WITH ATTACHMENTS TO THE STATE TREASURY, ATTENTION: TREASURY BUSINESS OFFICE. FORMS MAY ALSO BE SENT VIA FAX OR EMAIL. THANK YOU.

FOR CHANGES TO BANK ACCOUNT OR REMITTANCE INFORMATION: SUBMIT THIS FORM AS A "CHANGE" AND INCLUDE COMPANY NAME AND ALL INFORMATION THAT IS CHANGING. PRINT, SIGN AND SUBMIT FORM TO THE STATE TREASURY.

INTERNAL USE ONLY

VENDOR NUMBER

VENDOR NAME
