



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
Telephone: 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

Wet Storage Permit Application

RS 407582

Send completed applications and fee of \$50 (payment to be in form of check or money order made payable to Treasurer, State of NH) to:
 NH Department of Health and Human Services
 Bureau of Finance/Receipts Units - Food Protection Section
 129 Pleasant St., Concord, NH 03301

To allow time for processing, applications must be submitted 60 days prior to the requested date of activity. Note that due to the complexity of some wet storage processes, the permit process may take more than 60 days.

PLEASE TYPE OR PRINT

DATE OF REQUEST: _____ **CERTIFICATE # NH:** _____

Applicant Name/Name on Certificate: _____
 (Print Name to Appear on Permit/Name on Certificate)

Address: _____
 (Street) (City, State, Zip Code)

Business Phone: _____ **email:** _____

Submit all supporting documentation. Incomplete applications will be returned.

- An operational plan as required by NSSP Guide, Chapter 7, Section .01 B (2) and Section .04 B (1)-(3).
- Water system documentation which meets the requirements in He-P 2153.06 for wet storage in artificial bodies of water (land-based).
- Water treatment system description and maintenance plan for wet storage in artificial bodies of water (land-based).
- A flow chart identifying each step in artificial bodies of water (land-based).
- A description of cleaning procedures and a cleaning schedule.

PART I – PURPOSE OF WET STORAGE ACTIVITIES

Provide a narrative explaining the purpose for the wet storage activities, such as holding or conditioning.

PART II – LOCATION OF WET STORAGE SITE and SOURCE WATER:

Type of Wet Storage:

- Land Based/Flow Through System
- Land Based/Recirculating System

“I certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.”

Signature of applicant: _____ **Date:** _____

Printed Last/First Name of Applicant: _____

-----**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**-----

Wet Storage Permit Number: _____ **Approved** **Denied**

Effective Period: _____ **Date App. Received:** _____ **Effective Period:** _____

Comments: _____

