

H-1375-1-01 (8100) February 11, 2010

US Environmental Protection Agency Attention: Ms. Robin Johnson Hydroelectric GP Processing Municipal Assistance Unit (OEP06-3) 5 Post Office Square – Suite 100 Boston, MA 02109-3912

Re: Holyoke Gas & Electric – General NPDES Permit for Hydroelectric Facilities

Dear Ms. Johnson:

On behalf of our client, Holyoke Gas & Electric, headquartered at 99 Suffolk Street in Holyoke, Massachusetts, we are submitting the enclosed Notice of Intents (NOI) to request coverage under the General Permit to discharge wastewater from Hydroelectric Generating facilities (NPDES General Permit No. MAG360000). Included in this packet, you will find the NOI and supporting information for the Cobble Mountain Station (MA0035556). It should be noted that the discharge can be sampled at least once per year. Furthermore, Outfall 001 discharges intermittently.

If you should any questions, please contact either Todd Ostrowski at (413) 572-3282 or me at (413) 572-3265.

Very truly yours,

TIGHE & BOND, INC.

Thomas C. Couture, P.E. Senior Vice President

Enclosures

Copy: Charles Martel – Holyoke Gas & Electric (w/encl)

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Robert Kubit - Massachusetts Department of Environmental Protection (w/encl)

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY NEW ENGLAND - REGION I 5 POST OFFICE SQUARE, SUITE 100 BOSTON, MASSACHUSETTS 02109-3912

Request for General Permit Authorization to Discharge Wastewater (Notice of Intent (NOI) to be covered by the General Permit)

Hydroelectric Generating Facilities (HYDROGP) NPDES General Permits No. MAG360000 and NHG360000

A. Facility Information

1		WA C2 (0000 Y
1.	Indicate applicable General Permit for discharge:	: MAG360000 X
		NHG360000
2.	Facility Name, Location, and Data: Name Cobble Mountain Station - Holyoke Ga	
	Street/POBox Gorge Road	City Westfield
	State Massachusetts Latitude 42* 7' 1.77"	Zip Code 01085
	Latitude 42* 7' 1.77"	Longitude -72* 51' 52.83"
	Type of Business Hydroelectric Facility	
	SIC Code(s) 4911	
3.	Facility Mailing Address (if different from Locat Name Holyoke Gas & Electric	,
	Street/PO Box 99 Suffolk Street	City Westfield
	State Massachusetts	City Westfield Zip Code 01040
	State	_ Zip Code
4.	Facility Owner: Name Springfield Water and Sewer	e-mail (optional)
	Street/PO Boy P.O. Box 995	City Springfield
	State Massachusetts	Zip Code 01101-0995 Telephone Number (413) 787-6256
	Contact Person Robert A. Stoops	Telephone Number (413) 787-6256
	Owner is (check one): 1. Federal 2. State	3. Tribal 4. Private X
	Other (Describe)	
	Other (Describe)	
5	Facility Operator (if different from above):	
٦.	Legal Name Holyoke Gas & Electric	e-mail (optional) CMartel@hged.com
	Street/PO Box 99 Suffolk Street State Massachusetts	Zin Code 01040
	State Massachusetts Contact Person Charles Martel	Zip Code 01040 Telephone Number (413) 536-9392
	Contact 1 croon_	
6	Cumunt name it status (places sheet Ves on No).	
	Current permit status (please check Yes or No):	permit coverage) been granted for the discharge that is listed of
a.	the NOI? Yes X No If Yes, Permit 1	
h	Is the facility covered by an individual NPDES p	
υ.	If Yes, Permit Number MA0035556	Jennit, 168, 100
		th EPA for this discharge? Yes No X If Yes, da
٠.		nit number if available:

7. Attach a topographic map indicating the location of the f attached? Yes	acility and the outfall(s) to the receiving water. Map
8. Provide the number of turbines and the combined turbine minimum output, in cubic feet per second (cfs). Number of capacity): maximum output, cfs 1,250 and minimum output, cfs 0	turbines 3 Combined turbine discharge (installed
9. Is the hydroelectric generating facility operated as a pun	np storage project?
B. Discharge Information (attach additional sheets as	s needed).
Name of receiving water into which discharge will occu Freshwater: X Marine Water:	r: Little River
2. Attach a line drawing or flow schematic showing water water, operations contributing flow, treatment units, out schematic attached? Yes	
3. List each outfall under the following categories and number equipment and floor drain water; maintenance-related was water events, and equipment-related backwash strainer water events. Attach additional sheets to identify outfalls as needed	ter; facility maintenance-related water during flood/high ater (see Parts I.A.1, 2, 3, and 4; or Parts I.B.1, 2, 3, and
Equipment-related cooling water	Equipment and floor drain water
Outfall 001	Outfall 001
Maintenance-related water	Facility maintenance-related water during flood/high water events
Outfall 001	
Equipment-related backwash strainer water	

4. List each outfall discharging any combination of the following to identify the combined discharges: equipment-related cooling water, equipment and floor drain water, maintenance-related water, equipment-related backwash strainer water, and facility maintenance-related water during flood/high water events (see Parts I.A.5 and B.5) and continue the sequential numbering. Attach additional sheets to identify outfalls as needed.

- 5. Provide for each outfall the following:
- a. Latitude and longitude to the nearest second (see EPA's siting tool at: http://www.epa.gov/tri/report/siting_tool/) and the name(s) of the receiving water(s) into which the discharge will occur.
- b. The operations contributing flow and the treatment received by the discharge. Indicate the average flow from each operation.
- c. Indicate if the discharge can be sampled at least once per year or can be sampled using the representative outfall sampling provisions (see Parts I.A.6 or B.6 and III.E).
- d. Note if the outfall discharges intermittently or seasonally.

C. Chemical Additives

Are any non-toxic neutralization chemicals used in the discharge(s)? Yes _____ No____ If so, include the chemical name and manufacturer; maximum and average daily quantity used on a monthly basis as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for typically acceptable aquatic organism).

D. Endangered Species Act Eligibility Information

A facility, with a previous ESA Section 7 consultation with the National Marine Fisheries Service (NMFS), seeking coverage under the Massachusetts general permit and discharging to the Connecticut River or Merrimack River should provide one of the following, if available.

- 1. A formal certification indicating consultation with the National Marine Fisheries Service (NMFS) resulted in either a no jeopardy opinion or a written concurrence on a finding that the discharges are not likely to adversely affect the shortnose sturgeon or critical habitat. Information should also be provided indicating the hydroelectric facility's previous ESA Section 7 consultation with NMFS covered the discharges to be authorized under this general permit and demonstrating no significant changes in the discharges have occurred since the previous consultation.
- 2. Another operator's certificate of the ESA eligibility for those discharges to be authorized under this general permit.

E. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any certification(s) required by the general permit.

F. Signature Requirements

The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

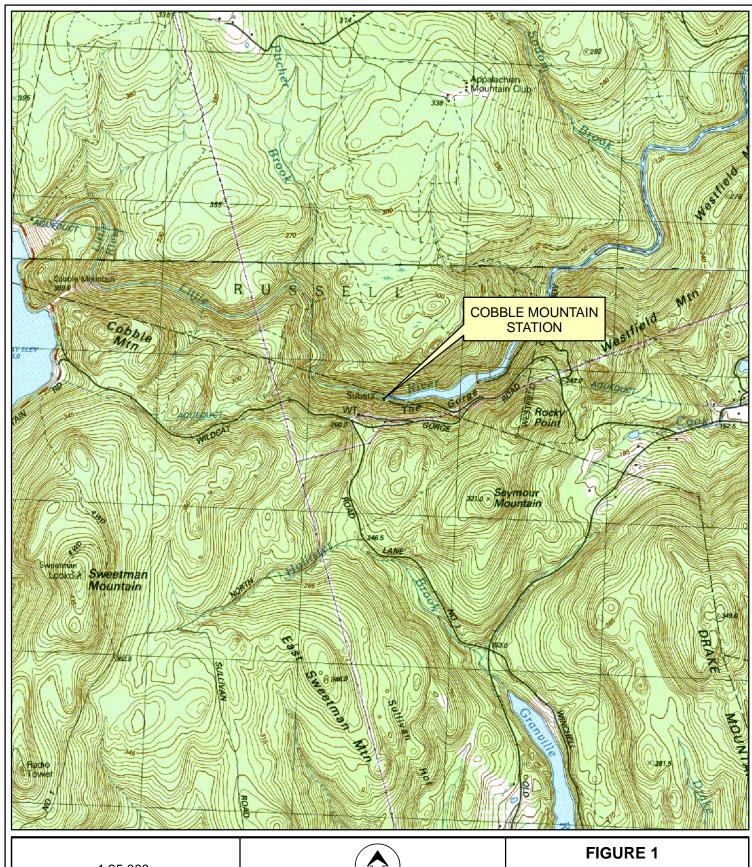
I certify under penalty of law that no chemical additives are used in the discharges to be authorized under this general permit except for those used for pH adjustment and (2) this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

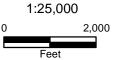
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Г	Date
Printed Name and Title		

Federal regulations require this application to be signed as follows:

- 1. For a corporation, by a principal executive officer of at least the level of vice president;
- 2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
- 3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.





Based on USGS Topographic Map for Blandford, MA Quadrangle. Revised 1987. 6-Meter Contour Interval.



SITE LOCUS MAP

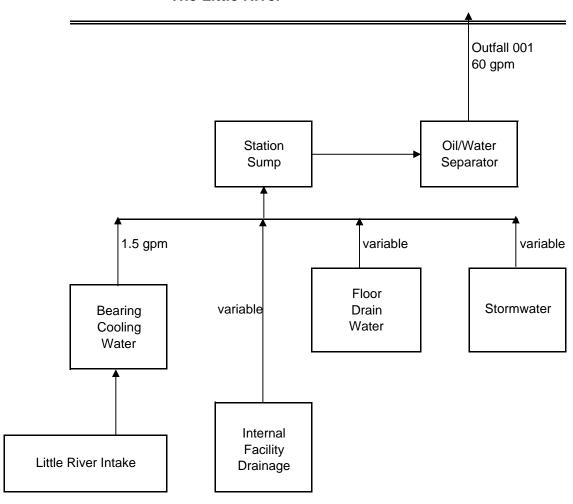
Cobble Mountain Dam Russell, Massachusetts

Tighe&Bond

February 2010

COBBLE MOUNTAIN STATION INDIVIDUAL NPDES PERMIT MA0035556 GENERAL NPDES PERMIT MAG360000 February 2010

The Little River



Outfall 001 includes station service sump water, which is treated by an oil/water separator system. The sump water includes turbine and thrust bearing cooling water, trench and floor drain water, equipment de-watering, stormwater from transformer dikes, and non-contact cooling water from the transformers coolers.

WATER FLOW DIAGRAM

HOLYOKE GAS & ELECTRIC HOLYOKE, MASSACHUSETTS

Tighe&Bond Inc.

Westfield, Mass.

Scale: None Date: February 2010