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. Indicate applicable General Permit for discharge:	: MAG360000 ×
	NHG360000
Facility Name, Location, and Data: Name Cockwell Station	
Name Cockwell Station Street/POBox 370 River Rd.	City Florida Zip Code 01247
State MA Latitude 42°41'12.51"N	Zip Code 01247
Latitude 42 41 12.51 N	Longitude 12°51°42.98°W
Type of Business Hydroelectric generating single SIC Code(s) 4911	
SIC Code(s) 4311	
3. Facility Mailing Address (if different from Locat	tion Address):
Name Bear Swamp Power Company LLC	or. Paus
Street/PO Box PO Box 461	City Rowe
State MA	
4. Facility Owner:	patrick.moriarty@brookfieldpower.com
Name Bear Swamp Power Company LLC	e-mail (optional) & clare.kirk@brookfieldpower.com
Street/PO Box PO Box 461	City Rowe
Street MA	7:- Code 01367
State MA Contact Person Patrick Moriarty	Tolomboro Number 802-423-7015
Owner is (check one): 1. Federal 2. State	2 Tribal 4 Private X
	5. 1110ai 4. F11Vate ^
Other (Describe)	
Facility Operator (if different from above):	
Legal Name	e-mail (optional)
Street/PO Box	City
State	Zip Code
Contact Person	Telephone Number
6. Current permit status (please check Yes or No):	
	permit coverage) been granted for the discharge that is listed on
the NOI? Yes X No If Yes, Permit	
b. Is the facility covered by an individual NPDES p	
If Yes, Permit Number MA0034886	A TOTAL DESIGNATION OF THE PROPERTY OF THE PRO
c. Is there a pending NPDES application on file wit	th EPA for this discharge? Yes X No If Yes, date
or submittal. Orzeroz and perm	nit number if available:

7. Attach a topographic map indicating the location of the fact attached? Yes See Attachment A	ility and the outfall(s) to the receiving water. Map
8. Provide the number of turbines and the combined turbine d minimum output, in cubic feet per second (cfs). Number of turbine d capacity): maximum output, cfs 11,000 and minimum output, cfs 3,900	ischarge (installed capacity) at maximum and rbines 2 Combined turbine discharge (installed
9. Is the hydroelectric generating facility operated as a pump	storage project? YES
B. Discharge Information (attach additional sheets as n	eeded).
Name of receiving water into which discharge will occur: Freshwater: Marine Water:	Lower Reservoir/ Deerfield River
 Attach a line drawing or flow schematic showing water flowater, operations contributing flow, treatment units, outfal schematic attached? Yes See Attachment B 	w through the facility including sources of intake lls, and receiving waters(s). Line drawing or flow
 List each outfall under the following categories and number equipment and floor drain water; maintenance-related water water events, and equipment-related backwash strainer wate Attach additional sheets to identify outfalls as needed. 	; facility maintenance-related water during flood/high
Equipment-related cooling water	Equipment and floor drain water
Maintenance-related water	Facility maintenance-related water during flood/high water events
Equipment-related backwash strainer water #002 - Strainer backwash, avg	. 220,000 gpd

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.

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#4 (cont.)

#001 - Equip./floor drainage & cooling H2O, avg. 3,110,000 gpd

- 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.
- #001 & 002 42°41'14.18"N/72°57'45.58"W, Lower Res./ Deerfield River b. The operations contributing flow and the treatment received by the discharge. Indicate the average flow from each operation. Please see answers provided in #3 and #4 (above).
- 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). Yes, discharge can be sampled.
- d. Note if the outfall discharges intermittently or seasonally. Year-round discharge.

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. N/A

- 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.

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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.

Signatur	Q the	Date	219	0105
Printed Name and Title	Brian Stetson, General Manager		11	

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,

 For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

ATTACHMENT A



BEAR SWAMP POWER COMPANY COCKWELL STATION 370 RIVER RD. FLORIDA, MA

NPDES HYDRO GENERAL PERMIT NOI JANUARY 2010

Brookfield

Brookfield Renewable Power Isc. Beer Swamp Power Company, LLC P.O. Box 461 Rows, MA 01387 Tel 802.423.7015 Fex 802.423.5363 www.brookfleldpower.com

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ATTACHMENT B

