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

MAR360026

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

Indicate applicable General Permit for discharge	MAG360000 X
	NHG360000
Facility Name, Location, and Data: Name Hamilton Power Station	THE UT THE CHEST
Street/POBox Jackson Street	City Lowell
State Massachusetts	7in Code 01854
Latitude 42° 38' 32" N	Longitude 71° 18' 43" W
Type of Business Hydroelectric power gener	ration
SIC Code(s) 4911	
"我是一种的过去式和下去的。" "我们是我的过去式和下去的。"	Addition of the state of the st
Facility Mailing Address (if different from Loca Name Hamilton Power Station	ation Address):
Street/PO Box One Tech Drive Suite 200	City Andover
State Massachusetts	Zip Code 01810
State macodoridocto	Zip Code o 1010
Facility Owner: Name Boott Hydropower, Inc.	e-mail (optional)
Street/PO Box One Tech Drive Suite 200	City Andover
State Massachusetts	Zin Code 01810
Contact Person Adam Sotirakopoulos	Telephone Number 978-681-1900
Owner is (check one): 1. Federal 2. State	3. Tribal 4. Private X
Other (Describe)	
(2000:00)	M
To The Orange of the Control of the	
Facility Operator (if different from above):	", "
Y 1 NY	
Legal Name	e-mail (optional)
Legal NameStreet/PO Box	_ City
Legal Name	_ City

8. Provide the number of turbines and the cominimum output, in cubic feet per second (coapacity): maximum output, cfs 1637 minimum output, cfs 412	ombined turbine discharges. Number of turbines and	ge (installed capacity) at ma 5 Combined turbine di	ximum and scharge (installed
9. Is the hydroelectric generating facility of	perated as a pump storage	project? No	
B. Discharge Information (attach add	litional sheets as needed)	den har des purposes. Non har ambanda i i basari	F/ *
Name of receiving water into which disc Freshwater: X Marine Wa			mack River
Attach a line drawing or flow schematic water, operations contributing flow, trea schematic attached? Yes See Attach	showing water flow throutment units, outfalls, and achment 1	ugh the facility including so receiving waters(s). Line of	ources of intake drawing or flow
 List each outfall under the following categorium equipment and floor drain water; maintens water events, and equipment-related backet). Attach additional sheets to identify out. 	ance-related water; facilit wash strainer water (see)	y maintenance-related water	er during flood/high
THE PRODUCT AND CONTROL OF THE WAY WE THE A THE WAY IN THE WAY.			T. (1)
Equipment-related cooling water		Equipment and floor dra	in water
Equipment-related cooling water See Attachment 2		Equipment and floor dra	in water
		Equipment and floor dra	in water
		Equipment and floor dra	in water
		Equipment and floor dra	in water
		Equipment and floor dra	in water
		Equipment and floor dra Facility maintenance-rel flood/high water events	
See Attachment 2		Facility maintenance-rel	
See Attachment 2		Facility maintenance-rel	
See Attachment 2		Facility maintenance-rel	
See Attachment 2		Facility maintenance-rel	
See Attachment 2		Facility maintenance-rel	ated water during
See Attachment 2	er water	Facility maintenance-rel	ated water during
See Attachment 2 Maintenance-related water Equipment-related backwash strains		Facility maintenance-rel flood/high water events	ated water during
Maintenance-related water Equipment-related backwash strains		Facility maintenance-rel flood/high water events	ated water during

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.cpa.gov/tri/rcport/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.
- 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.

- 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.

		1		18 VIOIUTION	1.1
Signature	/	11	and the transfer to	formal formal designation	Date 5/22/2012
Printed Name	and Title Ste	phen D. Pil	ke, VP Operations		- Andrews and the Mineral Marie and

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;

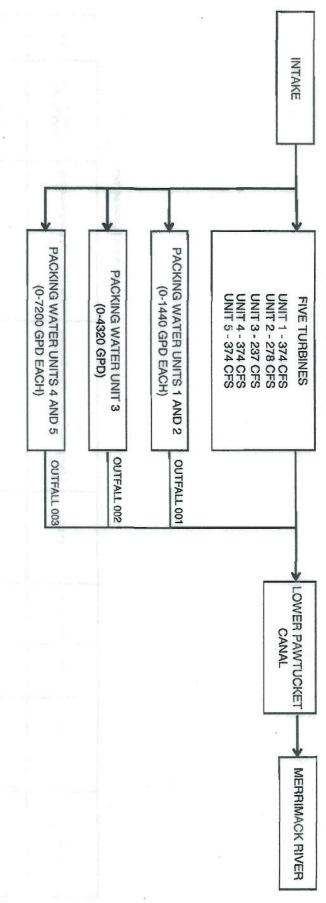
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,

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



ENEL GREEN POWER NORTH AMERICA





Hamilton Power Station Lowell, MA

Notice of Intent Attachment 2

003	002	001	Outfall #
42° 38.58' N 71° 18.67' W	42° 38.58' N 71° 18.69' W	42° 38.57' N 71° 18.72' W	Outfall # Latitude / Longitude
Equipment and floor drain water	Equipment and floor drain water	Equipment and floor drain water	Discharge Type
Packing water from Units 4 and 5	Packing water from Unit 3	Packing water from Units 1 and 2	Operations Contributing to Discharge
0-14400	0-4320	0-2880	Average Daily Flow (GPD)
Continuous*	Continuous*	Continuous*	Flow Type Treatment
None	None	None	Treatment
Yes	Yes	Yes	Sample at least once per year?
003	003	003	Representative sampling location?

*Only when unit is in operation

