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

NH6-360029

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
- American State of the Control of t	NHG360000 X
Facility Name, Location, and Data: Name Kelleys Falls Hydroelectric Project	
Street/POBox 2 Electric Street	City Manchester Zip Code 03108 Longitude 71° 29' 43.20" W
State New Hampshire	Zip Code 03108
Latitude 42° 59' 36.60" N	Longitude 71° 29' 43.20" W
Type of Business Hydroelectric power gener SIC Code(s) 4911	ation
3. Facility Mailing Address (if different from Loca Name Kelleys Falls Hydroelectric Project	
Street/PO Box One Tech Drive Suite 220	City Andover
State Massachusetts	Zip Code 01810
Name Consolidated Hydro New Hampshire Street/PO Box One Tech Drive Suite 220 State Massachusetts Contact Person Adam Sotirakopoulos Owner is (check one): 1. Federal 2. State Other (Describe)	e-mail (optional) City Andover Zip Code 01810 Telephone Number 508-681-1900 3. Tribal 4. Private X
5. Facility Operator (if different from above): Legal Name Street/PO Box	e-mail (optional) City Zip Code
Contact Person	Telephone Number
 Current permit status (please check Yes or No) Has a prior NPDES permit (individual or genera the NOI? Yes No X If Yes, Permit Is the facility covered by an individual NPDES If Yes, Permit Number 	: I permit coverage) been granted for the discharge that is listed or
of submittal: and per	mit number if available:

7. Attach a topographic map indicating the local attached? Yes	tion of the facility a	and the outfall(s) to the receiving water. Map
8. Provide the number of turbines and the comb minimum output, in cubic feet per second (cfs). capacity): maximum output, cfs 400 minimum output, cfs 150	Number of turbine	rge (installed capacity) at maximum and s 1 Combined turbine discharge (installed
9. Is the hydroelectric generating facility operation	ted as a pump stora	ge project?
B. Discharge Information (attach addition	nal sheets as needed	i).
Name of receiving water into which discharge Freshwater: Marine Water:	ge will occur: Piso	cataquog River
 Attach a line drawing or flow schematic show water, operations contributing flow, treatment schematic attached? Yes 	wing water flow thr nt units, outfalls, ar	rough the facility including sources of intake and receiving waters(s). Line drawing or flow
	-related water; faci a strainer water (see	entially: equipment-related cooling water; lity maintenance-related water during flood/high e 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
Maintenance-related water		Facility maintenance-related water during flood/high water events
Equipment-related backwash strainer w	ater	
 List each outfall discharging any combination related cooling water, equipment and floor dr 	n of the following train water, mainten	o identify the combined discharges: equipment- ance-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.

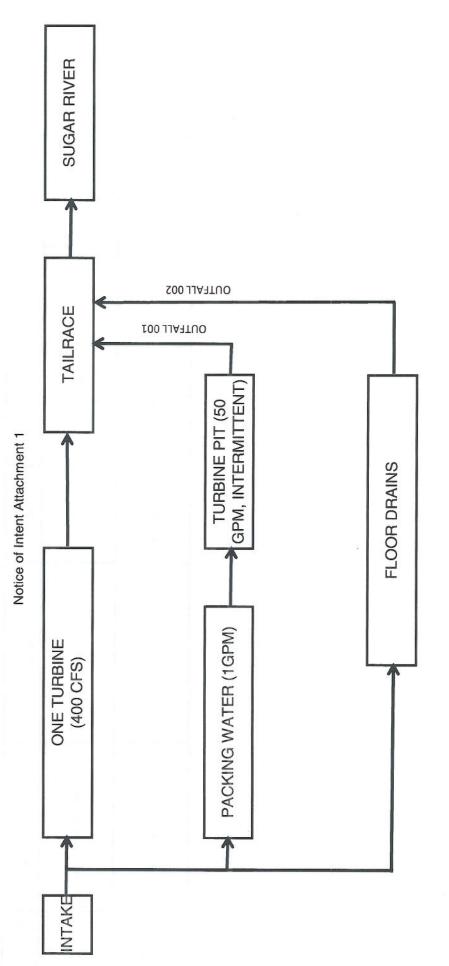
Signature_	In	A STATE OF THE STA	2 Star In Lyspon selent, sopp	Date	7/18/2012
Printed Name and Title	Stephen	D. Pixe	Vice President		7

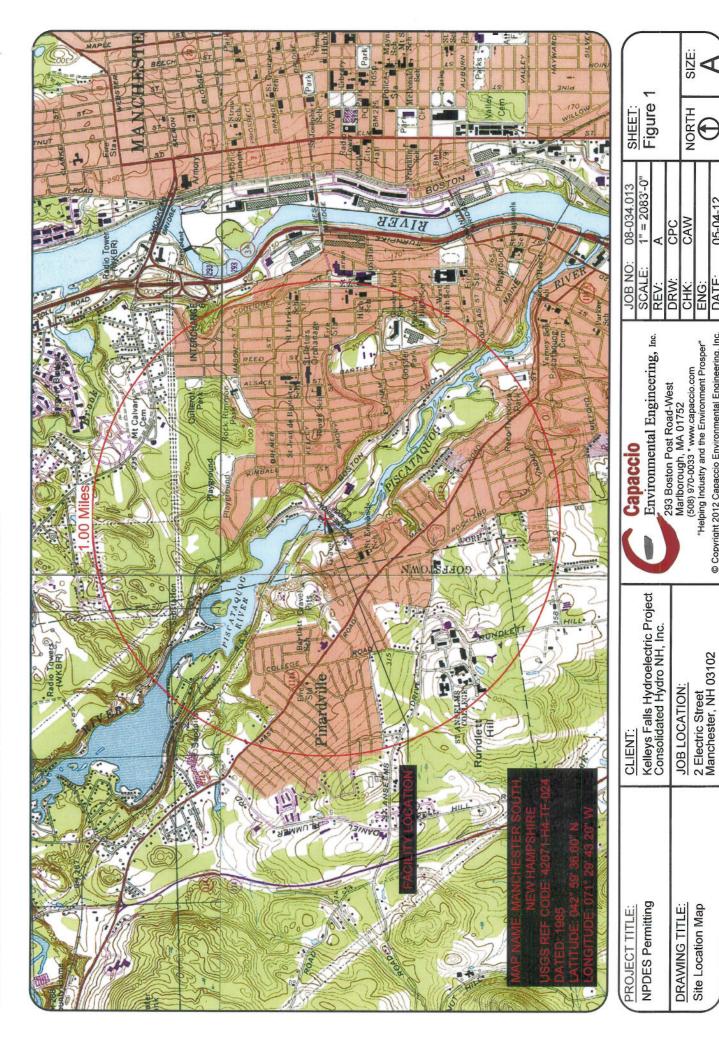
Federal regulations require this application to be signed as follows:

- 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.

Kelleys Falls Hydroelectric Project

Manchester, NH





05-04-12

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