# 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)

NH6-360025

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

A. Facility Information	
Indicate applicable General Permit for discharge	: MAG360000
	NHG360000 X
Facility Name, Location, and Data: Name Lower Valley Hydroelectric Project	
Street/POBox 130 Sullivan Street	City Claremont
State New Hampshire Latitude 43° 22' 24.34" N	Zip Code 03743
Latitude 43° 22' 24.34" N	Longitude 72° 21' 48.14" W
Type of Business Hydroelectric power general	ation
SIC Code(s) 4911	
Facility Mailing Address (if different from Locati Name Lower Valley Hydroelectric Project	*
Street/PO Box One Tech Drive Suite 220	City Andover
State Massachusetts	Zip Code 01810
Street/PO Box One Tech Drive Suite 220 State Massachusetts Contact Person Adam Sotirakopoulos Owner is (check one): 1. Federal 2. State	e-mail (optional)  City Andover  Zip Code 01810  Telephone Number 508-681-1900  3. Tribal 4. Private X
Street/PO Box_	e-mail (optional)
State	Zip Code
Contact Person	Telephone Number
the NOI? Yes No X If Yes, Permit	permit coverage) been granted for the discharge that is list Number:
. Is the facility covered by an individual NPDES part of Yes, Permit Number	
. Is there a pending NPDES application on file with of submittal:  and perm	th EPA for this discharge? Yes No _X If Yes nit number if available:

7. Attach a topographic map indicating the locat attached? Yes	tion of the facility ar		r. Map
8. Provide the number of turbines and the combi minimum output, in cubic feet per second (cfs). capacity): maximum output, cfs 390 minimum output, cfs 156	Number of turbines and	ge (installed capacity) at maximum ar 2 Combined turbine discharge (	nd installed
9. Is the hydroelectric generating facility operat	ted as a pump storag	e project?	
B. Discharge Information (attach addition	al sheets as needed	en et dermon 29699	
Name of receiving water into which discharg     Freshwater: X Marine Water:	e will occur: Suga	r River	Facun
<ol> <li>Attach a line drawing or flow schematic show water, operations contributing flow, treatment schematic attached? Yes</li> </ol>	ving water flow throat units, outfalls, and	ough the facility including sources of directiving waters(s). Line drawing of	intake or flow
<ol> <li>List each outfall under the following categorie equipment and floor drain water; maintenance water events, and equipment-related backwash</li> <li>Attach additional sheets to identify outfall</li> </ol>	-related water; facili strainer water (see	ty maintenance-related water during	flood/high
Equipment-related cooling water		Equipment and floor drain water	
Maintenance-related water		Facility maintenance-related water flood/high water events	r during
Equipment-related backwash strainer wa	ater		
<ol> <li>List each outfall discharging any combination related cooling water, equipment and floor dra strainer water, and facility maintenance-relate and continue the sequential numbering. Attack</li> </ol>	ain water, maintena ed water during floo	nce-related water, equipment-related d/high water events (see Parts I.A.5 a	backwash

- 5. Provide for each outfall the following:
- a. Latitude and longitude to the nearest second (see EPA's siting tool at: <a href="http://www.epa.gov/tri/report/siting\_tool/">http://www.epa.gov/tri/report/siting\_tool/</a>) 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 LC<sub>50</sub> in percent for typically acceptable aquatic organism).

X

### 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	NV		best a palgras of the	Date 7/18/2012
Printed Name and Title _	Stephen	D. Pine	Vice President	-

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.

# Lower Valley Hydroelectric Project

Claremont, NH





