

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

Tighe&Bond

www.tighebond.com

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

MAG360007

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 Riverside Station (MA0035564). It should be noted that the discharge can be sampled at least once per year. Furthermore, Outfall 001 discharges intermittently.

In addition, we have attached the previous Endangered Species Act Section 7 consultation as the facility discharges to the Connecticut River.

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)

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. Indicate applicable General Permit for discharge: MAG360000 ☒ NHG360000 ☐
2. Facility Name, Location, and Data:
Name Riverside Station - Holyoke Gas & Electric
Street/PO Box 30 Water Street City Holyoke
State Massachusetts Zip Code 01040
Latitude 42° 12' 0.55" Longitude -72° 35' 40.93"
Type of Business Hydroelectric Facility
SIC Code(s) 4911
3. Facility Mailing Address (if different from Location Address):
Name Holyoke Gas & Electric
Street/PO Box 99 Suffolk Street City Westfield
State Massachusetts Zip Code 01040
4. Facility Owner:
Name Same as above e-mail (optional) _____
Street/PO Box _____ City _____
State Massachusetts Zip Code _____
Contact Person _____ Telephone Number _____
Owner is (check one): 1. Federal ☐ 2. State ☐ 3. Tribal ☐ 4. Private ☐
Other (Describe) X
5. Facility Operator (if different from above):
Legal Name Holyoke Gas & Electric e-mail (optional) CMartel@hged.com
Street/PO Box 99 Suffolk Street City Holyoke
State Massachusetts Zip Code 01040
Contact Person Charles Martel Telephone Number (413) 536-9392
6. Current permit status (please check Yes or No):
a. Has a prior NPDES permit (individual or general permit coverage) been granted for the discharge that is listed on the NOI? Yes ☒ No ☐ If Yes, Permit Number: MA0035564
b. Is the facility covered by an individual NPDES permit? Yes ☒ No ☐
If Yes, Permit Number MA0035564
c. Is there a pending NPDES application on file with EPA for this discharge? Yes ☐ No ☒ If Yes, date of submittal: _____ and permit number if available: _____

7. Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? Yes

8. Provide the number of turbines and the combined turbine discharge (installed capacity) at maximum and minimum output, in cubic feet per second (cfs). Number of turbines 4 Combined turbine discharge (installed capacity): maximum output, cfs 4,150 and minimum output, cfs 0

9. Is the hydroelectric generating facility operated as a pump storage project?

B. Discharge Information (attach additional sheets as needed).

1. Name of receiving water into which discharge will occur: Connecticut River
Freshwater: X Marine Water: _____
2. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing flow, treatment units, outfalls, and receiving waters(s). Line drawing or flow schematic attached? Yes
3. List each outfall under the following categories and number sequentially: equipment-related cooling water; equipment and floor drain water; maintenance-related water; facility maintenance-related water during flood/high water events, and equipment-related backwash strainer water (see Parts I.A.1, 2, 3, and 4; or Parts I.B.1, 2, 3, and 4). Attach additional sheets to identify outfalls as needed.

Equipment-related cooling water

Outfall 001

Equipment and floor drain water

Outfall 001

Maintenance-related water

Outfall 001

Facility maintenance-related water during flood/high water events

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.

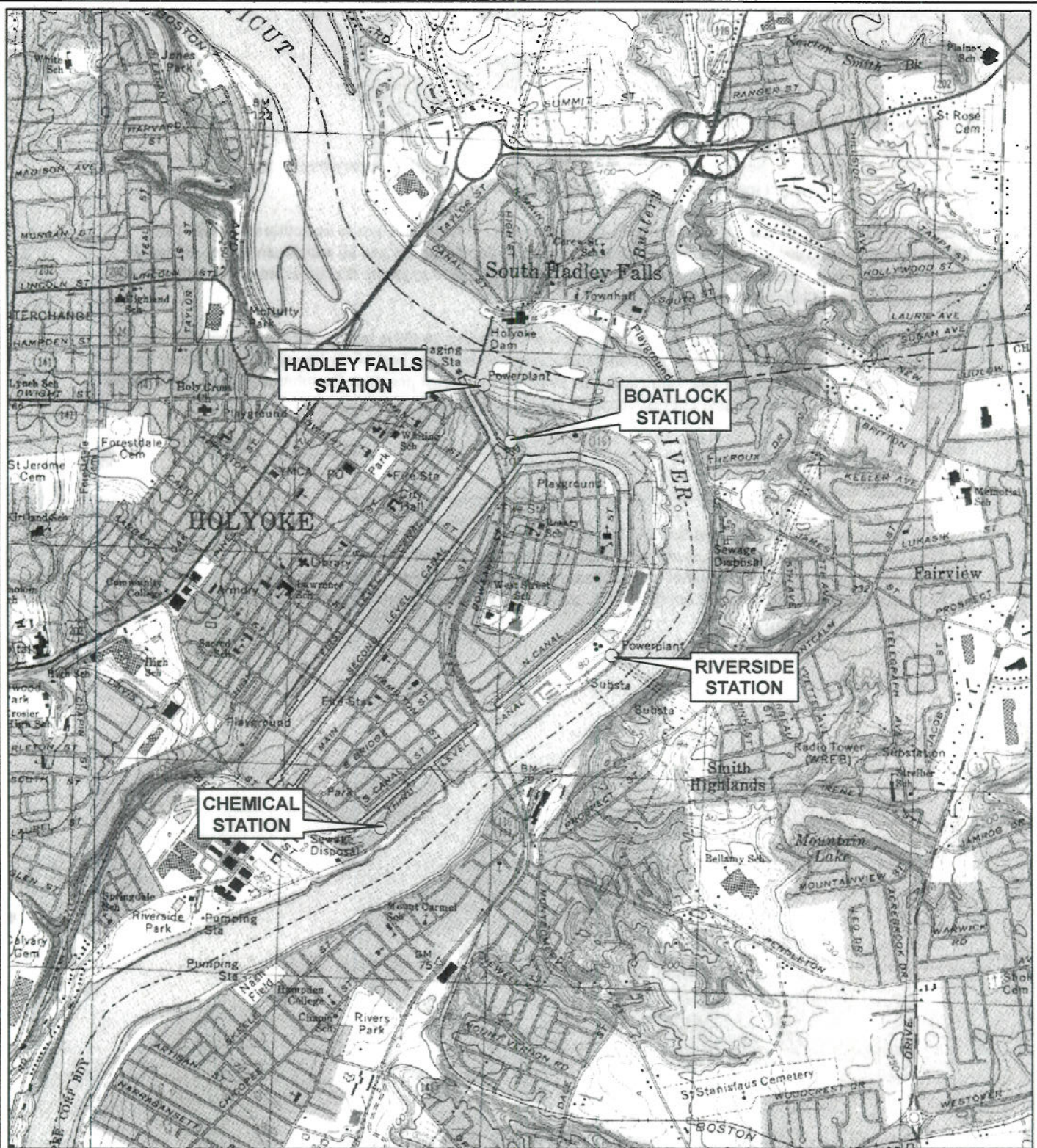
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant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

Signature _____ 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.



1:25,000

0 2,000
Feet



FIGURE 1
SITE LOCUS MAP

Holyoke, Massachusetts

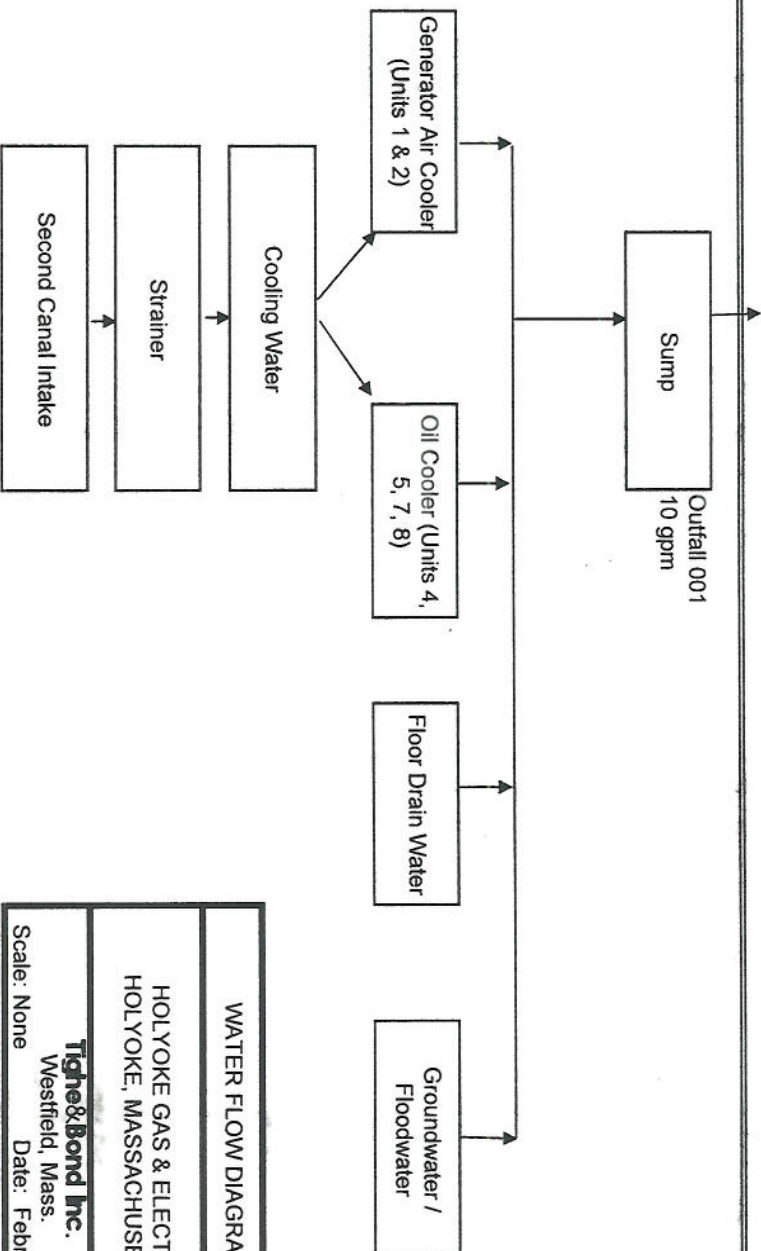
Tighe & Bond

February 2010

Based on USGS Topographic Map for
Springfield North, MA Quadrangle.
Revised 1979. 10-foot Contour Interval.

RIVERSIDE STATION
 NPDES INDIVIDUAL PERMIT MA0035564
 NPDES GENERAL PERMIT MAG360000
 February 2010

Connecticut River



Outfall 001, which discharges intermittently to the tailrace, includes turbine cooling water, floor drain water, and equipment de-watering. The water does not receive treatment prior to discharge. It is unsafe to sample discharges from this facility. Outfall 001 also discharges groundwater / floodwater that infiltrates into the facility.

WATER FLOW DIAGRAM	
HOLYOKE GAS & ELECTRIC HOLYOKE, MASSACHUSETTS	
Tighe & Bond Inc. Westfield, Mass.	
Scale: None	Date: February 2010