ency MA636062

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	e: MAG360000 X
	NHG360000
2. Facility Name, Location, and Data: Name Section 8 Power Station	
Street/POBox 95 Bridge Street	City Lowell
State Massachusetts Latitude 42° 38' 44" N	Zin Code 01854
Latitude 42° 38' 44" N	Longitude 71° 18' 20" W
Type of Business Hydroelectric power gene SIC Code(s) 4911	ration
Facility Mailing Address (if different from Loca Name Section 8 Power Station	
Street/PO Box One Tech Drive Suite 200	City Andover
State Massachusetts	Zip Code 01810
4. Facility Owner: Name Boott Hydropower, Inc. Street/PO Box One Tech Drive Suite 200	e-mail (optional)
State Massachusetts	City Andover
Contact Person Adam Sotirakopoulos	Zip Code 01810 Telephone Number 978-681-1900
	1 elephone Number 370-001-1300
Owner is (check one): 1. Federal 2. State	3. Inoal4. Private ^
Other (Describe)	
5. Facility Operator (if different from above):	
Legal Name	e-mail (optional)
Street/PO Box	_ City
State	Zip Code
Contact Person	Telephone Number
Contact Person Current permit status (please check Yes or No)	Telephone Number):
	al permit coverage) been granted for the discharge that is listed
the NOI? Yes No X If Yes, Permit	
b. Is the facility covered by an individual NPDES	permit? Yes No_X
If Yes, Permit Number	THE PROPERTY OF THE PARTY OF TH
	rith EPA for this discharge? Yes No X If Yes,
of submittal: and per	mit number it available.

7. at	Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map tached? Yes
m	Provide the number of turbines and the combined turbine discharge (installed capacity) at maximum and inimum output, in cubic feet per second (cfs). Number of turbines 3 Combined turbine discharge (installed spacity): maximum output, cfs 999 and ninimum output, cfs 249
9.	Is the hydroelectric generating facility operated as a pump storage project? No
B	. Discharge Information (attach additional sheets as needed).
1.	Name of receiving water into which discharge will occur: Concord 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 See Attachment 1
	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 Equipment and floor drain water
	See Attachment 2
	Maintenance-related water Facility maintenance-related water during flood/high water events
	Equipment-related backwash strainer water
	and the state of the community of the security

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.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.
- 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	51	22	2012
Printed Name and Title Stephen D. Pike, VP Operations							

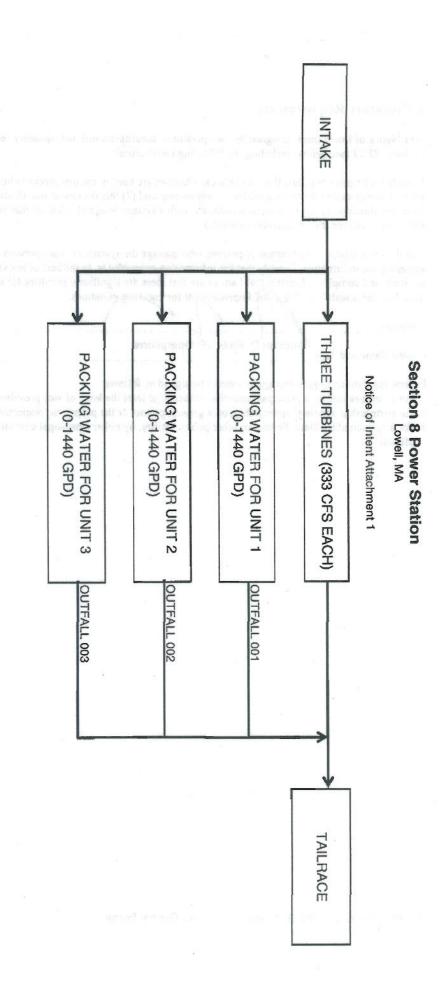
Federal regulations require this application to be signed as follows:

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.

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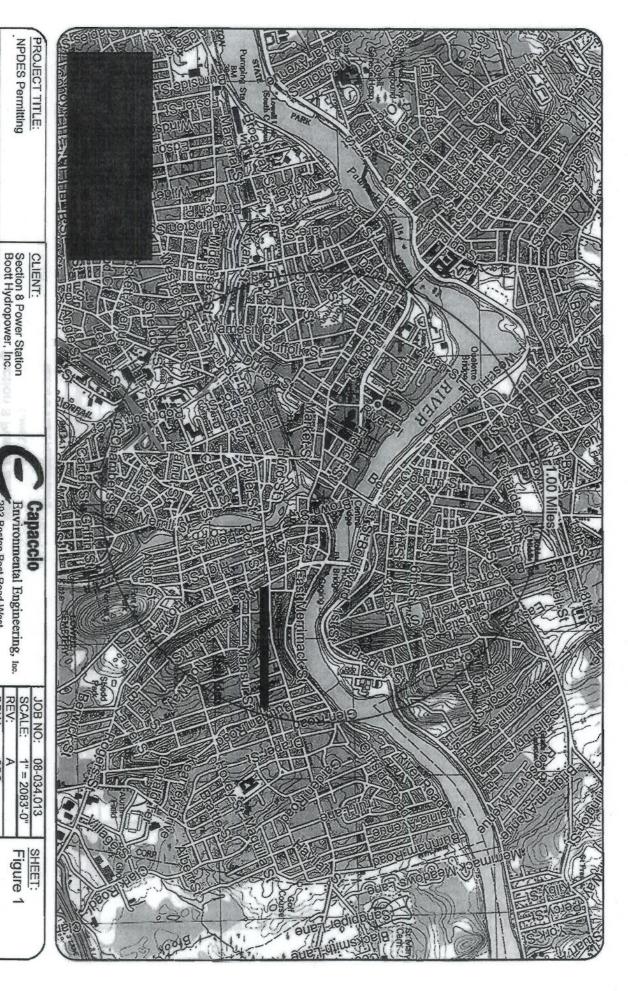


Section 8 Power Station Lowell, MA

Notice of Intent Attachment 2

003	002	001	Outfall #	
42° 13,2343' N 71° 51,6549' W	42° 38.72' N 71° 51.6549' W	42° 38.73' N 71° 18.32' W	Outfall # Latitude / Longitude	
Equipment and floor drain water	Equipment and floor drain water	Equipment and floor drain water	Discharge Type	
Packing water only from Unit 3	Packing water only from Unit 2	Packing water only from Unit 1	Operations Contributing to Discharge	
0-1440	0-1440	0-1440	Average Daily Flow (GPD)	
Continuous*	Continuous*	Continuous*	Flow Type Treatment	
None	None	None	Treatment	
Yes	Yes	Yes	Sample at least once per year?	
001	001	001	Representative sampling location?	

^{*} Only when unit is in operation



Site Location Map

95 Bridge Street Lowell, MA 01854

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05-10-12

ORTH

SIZE:

293 Boston Post Road-West Mariborough, MA 01752 (508) 970-0033 * www.capaccio.com "Helping Industry and the Environment Prosper"

REV:

CPC CAW

JOB LOCATION:

DRAWING TITLE: