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 X

2. Facility Name, Location, and Data:
Name Shelburne Hydro
Street/POBox 53 North Rd. City Shelburne
State NH Zip Code 03581
Latitude 44 deg 24 min 12 sec Longitude 71 deg 06 min 56 sec
Type of Business Hydroelectric generating station
SIC Code(s) 4911

3. Facility Mailing Address (if different from Location Address):
Name Shelburne Hydro c/o GLHA
Street/PO Box 972 Main St. City Berlin
State NH Zip Code 03570

dennis.turcotte@brookfieldpower.com

4. Facility Owner:
Name Great Lakes Hydro America LLC e-mail (optional) or clare.kirk@brookfieldpower.com
Street/PO Box 972 Main St. City Berlin
State NH Zip Code 03570
Contact Person Dennis Turcotte Telephone Number 603-752-2353, x14
Owner is (check one): 1. Federal____ 2. State _____ 3. Tribal_____ 4. Private X
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_____

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 X If Yes, Permit Number: _____
b. Is the facility covered by an individual NPDES permit? Yes_____ No X
If Yes, Permit Number _____
c. Is there a pending NPDES application on file with EPA for this discharge? Yes X No _____ If Yes, date of submittal: 03/31/99 and permit number if available:_____

 She 1/4

7. Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? Yes See Attachment A2

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 3 Combined turbine discharge (installed capacity): maximum output, cfs 3,105 and
minimum output, cfs 1,500 (est.)

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: Androscoggin 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 B6

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

#24 - NCCW; 0.017 mgd avg.

Equipment and floor drain water

#24A - floor run-off; intermittent, low flow

PLEASE SEE ATTACHMENT C FOR MORE DETAILED INFORMATION.

Maintenance-related water

#24B - seepage from turbine pits; intermittent, low flow

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.
44°24'12"/ 71°06'56" - Androscoggin River

b. The operations contributing flow and the treatment received by the discharge. Indicate the average flow from each operation. Please see answers provided in #3 (above).

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). Yes, discharge can be sampled.

d. Note if the outfall discharges intermittently or seasonally.
#24A & #24B are intermittent.

C. Chemical Additives

Are any non-toxic neutralization chemicals used in the discharge(s)? Yes ____ No__x__ 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_{50} 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. N/A

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

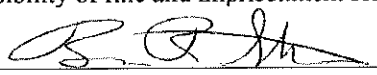
Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any certification(s) required by the general permit.

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.

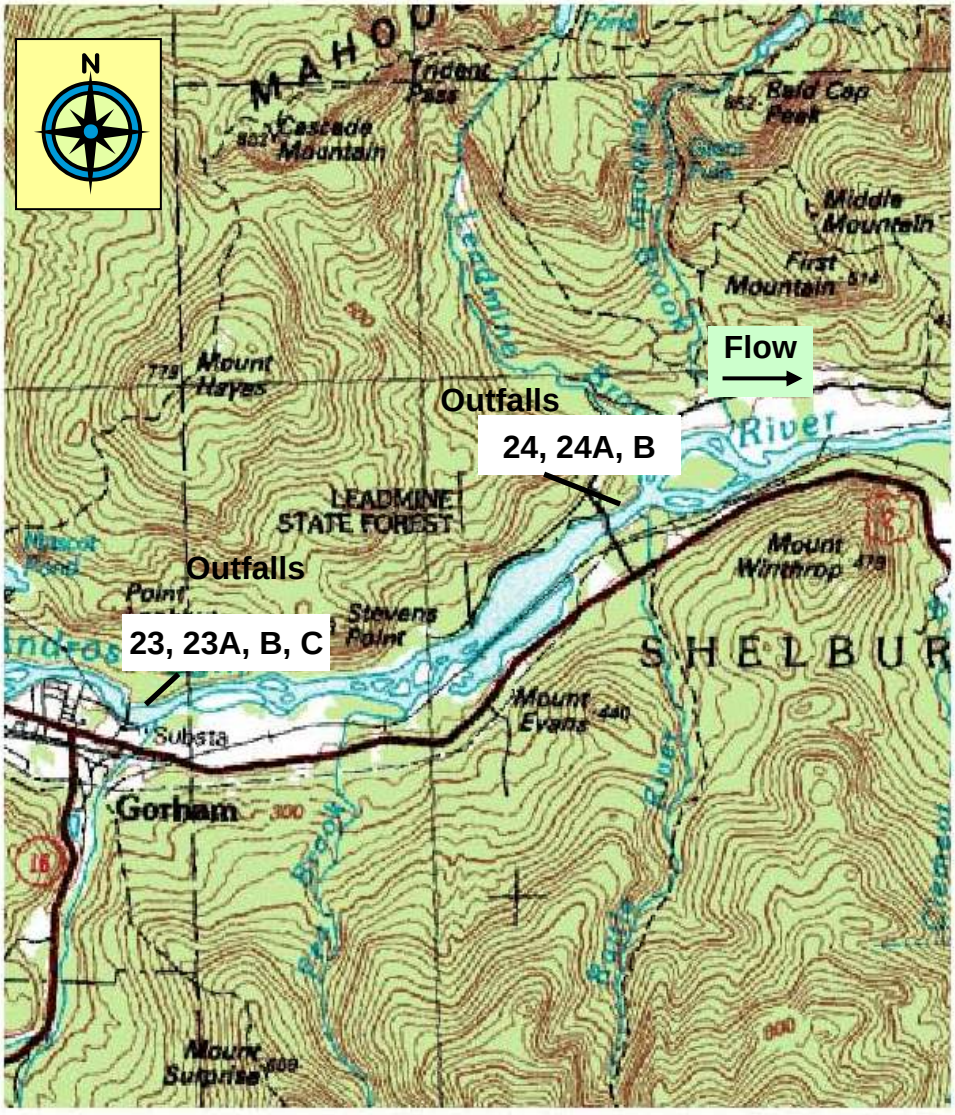
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant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

Signature  Date 3/19/10

Printed Name and Title Brian Stetson, General Manager, New England

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.



Center: 44.4015°N 71.1289°W
Elevation at center: 978 feet (298 meters)
Quad: USGS Mount Washington
Drg Name: f44071a1
Drg Source Scale: 1:100,000

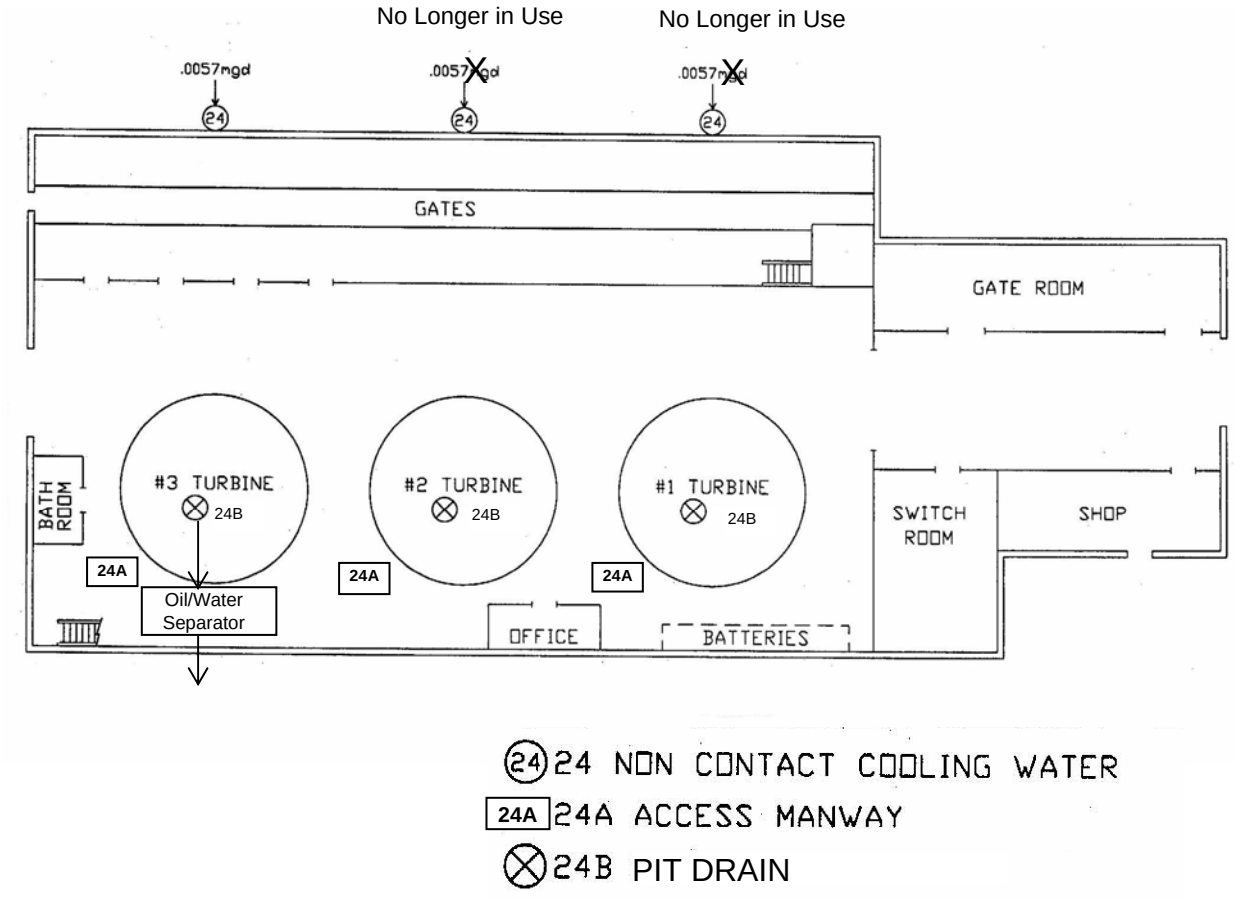
Note: Outfalls are located immediately downstream of facilities

GORHAM HYDRO (23) SHELBURNE HYDRO (24)	TOPOGRAPHIC MAP ANDROSCOGGIN RIVER, NH MARCH 2010

Brookfield

Brookfield Renewable Power Inc.
Great Lakes Hydro America, LLC
972 Main Street
Berlin, NH 03570

Tel 603.752.2353
Fax 603.752.3665
www.brookfieldpower.com



SHELBURNE HYDRO

SCHEMATIC – NOT TO SCALE
MARCH 2010

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Great Lakes Hydro America, LLC
972 Main Street
Berlin, NH 03570

Tel 603.752.2353
Fax 603.752.3665
www.brookfieldpower.com

3/19/10 - Attachment C
This marked-up document is included to provide additional NPDES-related information on the 6 GLHA facilities in NH.

The previous owner, Crown Vanatage, has been replaced by Great Lakes Hydro America LLC or GLHA.

March 31, 1999

Berlin-Gorham Group
650 Main Street
Berlin, NH 03570-2489
603 342-2000
603 342-2261 Fax

Ms. Shelley Puleo
EPA-New England Region 1
1 Congress St. Suite 1100
Boston, MA 02114-2023

CROWN Vantage

Printing, Publishing, and Specialty Papers

Dear Ms. Puleo,

Enclosed is a new permit application for the Crown Vantage hydroelectric stations, known as Crown Vantage Electric. These stations have been previously permitted under the Crown Vantage pulp and paper mills permit #NH0000655. Crown Vantage is in hopes of separating the hydroelectric stations into a permit by themselves.

There are six hydroelectric stations located on the Androscoggin River. The six hydroelectric stations are:

- #19-Sawmill Hydrostation
- #20-Riverside Hydrostation
- #21-Cross-Power Hydrostation
- #22-Cascade Hydrostation
- #23-Gorham Hydrostation
- #24-Shelburne Hydrostation

These stations are run-of-river facilities and all receive water from, and discharge to the Androscoggin River. These stations are owned and operated by Crown Vantage.

Given the geographical proximity of the six facilities on the Androscoggin River and the similarity in types of discharges from each of the six stations, Crown vantage is requesting a single NPDES permit to regulate the discharge of non-contact cooling water (NCCW), internal facility drainage and/or maintenance-related water for each of the six stations.

In previous discussions with Fred Gay and Damien Houlihan from your office, there were discharge points that were inaccessible, seasonal, or intermittent. We have included paragraphs describing these discharge points. These discharge points have been included in the permit

application, but we feel that there should be no testing requirements.

The following information gives the descriptions of like discharge points and is as follows: (See Attached Sheet/drawings for Hydro. location)

Sump Pumps: (#19,#20B)All sump pumps serve the same function at all hydrostations, which is to pump out any excess water that might get into the turbines. This would be an intermittent discharge. They run infrequently and would most probably discharge during high water conditions.

Turbine Pit Drains: (#20A,#24B)All turbine pit drains serve the same function at all hydrostations, except Sawmill Hydro, which utilizes waterless packing on the shafts. The turbine pit drains discharge any excess water that might have leaked/drained into the turbine area. An example of this is where we have water cooled packing and it drips onto the floor and drains into the pit.

Siphon Hoses: (#21A,#23A)All siphon hoses serve the same purpose at all hydrostations which is to vacuum up any excess water that might get into the turbine area. An example would be when there is high water leaking into the building from the river. The siphon hose would suck it up and discharge it back into the river. These run intermittently.

Pipe Outlets: (#23B,#23C)These two outlets can be used interchangeably for non-contact cooling water. This is an intermittent discharge of only non-contact cooling water.

Floor drains: (#23D) - NO LONGER IN USE

Access Manway: (#24A) This is an access area down into the floor, next to the turbines, that could discharge if there was water flowing across the floor and through the building. (Extreme high water)

We are not including the water that goes through the hydrostation turbine blades because it is river water in and river water out. The penstocks, located near the Riverside Hydrostation, utilize river water in the same way. The

river water enters into the penstocks and then feeds into the turbine blades and exits.

Crown Vantage is requesting the right to submit updated information, as it becomes available, when EPA begins reviewing the application for permitting. Please review the permit application for completeness. If any further information is required, please contact me at [redacted].

Sincerely,

Tammie L. LaVoie
[redacted]
Crown Vantage

GLHA, ANDROSCOGGIN RIVER

HYDROSTATIONS					
	Sump Pumps	Turbine Pit Drains	Siphon Hoses	NCCW pipes	Floor Drains	Access Manway
#19-Sawmill Hydrostation	X					
#20-Riverside Hydrostation	X	X				
#21-Cross-Power Hydrostation			X			
#22-Cascade Hydrostation						
#23-Gorham Hydrostation			X	X		
#24-Shelburne Hydrostation		X				X

(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold--faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: GREAT LAKES HYDRO AMERICA LLC "GLHA"

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TURCOTTE, DENNIS OPERATIONS MANAGER	603 752 2353

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 972 MAIN STREET

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 BERLIN	NH	03570

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 OFF ROUTE 16 - SEE NOI FORMS FOR DETAILS

B. COUNTY NAME

COOS

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 BERLIN	NH	03570	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7411 (specify) ELECTRIC XXXXXXX SERVICES	7 (specify)

C. THIRD	D. FOURTH
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 GREAT LAKES HYDRO AMERICA LLC "GLHA"

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO (66)

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

A 603 752 2353

E. STREET OR P.O. BOX

972 MAIN ST.

F. CITY OR TOWN

B BERLIN

G. STATE NH

H. ZIP CODE 03570

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO (52)

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
	(specify)

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Station are run of the river hydroelectric power generating facilities

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
19	44	28	42	71	10	08	Androscoggin River
20A	44	28	21	71	10	35	
20B	44	28	21	71	10	35	
21	44	27	24	71	11	08	
21A	44	27	24	71	11	08	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
19	Sawmill Hydrostation (4) Sump pumps to drain leakage from river out of turbines	Intermittent	Discharge to surface water	4A	
20A	Riverside Hydrostation #1,#3 Turbine Pit drains	Intermittent	Discharge to surface water	4A	
20B	Riverside Hydrostation #3 Sump pump drain	Intermittent	Discharge to surface water	4A	
21	Cross Power Hydrostation NCCW	0.025mgd	Discharge to surface water	4A	
21A	Cross Power Hydrostation Outlet siphons for #1-#5 Turbines	Intermittent	Discharge to surface water	4A	

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
19	Sawmill Hydro.-sump pumps							
20A	Riverside Hydro.-turbine pit drains							
20B	Riverside Hydro.-sump pump							
21A	Cross PowerHydro.-siphon hoses							
23A	Gorham Hydro.-siphon hoses							
23B	Gorham Hydro.-1.5" pipe outlets-NCCW							
23C	Gorham Hdro.-4" pipe outlets-NCCW							

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☒ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	

V. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
NA					

C. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

Approval expires 7-31-88

Please print or type in the unshaded areas only.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
22	44	26	53	71	11	14	Androscoggin River
23	44	24	01	71	11	14	
23A	44	24	01	71	11	14	
23B	44	24	01	71	11	14	
23C	44	24	01	71	11	14	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
22	Cascade Hydrostation NCCW	0.11mgd	Discharge to surface water - via Paper Mill	4A	
23	Gorham Hydrostation NCCW	0.046mgd	Discharge to surface water	4A	
23A	Gorham Hydrostation-2" outlet siphon hoses	Intermittent	Discharge to surface water	4A	
23B	Gorham Hydrostation-1.5" pipe outlets-NCCW	Intermittent	Discharge to surface water	4A	
23C	Gorham Hydrostation-4" steel pipe outlets-NCCW	Intermittent	Discharge to surface water	4A	

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
23D	Gorham Hydro.-4" floor drains							
24A	Shelburne Hydro.- floor access manway							
24B	Shelburne Hydro.-seepage from turbine pits							

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☒ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
NA					

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

Please print or type in the unshaded areas only.

Approval expires 7-31-88

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
24	44	24	12	71	06	56	Androscoggin River
24A	44	24	12	71	06	56	
24B	44	24	12	71	06	56	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
24	Shelburne Hydrostation	0.017mgd	Discharge to surface	4A	
	NCCW		water		
24A	Shelburne Hydrostation	Intermittent	Discharge to surface	4A	
	Floor runoff through		water		
	access manway				
24B	Shelburne Hydrostation	Intermittent	Discharge to surface	4A	
	seepage from turbine		water		
	pits				

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☒ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None	NOne		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES *(list all such pollutants below)* ☒ NO *(go to Item VI-B)*

CONTINUE ON REVERSE

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*

IX. CERTIFICATION

I certify under penalty of law that 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
C. SIGNATURE	D. DATE SIGNED