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

MH6-360026

### 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

e applicable General Permit for discharge	e: MAG360000	
	NHG360000 X	
W.Nome I costion and Date.	N110300000 <u>N</u>	
Sweetwater Hydroelectric Project		
t/POBox_340 Plains Road	City Claremont	
New Hampshire	Zip Code 03743	
ide 43° 23' 24.12" N	Longitude 72° 22' 36.42" W	
of Business Hydroelectric power gener	ration	
y Mailing Address (if different from Loca		
	— a. Andawar	
Marian		
iviassacriusetts	Zip Code 01810	
Sweetwater Hydroelectric, Inc.	e-mail (ontional)	
	City Andover	,
Massachusetts	Zin Code 01810	
act Person Adam Sotirakopoulos	Telephone Number 508-681-1900	
er is (check one): 1. Federal 2. State	3. Tribal 4. Private X	
Other (Describe)		
Operator (if different from above)		
	e-mail (optional)	
/PO Box	City	
	Zin Code	
act Person	Telephone Number	
	of Business Hydroelectric power generated by Mailing Address (if different from Local Sweetwater Hydroelectric Project	y Name, Location, and Data: 2 Sweetwater Hydroelectric Project 2 FOBox 340 Plains Road  New Hampshire 3 Longitude 72° 22' 36.42" W  of Business Hydroelectric power generation  Code(s) 4911  y Mailing Address (if different from Location Address): 3 Sweetwater Hydroelectric Project  PO Box One Tech Drive Suite 220  Massachusetts  City Andover  Zip Code 01810  y Owner: 3 Sweetwater Hydroelectric, Inc. 4 PO Box One Tech Drive Suite 220  City Andover  Massachusetts  Zip Code 01810  Telephone Number 508-681-1900  er is (check one): 1. Federal 2. State 3. Tribal 4. Private X  Other (Describe)

7. Attach a topographic map indicating the attached? Yes	location of the facility ar	nd the outfall(s) to the receiving water. Map
8. Provide the number of turbines and the c minimum output, in cubic feet per second (c capacity): maximum output, cfs 493 minimum output, cfs 197	fs). Number of turbines and	3 Combined turbine discharge (installed
9. Is the hydroelectric generating facility of	perated as a pump storag	
B. Discharge Information (attach add	ditional sheets as needed	NUMBER Grand Persi
Name of receiving water into which disc Freshwater: X Marine Wa	charge will occur: Sugarater:	ar River
<ol> <li>Attach a line drawing or flow schematic water, operations contributing flow, trea schematic attached? Yes</li> </ol>		ough the facility including sources of intake d receiving waters(s). Line drawing or flow
<ol> <li>List each outfall under the following cate, equipment and floor drain water; mainten water events, and equipment-related back</li> <li>Attach additional sheets to identify output</li> </ol>	ance-related water; facili wash strainer water (see	entially: equipment-related cooling water; ity maintenance-related water during flood/high 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 strain	er water	
<ol> <li>List each outfall discharging any combin related cooling water, equipment and floor</li> </ol>	nation of the following to or drain water, maintena	identify the combined discharges: equipment- nce-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: <a href="http://www.epa.gov/tri/report/siting">http://www.epa.gov/tri/report/siting</a> 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  $_{\rm No}$  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).

### 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 7/18/2012

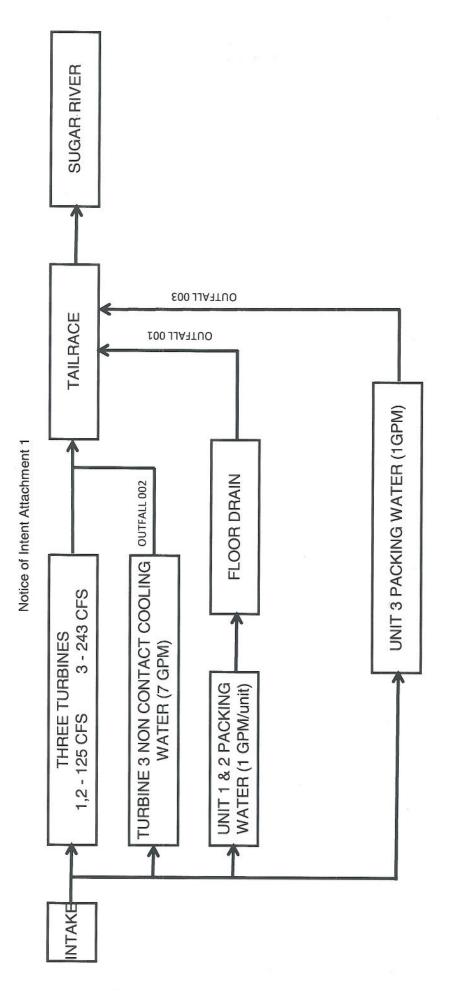
Printed Name and Title

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,
- For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

# Sweetwater Hydroelectric Project

Claremont, NH



30 m

## Sweetwater Hydroelectric Project Claremont, NH

### Notice of Intent Attachment 2

Outfall # Latitude / Longitude Discharge Type Operations Contributing to Discharge Daily Flow Type Freatment Sample at least Sampling location? Sa									
Equipment and floor drain water Packing water for unit 1 and 2 0-2880 Continuous* None No Ses Packing water for unit 3 10080 Continuous* None Yes Equipment and floor drain water Packing water for Unit 3. 0-1440 Continuous* None No	Outfall #	Latitude / Longitude		Operations Contributing to Discharge	Average Daily Flow (GPD)		Treatment	Sample at least once per year?	Representative sampling location?
Equipment related cooling water Non contact cooling water for unit 3 10080 Continuous* None Yes  Equipment and floor drain water Packing water for Unit 3. 0-1440 Continuous* None No	001	43° 23.43' N 72° 22.60' W	Equipment and floor drain water	Packing water for unit 1 and 2	0-2880	Continuous*	None	<u>8</u>	002
Equipment and floor drain water Packing water for Unit 3. 0-1440 Continuous* None No	005	43° 23.46' N 72° 22.61' W	Equipment related cooling water	Non		Continuous*	None	Yes	002
	003	43° 23.46' N 72° 22.61' W	Equipment and floor drain water	Packing water for Unit 3.	0-1440	Continuous*	None	O N	002

Only when unit is in operation

