MAG360015



2 Killeen Street N. Walpole, NH 03609 3/5/10 jeened

February 26, 2010

tel 603.445.6803 fax 603.445.6809 www.transcanada.com

US Environmental Protection Agency Hydroelectric GP Processing Municipal Assistance Unit (OEP06-3) 5 Post Office Square - Suite 100 Boston, MA 02109-3912

RE: Notices of Intent for Coverage under HYDROGP # MAG360000

Dear Sir or Madame.

Enclosed please find Notices of Intent (NOIs) and attachments for five (5) TransCanada Hydro Northeast Inc. hydroelectric generating facilities located in Massachusetts. TransCanada is seeking National Pollutant Discharge Elimination System (NPDES) permit coverage under the Hydroelectric Generating Facilities General Permit (HYDROGP) #MAG360000. These facilities currently operate under expired, but administratively continued, individual permits.

If you have any questions or need additional information please contact me at (603) 445-6803 or at davidpaul murray@transcanada.com.

Sincerely.

David P. Murray

Environmental Specialist

Enclosures: Five (5) Notices of Intent for facilities to be covered under MAG360000.

cc: Massachusetts Department of Environmental Protection - Division of Watershed Management

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 X
		NHG360000
2.	Facility Name, Location, and Data: Name TransCanada - Deerfield No. 3 Station	
	Name TransCanada - Deerfield No. 3 Station Street/POBox 71 Conway Street State Massachusetts Latitude 42° 35' 58.12" North	City_Buckland
	State Massachusetts	Zip Code_ 01338
	Latitude_ 42° 35' 58.12" North	Longitude_72° 43' 59.85" West
	Type of Business Hydroelectric power genera	ition
	SIC Code(s) 4911	
3.	Facility Mailing Address (if different from Location Name TransCanada Hydro Northeast Inc	•
	Street/PO Box 2 Killeen Street State New Hampshire	City 14. Walpole
	State_New Hampshire	Zip Code_03009
4.	Facility Owner: Name TransCanada Hydro Northeast Inc Street/PO Box_c/o 2 Killeen Street State New Hampshire Contact Person_David P. Murray Owner is (check one): 1. Federal 2. State_ Other (Describe)	Zip Code 03609 Telephone Number (603) 445-6803
5.	Facility Operator (if different from above):	
	Legal Name	e-mail (optional)
	Street/PO Box	City
	State	Zip Code
	Contact Person	Telephone Number
	Current permit status (please check Yes or No): Has a prior NPDES permit (individual or general) the NOI? Yes X No If Yes, Permit N	permit coverage) been granted for the discharge that is listed on
b.	Is the facility covered by an individual NPDES p If Yes, Permit Number MA0034851	ermit? Yes_X_ No
c.	Is there a pending NPDES application on file with	h EPA for this discharge? Yes NoX If Yes, date it number if available:

7. Attach a topographic map indicating the location of the attached? Fig 1	he facility and the outfall(s) to the receiving water. Map
8. Provide the number of turbines and the combined turb minimum output, in cubic feet per second (cfs). Number capacity): maximum output, cfs	oine discharge (installed capacity) at maximum and of turbines 3 Combined turbine discharge (installed and
9. Is the hydroelectric generating facility operated as a p	pump storage project? <u>No</u>
B. Discharge Information (attach additional sheet	s as needed).
Name of receiving water into which discharge will on Freshwater: Marine Water:	ccur: Deerfield River
 Attach a line drawing or flow schematic showing wat water, operations contributing flow, treatment units, schematic attached? Fig 2 	ter flow through the facility including sources of intake outfalls, and receiving waters(s). Line drawing or flow
 List each outfall under the following categories and nu equipment and floor drain water; maintenance-related water events, and equipment-related backwash strainer Attach additional sheets to identify outfalls as need 	water; facility maintenance-related water during flood/high water (see 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
001-Units #1-3 bearings	none
Maintenance-related water none	Facility maintenance-related water during flood/high water events
33535	none
Equipment-related backwash strainer water	
none	

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.



