NH6360005

NH6360005

June 1

TransCanada

In business to deliver

February 26, 2010

US Environmental Protection Agency Hydroelectric GP Processing Municipal Assistance Unit (OEP06-3) 5 Post Office Square - Suite 100 Boston, MA 02109-3912 US Northeast Hydro Region 2 Killeen Street N. Walpole, NH 03609

tel 603.445.6803 fax 603.445.6809 www.transcanada.com

RE: Notices of Intent for Coverage under HYDROGP #NHG360000

Dear Sir or Madame.

Enclosed please find Notices of Intent (NOIs) and attachments for three (3) TransCanada Hydro Northeast Inc. hydroelectric generating facilities located in New Hampshire. TransCanada is seeking National Pollutant Discharge Elimination System (NPDES) permit coverage under the Hydroelectric Generating Facilities General Permit (HYDROGP) #NHG360000. These facilities do not currently operate under individual permit; however, administratively complete applications for individual coverage were submitted to EPA in 1993. Those individual permit applications were updated and re-submitted several times since their original submittal.

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: Three (3) Notices of Intent for facilities to be covered under NHG360000.

cc: New Hampshire Department of Environmental Services Water Division, Wastewater Engineering Bureau

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

. Indicate applicable General Permit for discharge	: MAG360000
. Indicate applicable General Fernit for disentage	NHG360000 X
	NHG3600000
2. Facility Name, Location, and Data:	
Name TransCanada - McIndoes Station	Nonroe
Street/POBox McIndoes Falls Road	City Monroe
State New Hampshire Latitude 44° 15' 35.32" North	Zip Code 03771 Longitude 72°03'34.61" West
Type of Business Hydroelectric power general	Longitude 12 03 34.01 West
	auon
SIC Code(s) 4911	
3. Facility Mailing Address (if different from Locat	tion Address):
Name TransCanada Hydro Northeast Inc	_
Street/PO Box 2 Killeen Street	City N. Walpole
State New Hampshire	Zip Code 03609
. Facility Owner:	
Name TransCanada Hydro Northeast Inc	e-mail (optional) davidpaul_murray@transca
Street/PO Box c/o 2 Killeen Street	City N. Walpole
State New Hampshire Contact Person David P. Murray	Zip Code 03609
Contact Person David P. Murray	Telephone Number (603) 445-6803
Owner is (check one): 1. Federal 2. State	3. Tribal 4. Private X
Other (Describe)	
. Facility Operator (if different from above):	
Legal Name	e-mail (optional)
Legal NameStreet/PO Box	City
Legal Name_ Street/PO Box_ State	CityZip Code
Legal Name_ Street/PO Box_ State	City
Legal Name_ Street/PO Box_ State	CityZip Code
Legal Name Street/PO Box State Contact Person	CityZip CodeTelephone Number
Legal Name Street/PO Box State Contact Person Current permit status (please check Yes or No):	City Zip Code Telephone Number
Legal Name Street/PO Box State Contact Person Current permit status (please check Yes or No): Has a prior NPDES permit (individual or general	City Zip Code Telephone Number permit coverage) been granted for the discharge that is listed
Legal Name Street/PO Box State Contact Person Current permit status (please check Yes or No): Has a prior NPDES permit (individual or general the NOI? Yes No_X If Yes, Permit I	City Zip Code Telephone Number permit coverage) been granted for the discharge that is listen Number:
Legal Name Street/PO Box State Contact Person 6. Current permit status (please check Yes or No): 1. Has a prior NPDES permit (individual or general the NOI? Yes No X If Yes, Permit No. Is the facility covered by an individual NPDES prior to the NPDES prior to	City Zip Code Telephone Number permit coverage) been granted for the discharge that is listen Number:
Legal Name Street/PO Box State Contact Person Current permit status (please check Yes or No): Has a prior NPDES permit (individual or general the NOI? Yes No_X If Yes, Permit I	City Zip Code Telephone Number permit coverage) been granted for the discharge that is listed Number: permit? Yes No_X

7. Attach a topographic map indicating the location of the facility and t attached? Fig 1	the outfall(s) to the receiving water. Map
8. Provide the number of turbines and the combined turbine discharge (minimum output, in cubic feet per second (cfs). Number of turbines _4 capacity): maximum output, cfs _6,180 and minimum output, cfs _818	
9. Is the hydroelectric generating facility operated as a pump storage p	roject? <u>No</u>
B. Discharge Information (attach additional sheets as needed).	
Name of receiving water into which discharge will occur: Conne Freshwater: Marine Water:	ecticut River
 Attach a line drawing or flow schematic showing water flow throug water, operations contributing flow, treatment units, outfalls, and re- schematic attached? Fig 2 	
 List each outfall under the following categories and number sequentic equipment and floor drain water; maintenance-related water; facility water events, and equipment-related backwash strainer water (see Par 4). Attach additional sheets to identify outfalls as needed. 	maintenance-related water during flood/high
Equipment-related cooling water	Equipment and floor drain water
001-Units #1-4 thrust bearings, backup only	none
Maintenance-related water none	Facility maintenance-related water during flood/high water events
	none
Equipment-related backwash strainer water	
002-Automatic backwash strainer	

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.

003-Oil flotation tank system - station sump, trench drains, transformer bay stormwater, station compressor cooling water, units #1-4 thrust bearings

004-Transformer cooling water, oil flotation tank system bypass, flood/high water sump discharge

- 5. Provide for each outfall the following: See Attachment 1
- 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:

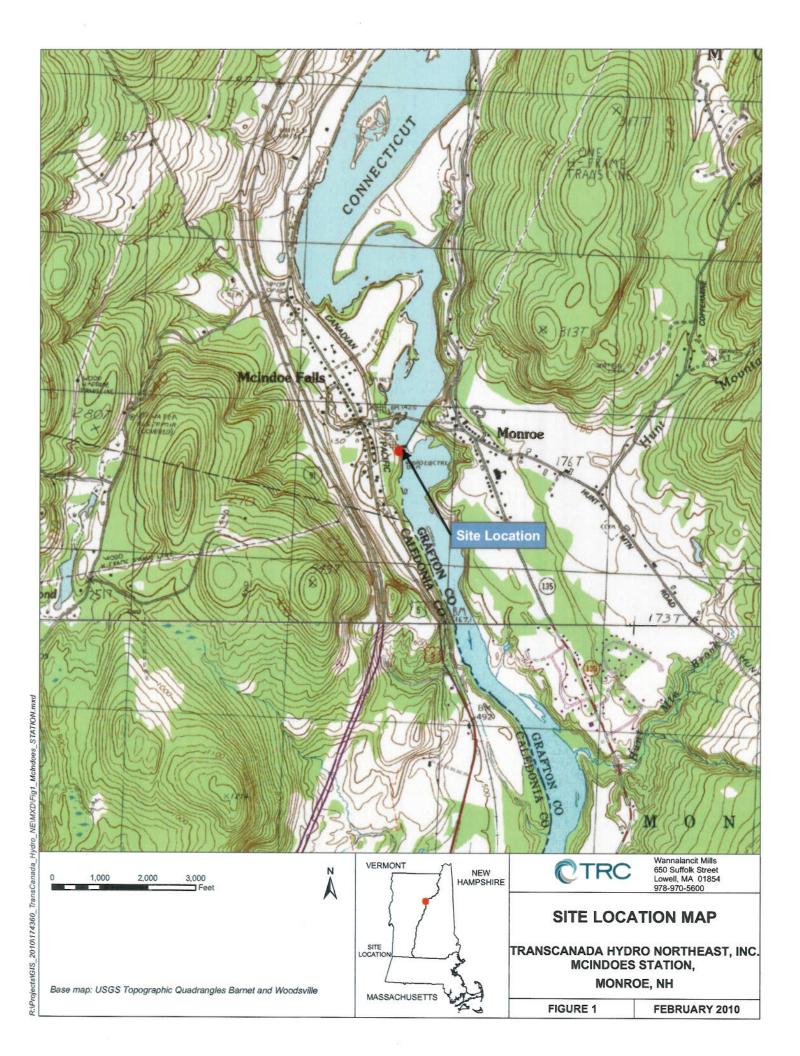
I certify under penalty of law that no chemical additives are used in the discharges to be authorized under this general permit except for those used for pH adjustment and (2) this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

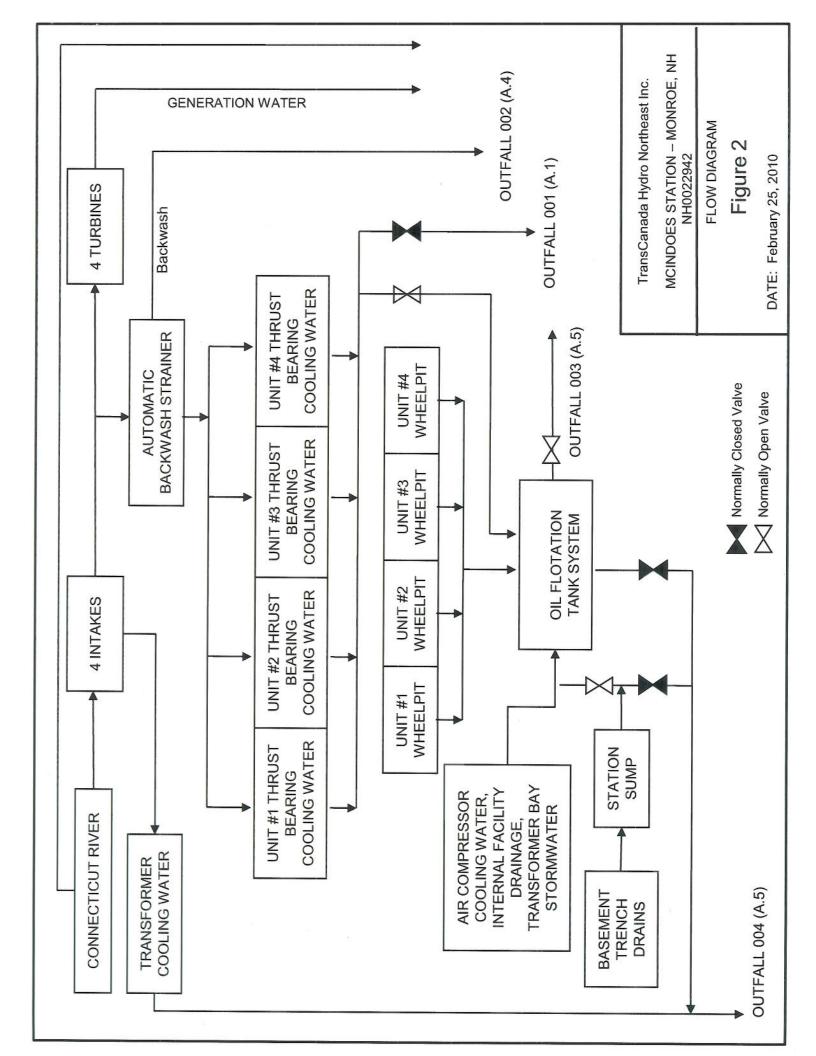
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant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

Signature	DEN	Date	F8326, 2010
Printed Name and Title	William C. Taylor - Senior Vice President Eastern US Power		

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.





TRANSCANADA HYDRO NORTHEAST INC. - MCINDOES STATION - NH0022942 General Permit # NHG360000 Notice of Intent Attachment 1

	-				
Representative sampling location?	No- Representative only of 001	No- Representative only of 002		No- Representative only of 003	No- Representative only of 004
Sample at least once per year?	Yes	Yes		Yes	Yes
Treatment	None	None		Oil flotation	None
Flow Type	Infrequent	Intermittent – runs a few seconds at a time, throughout the day and varies with inflow		Intermittent on a daily basis. Cooling water goes on/off with unit generation – slightly before and after unit. Compressor is continuous.	Transformer discharge is continuous. Other discharges are infrequent.
Average Daily Flow (GPD)	n/a Back up only. Up to 86,400	12,000	Total up to 144,000	Bearing cooling water = 86,400. Other discharges combined up to 57,600	Total up to 230,400 Transformer cooling water = 144,000
Operations Contributing to Discharge	Units # 1-4 Thrust Bearing cooling water	Automatic backwash strainer	Combined discharge –	Oil flotation tank system (station sump, trench drains, transformer bay stormwater, station air compressor, Units # 1-4 thrust bearing cooling water).	Combined discharge – Transformer Cooling Water; oil flotation tank bypass discharge; flood/high water sump discharge.
Discharge Type	A.1 – equipment related cooling water – back up discharge only	A.4 – equipment related backwash strainer water		A.5 – Combined discharge – equipment related cooling water, stormwater, and equipment and trench drain water.	A.5 – Combined discharge- equipment related cooling water; and equipment and trench drain water – for maintenance and flood/high water only.
Latitude / Longitude	44°15' 35.32" North, 72°03'34.61" West	44°15' 35.32" North, 72°03'34.61" West		44°15' 35.32" North, 72°03'34.61" West	44°15' 35.32" North, 72°03'34.61" West
Outfall #	001	002		003	004