

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 ☐
2. Facility Name, Location, and Data:
Name TURNERS FALLS NO.1 STATION
Street/PO Box 26 POWER STREET City MONTAGUE
State MASSACHUSETTS Zip Code 01376
Latitude _____ Longitude _____
Type of Business HYDROELECTRIC GENERATOR
SIC Code(s) 4911
3. Facility Mailing Address (if different from Location Address):
Name _____
Street/PO Box 15 CABOT STREET City MONTAGUE
State MA Zip Code 01376
4. Facility Owner:
Name FirstLight Hydro Generating Company e-mail (optional) _____
Street/PO Box 20 Church St. - 16th Floor City Hartford
State CT Zip Code 06103
Contact Person James A. Ginnetti, V.P. Telephone Number 860/895-6900
Owner is (check one): 1. Federal ☐ 2. State ☐ 3. Tribal ☐ 4. Private ☒
Other (Describe) _____
5. Facility Operator (if different from above):
Legal Name FirstLight Power Resources e-mail (optional) _____
Street/PO Box same as above 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 ☐ If Yes, Permit Number: MA0035521
 - b. Is the facility covered by an individual NPDES permit? Yes ☒ No ☐
If Yes, Permit Number MA0035521
 - c. Is there a pending NPDES application on file with EPA for this discharge? Yes ☒ No ☐ If Yes, date of submittal: March 31, 2000 and permit number if available: MA0035521

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

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 5 Combined turbine discharge (installed capacity): maximum output, cfs 2210 and minimum output, cfs 0

9. Is the hydroelectric generating facility operated as a pump storage project?

B. Discharge Information (attach additional sheets as needed). no

1. Name of receiving water into which discharge will occur: CONNECTICUT 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

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

Equipment and floor drain water

007 - Generator water seal leakage
(from prior NPDES Permit)

Maintenance-related water

Facility maintenance-related water during flood/high water events

006 - Two sumps for high water
(from prior NPDES Permit)

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. N/A

5. Provide for each outfall the following:

SEE ATTACHMENT 2

- 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 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 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 James A. Ginnetti Date 2/17/10
Printed Name and Title JAMES A. GINNETTI, VICE PRESIDENT

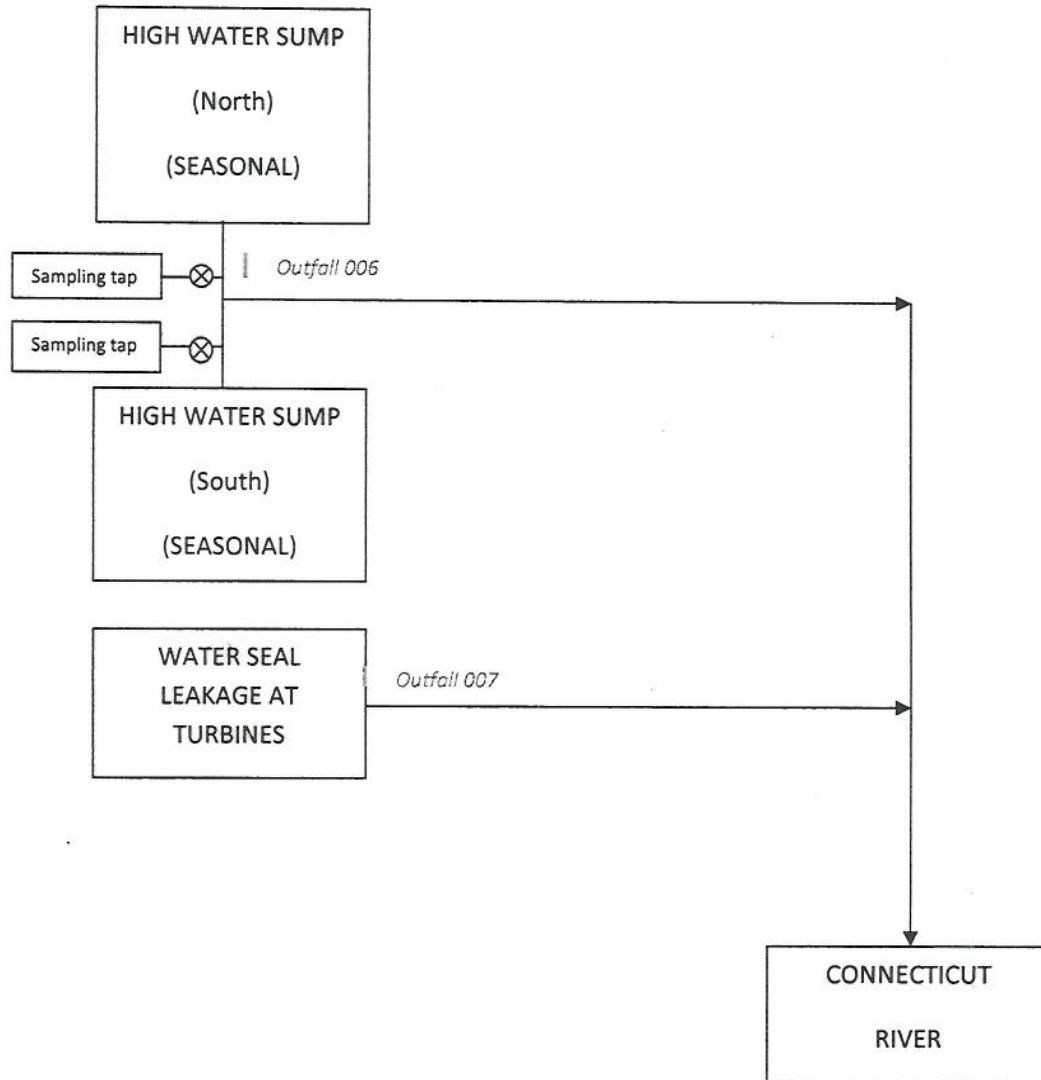
Federal regulations require this application to be signed as follows:

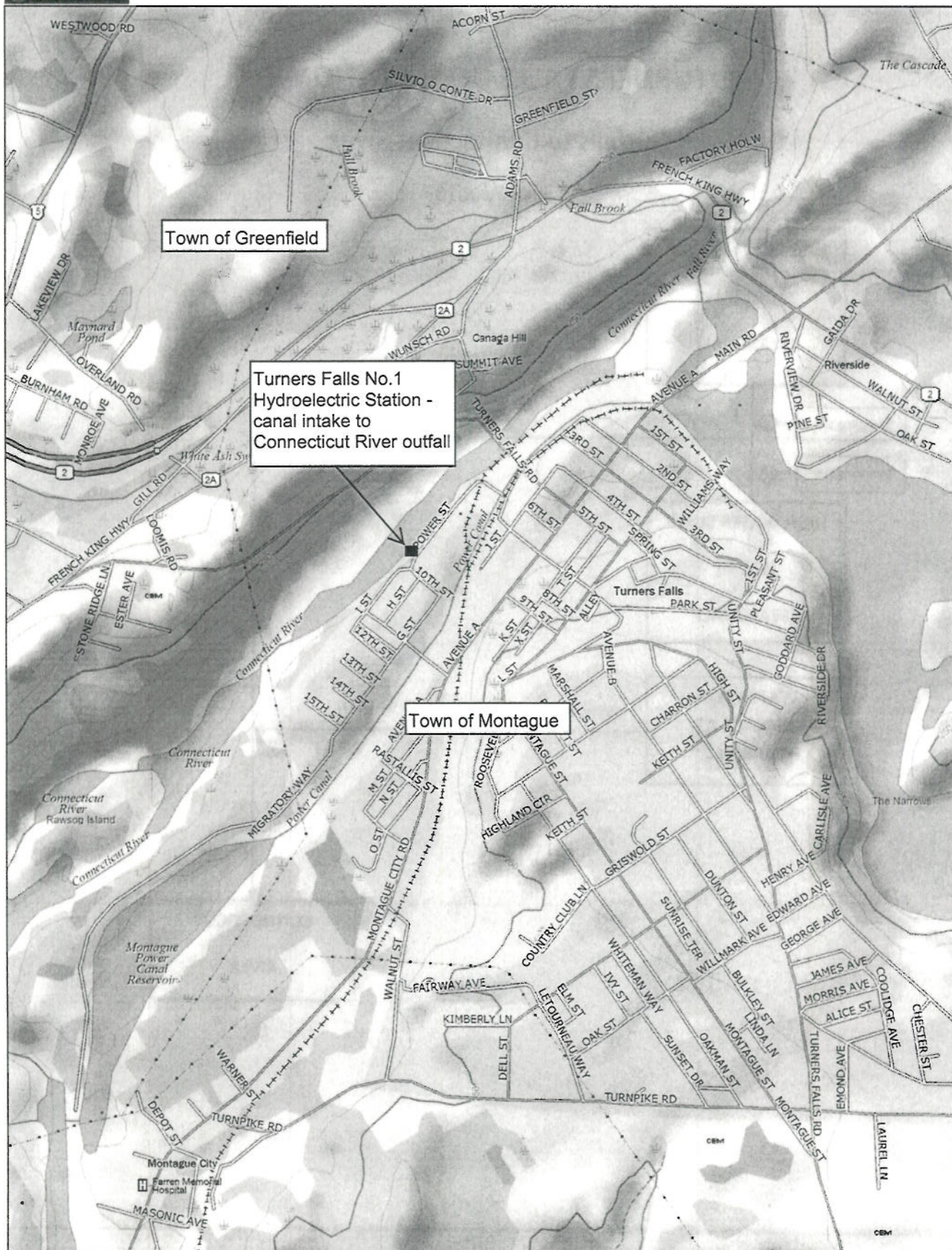
1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

TURNERS FALLS NO. 1 STATION

Outfalls to Connecticut River

February 2010

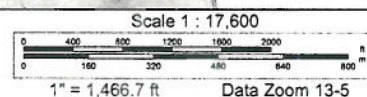
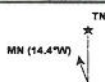




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TURNERS FALLS NO.1 STATION - NOI – ATTACHMENT 2

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.

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.

	Discharge 006 Floor & associated drains	Discharge 007 Service water / non- contact cooling water
a. Latitude and longitude / * name of receiving water	N42° 36' 21" W-72° 33' 54" Connecticut River	42° 36' 21" W-72° 33' 54" Connecticut River
b. The operations contributing flow and the treatment	Various floor and associated drains in the powerhouse, all drained through an oil/water separator.	Bearing and misc. equipment water used for cooling in a closed system, frequent monitoring of equipment.
c. Indicate if the discharge can be sampled at least once per year	Yes, sampling will be possible.	When volume permits, oil & grease sample would be unlikely.
d. Note if the outfall discharges intermittently or seasonally.	Routine discharge, not intermittent	Routine discharge, not intermittent

* All latitude and longitudes obtained through Google Maps



Enter your transmittal number

X231931

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

BRP WM 14

1. Permit Code: 7 or 8 character code from permit instructions

Hydroelectric General Permit (EPA)

3. Type of Project or Activity

NPDES General Permits

2. Name of Permit Category

B. Applicant Information - Firm or Individual

FirstLight Hydro Generating Company

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

Howard

John

S

2. Last Name of Individual

3. First Name of Individual

4. MI

99 Millers Falls Road

5. Street Address

Northfield

MA

01360

413-659-4489

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

John Howard

john.howard@gdfsuezna.com

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

TURNERS FALLS NO.1 STATION

1. Name of Facility, Site Or Individual

26 POWER STREET

2. Street Address

MONTAGUE

MA

01376

413-536-4533

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

JAMES M MERCHANT

1. Name of Firm Or Individual

20 CHURCH STREET - 16TH FLOOR

2. Address

HARTFORD

CT

06103

860-895-6934

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

JAMES MERCHANT

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☒ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

25193

Check Number

\$385.00

Dollar Amount

2/17/2010

Date