

MA 664



HOWE STREET REGIONAL WATER TREATMENT FACILITY

10/26/09

Olga Vergara
US EPA, Region 1
PWTF GP Processing
Municipal Assistance Unit (CMU),
1 Congress Street, Suite 100
Boston, Mass. 02114-2023

DEC 21 2009

Subject: Reissuing General Permit

Dear: Olga Vergara

On behalf of our client, the Town of Ashland Department of Public Works, Woodard & Curran is submitting a Notice of Intent (NOI) regarding NPDES discharges from the Howe Street Regional Water Treatment Facility PWS # 301400. It is the intent of the Town of Ashland to obtain coverage under the General Permit for Water Treatment Facility in the state of Massachusetts.

Please find the following enclosed:

- Request for General Permit Authorization to Discharge Wastewater
- Flow Diagram depicting the treatment methods, outfalls, and receiving water
- Letter from the Fish and Wildlife Service
- A copy of the most current Federally Listed Endangered and Threatened Species list in Massachusetts
- Ashland is not part of the Middlesex list of Towns of with endangered species.
- Letter of correspondence from the Natural Heritage & Endangered Species Program
- Letter from the Massachusetts Historical Commission
- Copy of the MassDep transmittal Form BRP WM 13
- Lab results for Total Recoverable Aluminum
- Please note the Zinc Phosphate is only applied to Finished water NOT Clear Well

Should further information be required, please contact me.

Sincerely,

WOODARD & CURRAN INC.

Jeffery Fournier
Plant Manager

cc: Kathleen Keohane

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NEW ENGLAND - REGION I
ONE CONGRESS STREET, SUITE 1100
BOSTON, MASSACHUSETTS 02114-2023

Request for General Permit Authorization to Discharge Wastewater
(Notice of Intent to be covered by the General Permit (NOI))

Potable Water Treatment Facility (PWTF)
NPDES General Permit No. MAG640000 and NHG640000

A. Facility Information

1. Facility Owner:

Name Town of Ashland e-mail dsmall@ashlandmass.com
Street/PO Box 20 Ponderosa Rd. City Ashland
State Massachusetts Zip Code 01721
Contact Person Doug Small Telephone Number 508-881-0120

2. Facility Operator (if different from above):

Name Woodard & Curran e-mail (optional) jfournier@woodardcurran.com
Street/PO Box P. O. Box 274 City Ashland
State Massachusetts Zip Code 01721
Contact Person Jeffery W. Fournier Telephone Number 508-881-0128

3. Facility Data (attach topographic map or other map showing facility/discharge location):

Name Howe Street Regional Water Treatment Facility e-mail (optional) jfournier@woodardcurran.com
Street/PO Box 229 Howe Street City Ashland
State Massachusetts Zip Code 01721
Contact Person Jeffery W. Fournier Telephone Number 508-881-0128
Latitude 71 Deg. 30 Min. 56 Sec. West Longitude 42 Deg. 15 Min. 16 Sec. North

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:

SIC Code(s) N/A
Description(s) _____

5. Current Permitting Status (please check yes or no):

1. Has a prior NPDES permit been granted for the discharge? Yes ☒ (Permit Number: MAG640049)
No _____
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes _____ No ☒
3. Is the facility covered by an individual NPDES permit? Yes _____ (Permit Number _____) No ☒
4. Is there a pending application on file with EPA for this discharge? Yes _____ (Date of submittal: _____)
No ☒

B. Discharge Information

1. Name of Receiving Waterbody Hopkinton Reservoir
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Reservoir
3. State Water Quality Classification: _____ Freshwater: Yes Marine Water: _____
4. Describe the discharge activities for which the owner/applicant is seeking coverage, including process discharges not specifically authorized in the PWTF GP which need to be authorized for discharge (and which attain the

effluent limits and other conditions of the general permit). This description should include all treatment methods used on the wastewater prior to discharge including lagoons, baffles, filter presses etc. If lagoons are used at the facility, please include the number and size of lagoons; the size and elevation of the entry pipe; the time of travel from the entry point of the discharge into the lagoon to the entry point to the receiving water; and the length of backwash cycle for any combination of number of filters. (attach extra sheets if necessary):

Lagoon # 1 400,800 Gallons

Lagoon # 2 393,800 Gallons

Size and Elevation of entry pipe...12" @ 323 Elevation

Time of travel from entry point of the discharge of the lagoon to the entry point to the receiving water...Approx: 5.4 min.

Clarifier B.W. Length...25 minutes

Filter B.W. Length...20 minutes

5. Please provide a diagram depicting the treatment methods, outfalls, and receiving water.

6. Number of outfalls: 1

For each outfall:

7. What is the proposed sampling location(s) and proposed consistent times of the month for collecting samples:

Sample once per week at the entry point to the receiving water...at flapper valve.

C. Effluent Characteristics

1. List here and attach information on any water additives used at the facility (Including chemicals for pH adjustment, dechlorination, control of biological growth, and control of corrosion and scale in water pipes):
Chlorine, Sodium Hydroxide, Ferric Chloride, Polymer, Ozone, Potassium Permanganate

2. Please report here any known remediation activities or water-quality issues in the vicinity of the discharge.
None

3. Are aluminum-containing coagulants used at this facility? Yes No ✓

4. Does the discharge contain residual chlorine? Yes ✓ No

5. Does the facility provide treatment to remove arsenic from the raw water source? Yes No ✓

6. Are phosphorus-containing chemicals added to the treated water at this facility? Yes No ✓

7. All applicants must attach a separate sheet listing all laboratory results (minimum of five) for total recoverable aluminum (in micrograms per liter) taken within the last six months. Do not include dilution when recording your results. See Section 4.4.5 of General Permit for more information.

8. Please include the following effluent data for each outfall:

<u>Characteristic (report if measured)</u>	<u>Average Monthly</u>	<u>Maximum Daily</u>
Discharge Flow (gpd)	<u>267,664</u>	<u>880,000</u>
TSS (mg/l)	<u>4.5</u>	<u>7.5</u>
pH (s.u.)	(min) <u>7.39</u>	(max) <u>7.65</u>
Total Recoverable Aluminum (ug/l)	<u>N/A</u>	<u>N/A</u>
Total Residual Chlorine (ug/l)	<u>40</u>	<u>50</u>

(continued on next page)

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 N/A and/or C-NOEC N/A

9. If the discharge contains aluminum and/or residual chlorine, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water, the dilution factor, and attach any calculations used to support stream flow and dilution calculations (See Appendix VII for dilution calculations and additional information):

7Q10 N/A cfs Dilution Factor 10:1 cfs

D. Endangered Species Act Eligibility

1. Using the instructions in Appendix I of the PWTF GP, under which criterion listed in Part II are you eligible for coverage under this general permit?

A ☒ B ☐ C ☐ D ☐ E ☐ F ☐

2. If you selected criteria D or F, has consultation with the federal services been completed? Yes ☐ No ☐

3. If consultation with U.S. Fish and Wildlife Service and/or NOAA Fisheries Service was completed, was a written concurrence finding that the discharge is "not likely to adversely affect" listed species or critical habitat received? Yes ☒ No ☐

4. Attach documentation of ESA eligibility as described below and required at Part 3.4.1 and Appendix I, Part III, Step 4, of the General Permit.

Criterion A - No federally-listed threatened or endangered species or federally-designated critical habitat are present: A copy of the most current county species list pages for the county(ies) where your site or facility and discharges are located. You must also include a statement on how you determined that no listed species or critical habitat are in proximity to your site or facility or discharge locations.

Criterion B - Section 7 consultation completed with the Service(s) on a prior project: A copy of the USFWS's and/or NMFS's, as appropriate, biological opinion or concurrence on a finding of "unlikely to adversely effect" regarding the ESA Section 7 consultation.

Criterion C - Activities are covered by a Section 10 Permit: A copy of the USFWS's and/or the NMFS's, as appropriate, letter transmitting the ESA Section 10 authorization.

Criterion D - Concurrence from the Service(s) that the discharge is "not likely to adversely affect" federally-listed species or federally-designated critical habitat (not including the four species of concern identified in Section I of Appendix I): A copy of the USFWS's and/or the NMFS's, as appropriate, letter or memorandum concluding that the discharge is consistent with the general permit's "not likely to adversely affect" determination.

Criterion E - Activities are covered by certification of eligibility: A copy of the documents originally used by the other operator of your site or facility (or area including your site) to satisfy the documentation requirement of Criteria A, B, C or D.

Criterion F - Concurrence from the Service(s) that the discharge is "not likely to adversely affect" species of concern, as identified in Section I of Appendix I: A copy of the USFWS and/or the NMFS, as appropriate, concurrence with the applicant's determination that the discharge is "not likely to adversely affect" listed species.

E. National Historic Properties Act Eligibility

1. Using the instructions in Appendix III of the PWTF GP, under which criterion listed in Part III are you eligible for coverage under this general permit?

1 ☒ 2 ☐ 3 ☐

2. Have any State or Tribal historic preservation officers been consulted in this determination? Yes ☒ No ☐
If yes, attach the results of the consultation(s).

F. Certification

I certify that the discharge for which I am seeking coverage under the general permit consists solely of a surface water discharge from a potable water treatment facility. 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 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.

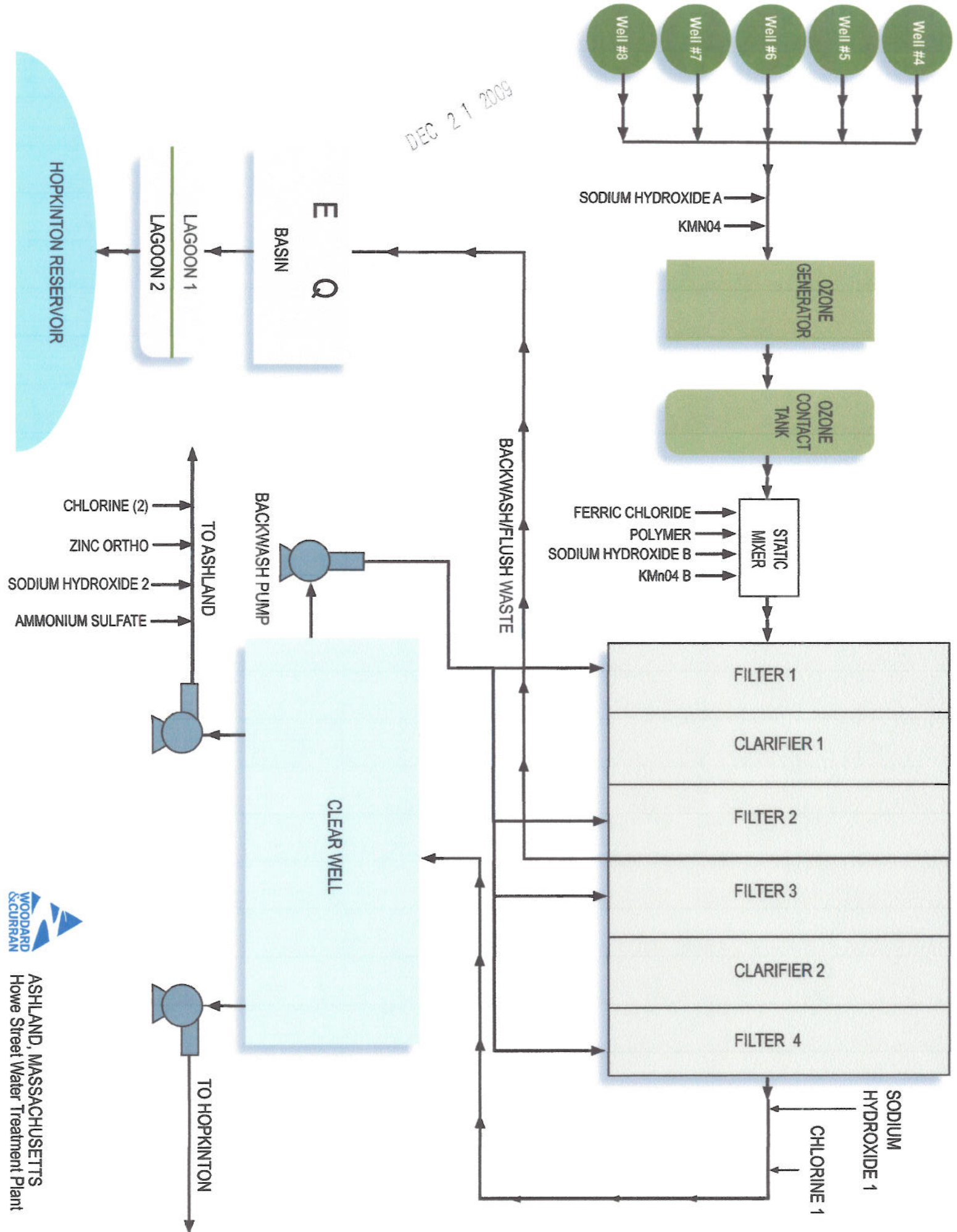
Signature Jeffery W Fournier Date 12/17/09
Printed Name and Title JEFFERY W. FOURNIER PLANT MANAGER

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.

Note: Permits No. MAG640000 and NHG640000 may be found at www.epa.gov/region1/npdes/pwtfgp.html

DEC 21 2009



ASHLAND, MASSACHUSETTS
Howe Street Water Treatment Plant

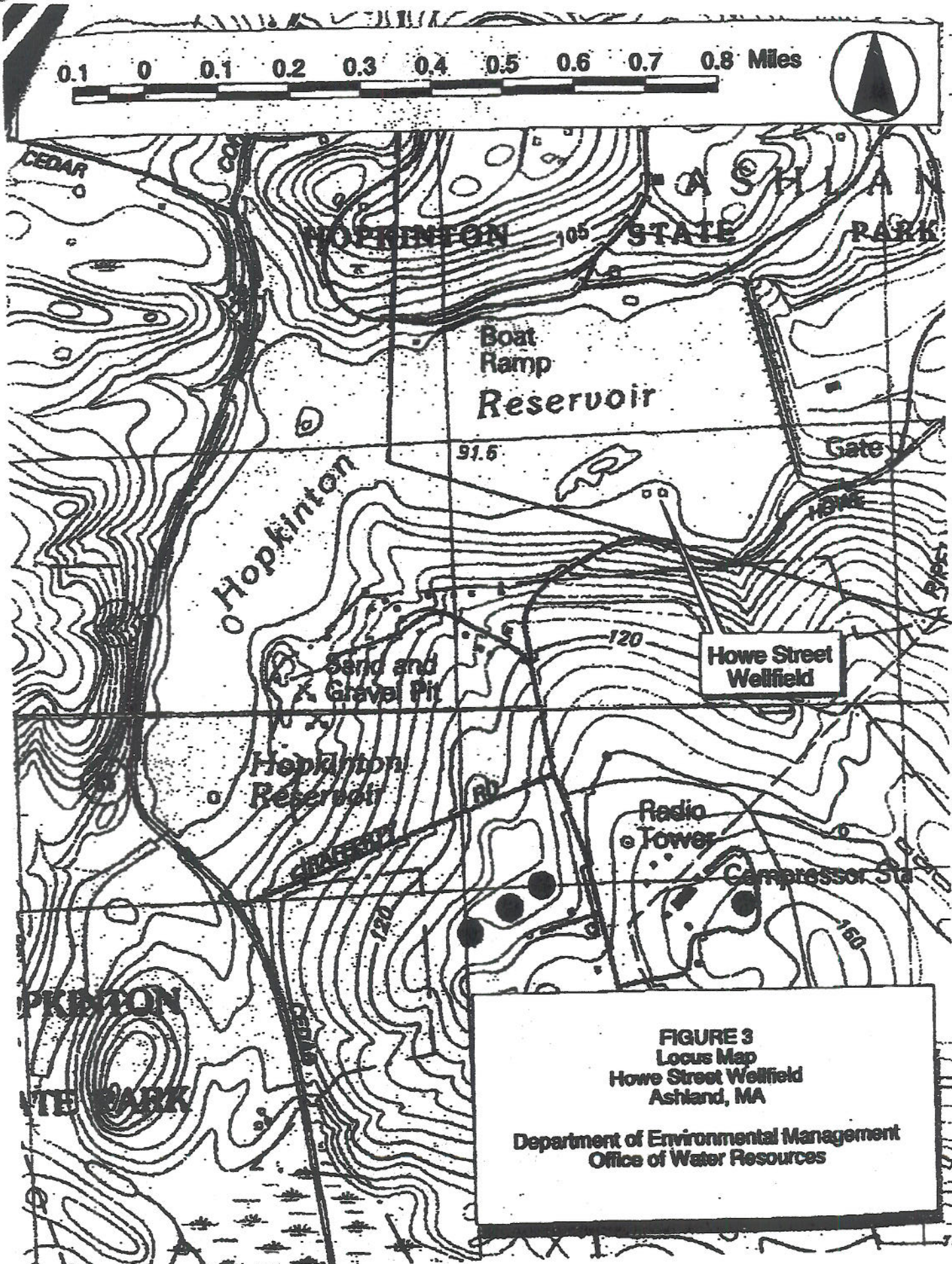


FIGURE 3
Locus Map
Howe Street Wellfield
Ashland, MA

Department of Environmental Management
Office of Water Resources

NO.	REVISION	DATE
1	REVISED	11/71
2		
3		
4		
5		

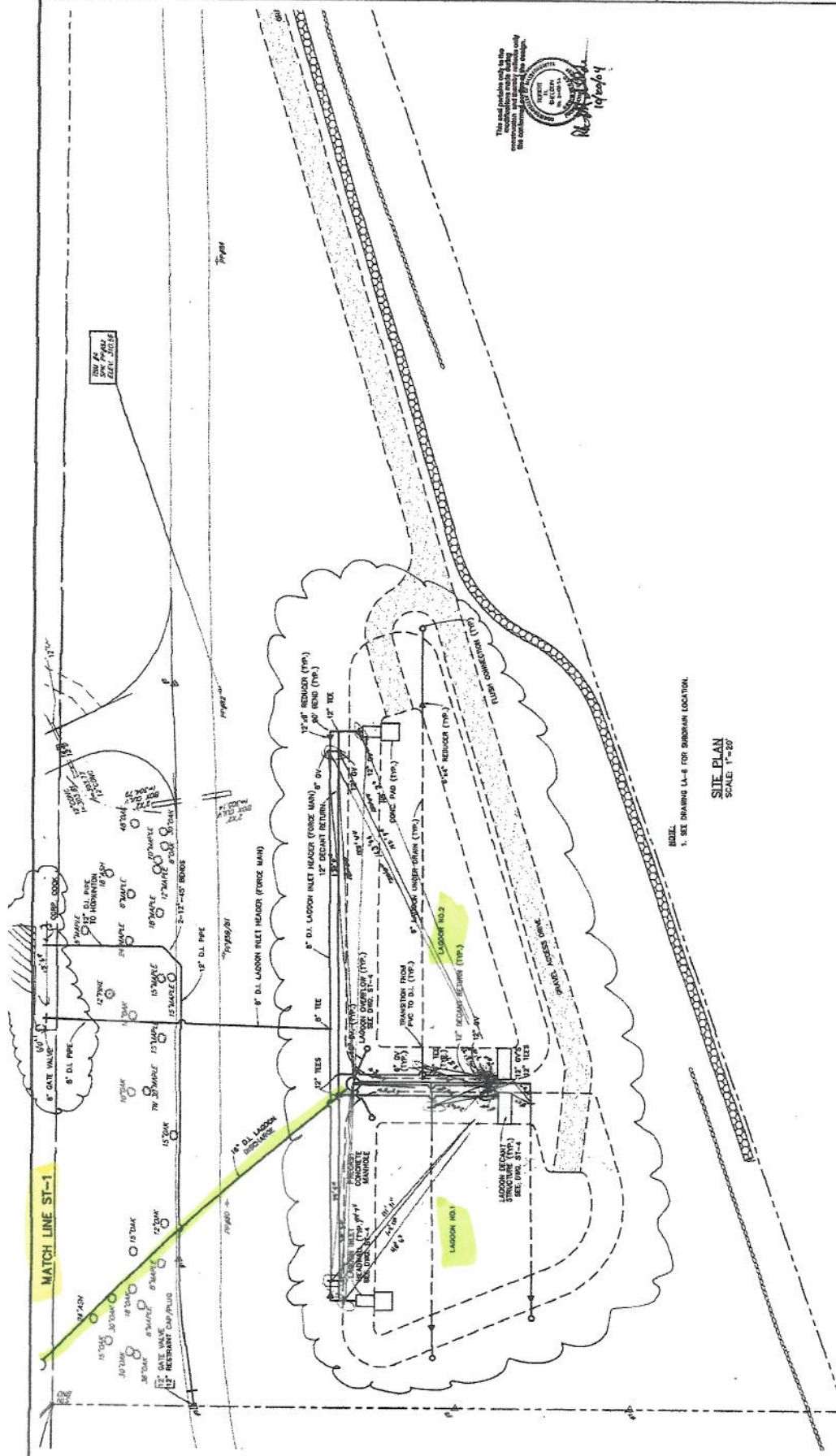


ASHLAND, MASSACHUSETTS
HOME STREET REGIONAL
WATER TREATMENT FACILITY
SITE PLAN

DESIGNED BY	DATE
CHECKED BY	DATE
APPROVED BY	DATE

ST-2
SHEET 15 OF 115

This seal guarantees only the design of the project and does not constitute a recommendation or endorsement of the design. The seal is not to be used for any other purpose.



NOTE:
1. SEE DRAWING LA-8 FOR BUILDING LOCATION.

SITE PLAN
SCALE 1\"/>

