

**COMMITMENT & INTEGRITY
DRIVE RESULTS**

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March 26, 2010



David M. Webster, Chief
Industrial Permits Branch
Environmental Protection Agency
Office of Ecosystem Protection
5 Post Office Square, Suite 100
Boston, MA 02109-3912

RE: Potable Water Treatment Facility NPDES General Permit Notice of Intent
City of Lowell, Massachusetts

Dear Mr. Webster,

On behalf of the City of Lowell, Massachusetts, Woodard & Curran is submitting the enclosed Potable Water Treatment Facility NPDES General Permit Notice of Intent with all required attachments. A copy has also been submitted via e-mail.

Please don't hesitate to contact us if you need any additional information.

Sincerely,

WOODARD & CURRAN INC.

A handwritten signature in blue ink, appearing to read 'Alexandra Kulinkina', is written over the company name.

Alexandra Kulinkina
Engineer

Cc: Olga Vergara, Municipal Assistance Unit
Kathleen Keohane, MassDEP

**APPENDIX IV
NOTICE OF INTENT INSTRUCTIONS
AND SUGGESTED FORMS**

I. Notice of Intent (NOI) Instructions

A. Required Information

In order to be covered by the Potable Water Treatment Facility General Permit (PWTF GP) applicants must submit a written NOI to EPA and the appropriate state agency. The NOI consists of either the suggested NOI form included in this Appendix or another form of official correspondence that contains all of the required information listed in the General Permit and the suggested NOI form.

B. Signature Requirements

The Notice of Intent must be signed and dated in accordance with the signatory requirements of 40 CFR Section 122.22, including the certification statement shown on the suggested NOI form.

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.

C. Submission of NOI to EPA

Signed and completed NOI forms and attachments must be submitted to EPA at the address included in Appendix VI. A copy of the NOI form and any additional state required forms must also be submitted to the appropriate state agency at the addresses included in Appendix VI. See Part 4.2 and Appendix VI of the PWTF GP for additional State requirements.

**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 <u>City of Lowell</u>	e-mail <u>sduchesne@lowellma.gov</u>
Street/PO Box <u>375 Merrimack Street</u>	City <u>Lowell</u>
State <u>Massachusetts</u>	Zip Code <u>01852</u>
Contact Person <u>Steven Duchesne</u>	Telephone Number <u>978-970-4242</u>

2. Facility Operator (if different from above):

Name <u>Lowell Regional Water Utility</u>	e-mail (optional) <u>sduchesne@lowellma.gov</u>
Street/PO Box <u>815 Pawtucket Blvd</u>	City <u>Lowell</u>
State <u>Massachusetts</u>	Zip Code <u>01854</u>
Contact Person <u>Steven Duchesne</u>	Telephone Number <u>978-970-4242</u>

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

Name <u>Lowell Regional Water Utility</u>	e-mail (optional) <u>sduchesne@lowellma.gov</u>
Street/PO Box <u>815 Pawtucket Blvd</u>	City <u>Lowell</u>
State <u>Massachusetts</u>	Zip Code <u>01854</u>
Contact Person <u>Steven Duchesne</u>	Telephone Number <u>978-970-4242</u>
Facility Latitude <u>42° 38' 26" N</u>	Facility Longitude <u>71° 21' 49" W</u>

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

SIC Code(s) 4941
Description(s) Water Supply

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

1. Has a prior NPDES permit been granted for the discharge? Yes ☒ (Permit Number: MAG640055)
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 Merrimack River
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) River
3. State Water Quality Classification: B Freshwater: X 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):

Filter backwash waste and sedimentation basin residuals are directed to 1 of 3 residuals handling lagoons (Attachment 1).

The total volume of the 3 lagoons is approximately 5.6 million gallons (MG). Supernatant overflow from these lagoons discharges to the Merrimack River.

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

6. Number of outfalls: 1 Latitude and Longitude for each outfall (attach additional pages if necessary)

OUTFALL # Latitude 42° 38' 49" N Longitude 71° 21' 51" W
OUTFALL # Latitude _____ Longitude _____

For each outfall:

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

Residuals lagoons - weekly 4 times per month.

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 dioxide,

Polyaluminum chloride, Sodium hydroxide, Sodium bicarbonate, Zinc orthophosphate, Hydrofluosilic acid.

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:

Characteristic (report if measured)	Average Monthly	Maximum Daily
Discharge Flow (gpd)	<u>363,000</u>	<u>500,000</u>
TSS (mg/l)	<u>2.35</u>	<u>15.0</u>
pH (s.u.)	(min) <u>6.81</u>	(max) <u>7.20</u>
Total Recoverable Aluminum (ug/l)	<u>0.14</u>	<u>Sampled monthly</u>
Total Residual Chlorine (ug/l)	<u>75</u>	<u>150</u>

(continued on next page)

8. Continued

Characteristic (report if measured)

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

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 898 cfs Dilution Factor 1596.13 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



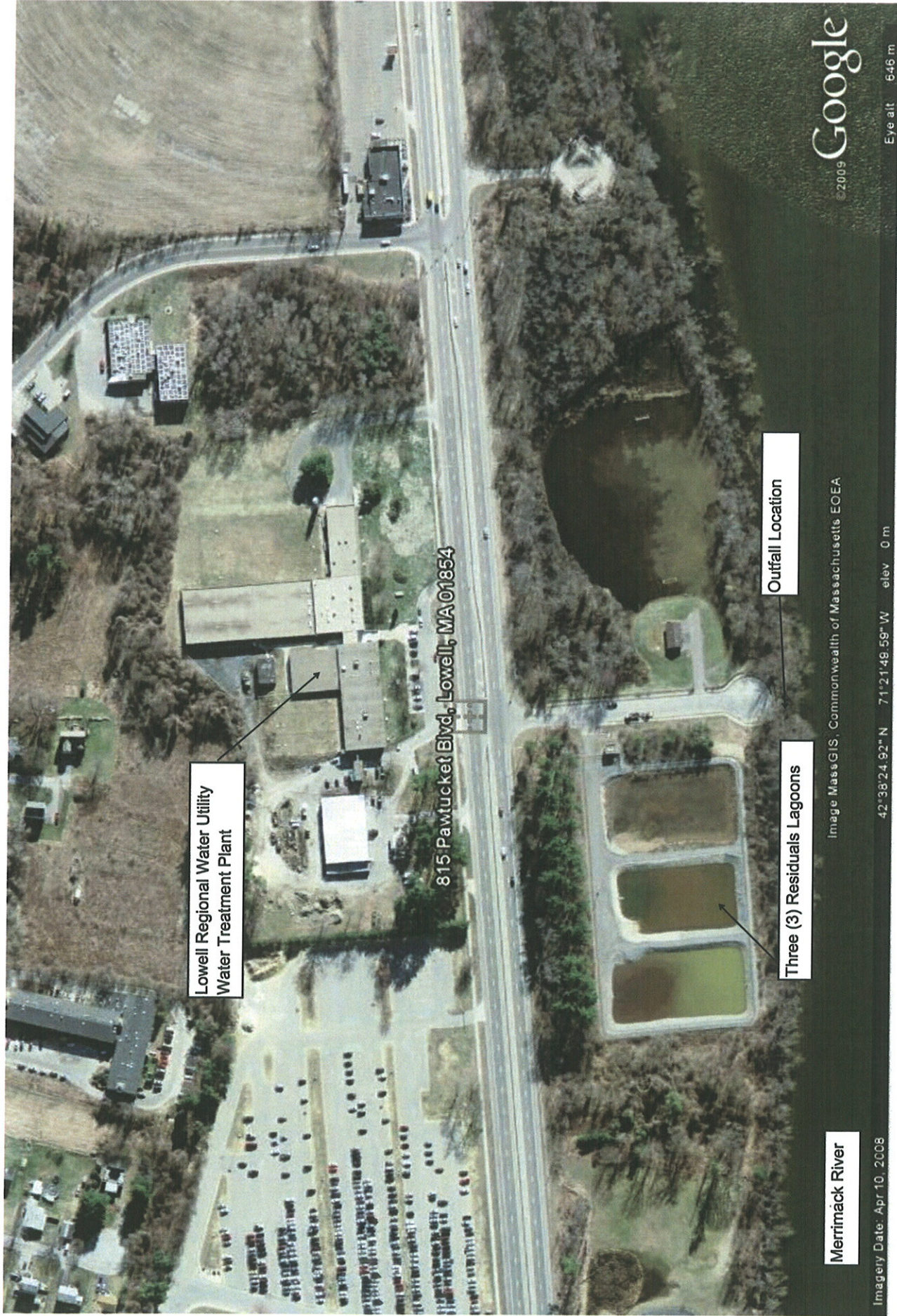
Date 03/26/10

Printed Name and Title Steven Duchesne, Superintendent of Operations and Safety

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



Lowell Regional Water Utility
Water Treatment Plant

815 Pawtucket Blvd, Lowell, MA 01854

Outfall Location

Three (3) Residuals Lagoons

Merrimack River

Image MassGIS, Commonwealth of Massachusetts EOE

Imagery Date: Apr 10, 2008

42°38'24.92" N 71°21'48.59" W elev 0 m

Google
©2009

Eye alt 646 m

Attachment 1 - Plan of Lowell Regional Water Utility and Residuals Handling Lagoons
815 Pawtucket Blvd, Lowell, MA 01854

LOWELL REGIONAL WATER UTILITY
LOWELL, MASSACHUSETTS

[illegible]

CONSCIENTIOUS & INTEGRITY DRIVEN SCHOOL VS

“우리는 ‘인간관계’라는 ‘우’를 어떻게든 ‘우’로 만들려고 하는 것이 아니라, ‘우’라는 ‘우’를 ‘우’로 만들려고 하는 것이다.”

Attachment 3 Dilution Factor Calculations

$$Dilution\ factor = \frac{Q_R + (Q_P \times 1.55)}{Q_P \times 1.55}$$

Q_R = estimated 7Q10 low flow for the receiving water at outfall location (cfs)

Q_P = discharge rate (MGD)

1.55 = factor to convert MGD to cfs

Q_R = 580 MGD (NPDES NCCW Estimated 7Q10 reference attached)

$$580,000,000 \frac{gal}{day} \times \frac{cf}{7.48gal} \times \frac{day}{24hrs} \times \frac{hr}{3600s} = 897.5\ cfs$$

Q_P = 0.363 MGD

$$Dilution\ factor = \frac{897.5 + (0.363 \times 1.55)}{0.363 \times 1.55} = 1596.13$$

APPENDIX II
ENDANGERED SPECIES ACT: COUNTY SPECIES LIST

The following is the US Fish and Wildlife Service (FWS) listing of federally endangered and threatened species for counties in Massachusetts and New Hampshire. The New Hampshire and Massachusetts lists were updated on 7/31/2008; however, please note that species are listed and de-listed periodically. To get the most current list at the time you are conducting your endangered species assessment, see the FWS Endangered Species Home Page at http://www.fws.gov/northeast/newenglandfieldoffice/EndangeredSpec-Consultation_Project_Review.htm

**FEDERALLY LISTED ENDANGERED AND THREATENED SPECIES
IN MASSACHUSETTS**

COUNTY	SPECIES	FEDERAL STATUS	GENERAL LOCATION/HABITAT	TOWNS
Barnstable	Piping Plover	Threatened	Coastal Beaches	All Towns
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	All Towns
	Northeastern beach tiger beetle	Threatened	Coastal Beaches	Chatham
	Sandplain gerardia	Endangered	Open areas with sandy soils.	Sandwich and Falmouth.
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Bourne (north of the Cape Cod Canal)
Berkshire	Bog Turtle	Threatened	Wetlands	Egremont and Sheffield
Bristol	Piping Plover	Threatened	Coastal Beaches	Fairhaven, Dartmouth, Westport
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Fairhaven, New Bedford, Dartmouth, Westport
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Raynham and Taunton
Dukes	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	All Towns
	Piping Plover	Threatened	Coastal Beaches	All Towns
	Northeastern beach tiger beetle	Threatened	Coastal Beaches	Aquinnah and Chilmark
	Sandplain gerardia	Endangered	Open areas with sandy soils.	West Tisbury
Essex	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Gloucester, Essex and Manchester
	Piping Plover	Threatened	Coastal Beaches	Gloucester, Essex, Ipswich, Rowley, Revere, Newbury, Newburyport and Salisbury
Franklin	Northeastern bulrush	Endangered	Wetlands	Montague
	Dwarf wedgemussel	Endangered	Mill River	Whately
Hampshire	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Hadley
	Puritan tiger beetle	Threatened	Sandy beaches along the Connecticut River	Northampton and Hadley
	Dwarf wedgemussel	Endangered	Rivers and Streams.	Hadley, Hatfield, Amherst and Northampton
Hampden	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Southwick
Middlesex	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Groton
Nantucket	Piping Plover	Threatened	Coastal Beaches	Nantucket
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Nantucket
	American burying beetle	Endangered	Upland grassy meadows	Nantucket
Plymouth	Piping Plover	Threatened	Coastal Beaches	Scituate, Marshfield, Duxbury, Plymouth, Wareham and Mattapoisett
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Kingston, Middleborough, Carver, Plymouth, Bourne, and Wareham
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Plymouth, Marion, Wareham, and Mattapoisett.
Suffolk	Piping Plover	Threatened	Coastal Beaches	Winthrop
Worcester	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Leominster

- Eastern cougar and gray wolf are considered extirpated in Massachusetts.
- Endangered gray wolves are not known to be present in Massachusetts, but dispersing individuals from source populations in Canada may occur statewide.
- Critical habitat for the Northern Red-bellied cooter is present in Plymouth County.

7/31/2008

**FEDERALLY LISTED ENDANGERED AND THREATENED SPECIES
IN NEW HAMPSHIRE**

COUNTY	SPECIES	FEDERAL STATUS	GENERAL LOCATION/HABITAT	TOWNS
Belknap	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Meredith, Alton and Laconia
Carroll	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Albany, Eaton, Madison Wolfeboro, Brookfield and Wakefield
Coos	Canada Lynx	Threatened	Regenerating softwood forest, usually with a high density of snowshoe hare.	All Towns
	Dwarf wedgemussel	Endangered	Connecticut River main channel and Johns River	Northumberland, Lancaster and Dalton
Cheshire	Dwarf wedgemussel	Endangered	S. Branch Ashuelot River and Ashuelot River	Swanzey, Keene and Surry
Grafton	Dwarf wedgemussel	Endangered	Connecticut River main channel	Haverhill, Piermont, Orford and Lyme
	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Holderness
Hillsborough	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Weare
Merrimack	Karner Blue Butterfly	Endangered	Pine Barrens with wild blue lupine	Concord and Pembroke
	Small whorled Pogonia	Threatened	Forests	Danbury, Epsom, Warner and Allenstown
Rockingham	Piping Plover	Threatened	Coastal Beaches	Hampton and Seabrook
	Roseate Tern	Endangered	Atlantic Ocean and nesting at the Isle of Shoals	
	Small whorled Pogonia	Threatened	Forests	Northwood, Nottingham, and Epping
Strafford	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Middleton, New Durham, Milton, Farmington, Strafford, Barrington, and Madbury
Sullivan	Northeastern bulrush	Endangered	Wetlands	Acworth, Charlestown, Langdon and Walpole
	Dwarf wedgemussel	Endangered	Connecticut River main channel	Plainfield, Cornish, Claremont and Charlestown
	Jesup's milk-vetch	Endangered	Banks of the Connecticut River	Plainfield and Claremont

-Eastern cougar, gray wolf and Puritan tiger beetle are considered extirpated in New Hampshire.

-Endangered gray wolves are not known to be present in New Hampshire, but dispersing individuals from source populations in Canada may occur statewide.

-There is no federally-designated Critical Habitat in New Hampshire.

7/31/2008

NPDES NCCW ESTIMATED 7Q10
(7/1/2008)

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)
US Army Soldier Systems Center Natick	MAG250035	South Pond of Lake Cochituate (SuAsCo)	Lake
Ametek Aerospace & Power Instruments, Wilmington	MAG250021	Trib to Ipswich River	0.03
Atlantic Frost Seafoods Fall River	MAG250036	Mount Hope Bay	Marine
Baker Commodities North Billerica	MAG250026	Concord River	23.2
Boott Cotton Mills Museum Lowell	MAG250732	Eastern Canal to Merrimack River	~580
Boott Hydropower, Inc. Eldred F. Field Hydroelectric Project Lowell	MAG250163	Merrimack River	~580
Boott Hydropower, Inc. Hamilton Power Station, Lowell	MAG250949	Hamilton Canal to Merrimack R.	~580
Boott Hydropower, Inc. John Street Power Station Lowell	MAG250950	Merrimack River	~580
Communications & Power Industries - Beverly Microwave Division Beverly	MAG250520	Unnamed Trib to Bass River (North Coastal)	0.01
Concrete Block Insulating Systems, Inc. West Brookfield	MAG250121	Wetlands leading to Quaboag River (Chicopee)	0.11
Crane & Co., Byron Weston Mill Dalton	MAG250956	Housatonic River	3.4
Crane & Co., Pioneer Mill Dalton	MAG250955	Housatonic River	3.4
Doncasters, Inc. - Storms Forge Division, Springfield	MAG250947	Poor Brook to Chicopee River	0.01
Double-A-Plastics Co. Monson	MAG250027	Chicopee Brook (Chicopee)	0.71

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)
Eastern Point Condos Shrewsbury	MAG250018	Lake Quinsigamond (Blackstone)	Lake
Fall River Tool & Die Fall River	MAG250017	Sucker Brook (Mount Hope Bay)	0.04
Fitel Corp Sturbridge	MAG250003	Hobbs Brook (Quinebaug)	0.08
Flo Chemical Ashburnham	MAG250957	Peppermint Brook (Nashua)	0.06
Fortifiber Corp. Attleboro	MAG250033	Bungay River (Ten Mile)	0.16
Four-in-One Chelmsford	MAG250244	Tributary to River Meadow Brook (SuAsCo)	0.007
Gotham Ink Marlboro	MAG250830	Mowry Brook (SuAsCo)	0.005
Haartz Corporation Acton	MAG250006	Conant Brook (SuAsCo)	0.01
Hampden Papers, Inc. Holyoke	MAG250881	Connecticut River	1150
Harodite Industries, Taunton	MAG250032	Three Mile River (Taunton)	4.54
Harborview Place Plymouth	MAG250020	Plymouth Harbor	Marine
Harrison Specialties Canton	MAG250554	Neponset River (ACEC)	3.31
Haverhill Paperboard Corp. Haverhill	MAG250961	Merrimack River	635
Hazen Paper Holyoke	MAG250872	Connecticut River	1147
Hercules, Inc. Chicopee	MAG250848	Connecticut River	1222
Hyde Tools Southbridge	MAG250024	Cohasse Brook (Quinebaog)	0.03
IntelliCoat Technologies South Hadley	MAG250968	Buttery Brook (Connecticut)	0.29

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)
Isomedix Operations, Steris Corp Northboro	MAG250029	Wheeler Pond (SuAsCo)	Lake
Jen-Coat , Inc. Westfield	MAG250856	Westfield River	25
Kiddie-Fenwal, Inc. Ashland	MAG250946	Cold Spring Brook (SuAsCo)	0.23
Lawrence Hydropower Associates Lawrence Hydroelectric Project Lawrence	MAG250948	Merrimack River	604
Lewcott Corporation Millbury	MAG250969	Blackstone River	~63
Mantrose-Haeuser Company, Inc. Attleboro	MAG250958	Ten Mile River	0.9
MBTA Everett Shops Everett		Mystic River	2.8
MGH Institute of Health Professions Charlestown	MAG250019	Boston Harbor	Marine
MWRA Oakdale Power Station West Boylston	MAG250025	Quinapoxet River (Nashua)	3.4
Norfolk & Dedham Mutual Fire Insurance Co., Dedham	MAG250034	Charles River	8.3
Parkview Condominiums Winchester	MAG250009	Aberjona River (Mystic)	0.24
Photofabrication Engineering, Inc. Milford	MAG250033	Quarry (Charles)	Quarry
Polymer Corp. Monson	MAG250376	Chicopee Brook (Chicopee)	0.8
Raytor Compounds (formerly Perstorp Compounds, Inc.) Florence	MAG250960	Mill River (Connecticut)	4.1
Riverdale Mills Northbridge	MAG250279	Blackstone River	29
Saint-Gobain Containers Milford	MAG250911	Charles River	0.05

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)
Simonds Industries Fitchburg	MAG250022	Nashua	5.8
Sinclair Mfg. Corp., Norton	MAG250030	Charley Brook (Taunton)	0.08
Steinerfilm, Inc. Williamstown	MAG250037	Hoosic River Broad Brook (Hoosic)	33 0.13
Sun Chemical Mansfield	MAG250244	Hodges Brook to Wading River (Taunton)	0.02
Superior Printing Ink Co., Inc Marlboro	MAG250016	unnamed trib to Sudbury Reservoir (SuAsCo)	0.006
TYCO Valves & Controls Anderson-Greenwood-Crosby Wrentham	MAG250431	Trib to Lake Archer (Charles)	0.002
UMass Boston Boston	MAG250004	Dorchester Bay (Boston Harbor)	Marine
United County Industries Millbury	MAG250014	Blackstone River	~63
Wakefield Corporation Wakefield	MAG250965	Tributary of Mill River to Saugus River (North Coastal)	0.02
The Weetabix Company, Inc. Clinton	MAG250759	South Nashua River	1.71

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2009	TO 01/31/2009

MINOR (SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	6.95	5.0	0	01/02	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0.85	30 MO AVG	2.4	mg/L	0	01/02	GR
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.18	mg/L	0	01/30	GR
Aluminum, total recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
01104 1 0	SAMPLE MEASUREMENT	*****	0.491	*****	*****	*****	*****	*****	0	01/02	TOTAL
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	TOTAL
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	TOTAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	TOTAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	GR
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Daniel LaHiff</i>	978 970-9166	1-30-09
TYPED OR PRINTED	AREA CODE	NUMBER
	978	970-9166
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAC640035
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR
(SUBR E)
BACKWASH 003
External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: DANIEL LAHIEF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
02/01/2009 TO 02/28/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.95	*****	7.22	0	01/03	W.C.
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.67	*****	4.4	0	01/03	C.C.
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.08	0	01/31	C.C.
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.505	*****	*****	*****	*****	0	01/03	T.M.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	1 DAILY MX	Mgal/d	*****	*****	*****	0	Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180	0	01/03	C.C.
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. MO AVG	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
 TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER 978 930-7166	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT CLASS B WATER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MACS40055
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR

(SUBR E)

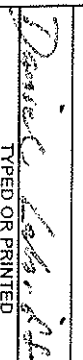
BACKWASH 001
External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
03/01/2009 TO 03/31/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.05	*****	*****	0	01/07	6R
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	*****	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	*****	0	01/07	6R
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	*****	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/50	6R
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.525	*****	*****	*****	*****	0	01/07	7in
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	Mgal/d	*****	*****	*****	0	Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	142	*****	0	01/07	6R
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. MO AVG	*****	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		1 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 my inquiry of the person or persons who manage the system, the information submitted is true, correct, and complete. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) for falsifying this information.	
 TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE	AREA CODE	NUMBER
978-972-4166	3-31-09		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR

(SUBR E)

BACKWASH 002

External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: DANIEL LAHIF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY
04/01/2009 TO 04/30/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.63	*****	7.63	0	01/07	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9	0	01/07	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.24	0	01/30	GRAB
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.339	Mgal/d	*****	*****	*****	0	01/07	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	*****	*****	*****	*****	0	Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80	0	01/07	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Daniel J. LaHif, Jr.		928 970-4166		04-30-09	
TYPED OR PRINTED		NUMBER		MM/DD/YYYY	
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 the information submitted is true and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT CLASS B WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTP
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: DANIEL LAHIFF, CHIEF DIST.

MAG640055	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2009	TO 05/31/2009

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.99	*****	7.22	0	01/07	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0.6	30 MO AVG	1.40	0	01/07	GR
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	0	Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.12	0	01/30	GR
Aluminum, total recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	0	Monthly	GRAB
01104 1 0	SAMPLE MEASUREMENT	*****	0,301	Mgal/d	*****	*****	*****	0	01/07	TM
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	TOTALZ
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	GR
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	GR
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Daniel LaHiff	978-976-7116	05-28-09
TYPED OR PRINTED	AREA CODE	NUMBER
	978	976-7116
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR
(SUBR E)
BACKWASH 002
External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD
FROM 06/01/2009 TO 06/30/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.69	*****	5u	0	01/07	6E
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	8.5 MINIMUM	*****	SU	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	mg/L	0	01/07	6E
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	DAILY MX	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	0.13	*****	mg/L	0	01/07	6E
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.25	*****	*****	*****	*****	0	01/07	TH
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	Mgal/d	*****	*****	*****	0	Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	158	*****	250	0	01/07	6E
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Daniel S. Lahiff, AP	578-872-4166	06-26-09
TYPED OR PRINTED	AREA CODE	NUMBER
	578	872-4166
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

GENERAL PERMIT CLASS R WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAC640055
PERMIT NUMBER

001A
DISCHARGE NUMBER

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: DANIEL LAHIEFF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2009 TO 07/31/2009

DMR Mailing ZIP CODE: 01854
MINOR (SUBRE)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.93	*****	7.11	0	01/07	6L
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.20	30 MO AVG	2.6	0	01/07	6L
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX		Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.14	0	01/30	6L
Aluminum, total recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
01104 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	TN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly	TOTALZ
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	6L
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	6L
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly	TOTALZ
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
David I. LaHieff		978-972-4111		07-30-09	
TYPED OR PRINTED		NUMBER		MM/DD/YYYY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE			
[Signature]		978			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR
(SUB E)
BACKWASH 001
External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2009 TO 08/31/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	5.00	0	01/07	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.3	30 MO AVG	4.6	0	01/07	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	mg/L	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	mg/L	0	01/30	GR
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.261	*****	*****	*****	*****	0	01/07	TH
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	Mgal/d	*****	*****	*****	0	Weekly	TOTAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. MO AVG	ug/L	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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, evaluate, and report 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, the information submitted is 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.	
David J. Lahiff		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	TELEPHONE	DATE
	978-978-4111	08-28-09
	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR
(SUBR E)
BACKWASH 001
External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2009 TO 09/30/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.92	*****	5.2	0	01/07	CE
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.10	*****	1.4	0	01/07	CE
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.35	0	01/30	CE
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/07	TW
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 DAILY MX	*****	*****	0	Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	87.5	*****	150	0	01/07	CE
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 on which this document is based. I am aware that this document and the information submitted herein, to the best of my knowledge and belief, are 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TPED OR PRINTED				978-972-4161	09-25-09
				AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0094

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAGS40035
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2009	TO 10/31/2009

MINOR (SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.67	*****	7.22	5.0	0	0/60	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.9	*****	4.40	mg/L	0	0/60	GRAB
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	0.05	*****	0.05	mg/L	0	0/60	GRAB
01104 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.380	*****	*****	*****	*****	*****	0	0/60	GRAB
50050 1 0	PERMIT REQUIREMENT	*****	1 DAILY MX	Mgal/d	*****	*****	*****	*****		Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	90	ug/L	0	0/60	GRAB
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	ug/L		Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all information furnished hereon are true and accurate; that I am an authorized representative of the person or persons who have provided this information; and that I am not aware of any false or misleading information being provided herein. Signature of Principal Executive Officer or Authorized Agent	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAC640055
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

MINOR

(SUBR E)

BACKWASH 001

External Outfall

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2009	TO 11/30/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	6.75	0	01/07	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.50	*****	1.60	0	01/07	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	0	Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.22	0	01/30	GR
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.358	Mgal/d	*****	*****	*****	0	01/07	TOTAL
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	*****	*****	*****	*****	0	Weekly	TOTAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	156	*****	220	0	01/07	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 my 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, complete, and correct. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
David S. Laiff	Signature of Principal Executive Officer or Authorized Agent	
TYPED OR PRINTED	TELEPHONE	DATE
	978 978-4100	11-30-09
	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LOWELL REGIONAL WTF
ADDRESS: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 01854

FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MINOR
(SUB E)
BACKWASH 001
External Outfall

ATTN: DANIEL LAHIFF, CHIEF DIST.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2009 TO 12/31/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.92	*****	7.22	5u	0	01/02	6.2
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.12	*****	4.46	mg/L	0	01/02	6.2
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.17	mg/L	0	01/30	6.2
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.344		*****	*****	*****	*****	0	01/02	TAC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	Mgal/d	*****	*****	*****	*****		Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	98.0	*****	170	ug/L	2	01/02	6.2
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly authorized officer of the permittee. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Daniel S. LaHiff			[Signature]	978-972-4161	01/12-30-09
TYPED OR PRINTED				AREA CODE	NUMBER
				978	972-4161
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)