

NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing Eligibility Information

To verify your eligibility to submit a request using the NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing application, please respond to the following questions:

Eligibility Information

Select the state/territory where your site is discharging:

Massachusetts

Does your site discharge to federally recognized Indian Country lands?

- Yes
 No

Select the Indian Country lands:

Select Tribe

Are you a Federal Operator?

- Yes
 No

You are requesting authorization to discharge pursuant to the Region 1 Dewatering and Remediation General Permit.

Select all activities that this site is requesting coverage for:

- Site Remediation
 Site Dewatering
 Infrastructure Dewatering
 Material Dewatering

At least 1 selection is required

Select all source waters that this site is requesting coverage for:

- Groundwater
 Stormwater
 Potable Water
 Surface Water

At least 1 selection is required

Have discharges from your site been previously covered under a different NPDES permit?

- Yes
 No

Enter the NPDES ID of this permit coverage:

Are you a new source as defined in 40 CFR §122.2?

- Yes
 No

If yes, hard stop

Does your site discharge to Outstanding Resource Waters (ORWS) as defined in Massachusetts by 314 CMR 4.06, including Public Water Supplies 314 CMR 4.06(1)(d)1?

- Yes
 No

Do you have authorization granted by the MassDEP, under 314 CMR 4.04(3)(b)?

- Yes
 No

If Yes, attachment will be required in additional info section

If No, hard stop

Does your site discharge to Ocean Sanctuaries, as defined at 302 CMR 5.00?

- Yes
 No

If yes, hard stop

Does your site discharge to territorial seas, as defined by Section 502 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge to a river designated as a Wild and Scenic River that is not in accordance with 16 U.S.C. 1271 et seq? See Part 1.4 for more information.

- Yes
 No

If yes, hard stop

Are there remediation or dewatering discharges from your site resulting from on-site response action conducted pursuant to §§104, 106, 120, 121 or 122 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)?

- Yes
 No

If yes, hard stop

Does your site discharge to a Publicly Owned Treatment Works (POTW) which are permitted under Section 402 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge dredge-related waters where the United States Army Corps of Engineers (ACE) authorizes the discharge of pollutants under a CWA §404 permit?

- Yes
 No

If yes, hard stop

Your Master Permit Number is MAG910000

Next

NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing Eligibility Information

To verify your eligibility to submit a request using the NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing application, please respond to the following questions:

Eligibility Information

Select the state/territory where your site is discharging:

Connecticut

Wireframe also applicable to Rhode Island

Does your site discharge to federally recognized Indian Country lands?

- Yes
 No

If no, hard stop

Select the Indian Country lands:

Select Tribe

Are you a Federal Operator?

- Yes
 No

If yes, hard stop

You are requesting authorization to discharge pursuant to the Region 1 Dewatering and Remediation General Permit.

Select all activities that this site is requesting coverage for:

- Site Remediation
 Site Dewatering
 Infrastructure Dewatering
 Material Dewatering

At least 1 selection is required

Select all source waters that this site is requesting coverage for:

- Groundwater
 Stormwater
 Potable Water
 Surface Water

At least 1 selection is required

Have discharges from your site been previously covered under a different NPDES permit?

- Yes
 No

Enter the NPDES ID of this permit coverage:

Are you a new source as defined in 40 CFR §122.2?

- Yes
 No

If yes, hard stop

Does your site discharge to territorial seas, as defined by Section 502 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge to a river designated as a Wild and Scenic River that is not in accordance with 16 U.S.C. 1271 et seq? See Part 1.4 for more information.

- Yes
 No

If yes, hard stop

Are there remediation or dewatering discharges from your site resulting from on-site response action conducted pursuant to §§104, 106, 120, 121 or 122 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)?

- Yes
 No

If yes, hard stop

Does your site discharge to a Publicly Owned Treatment Works (POTW) which are permitted under Section 402 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge dredge-related waters where the United States Army Corps of Engineers (ACE) authorizes the discharge of pollutants under a CWA §404 permit?

- Yes
 No

If yes, hard stop

Your Master Permit Number is CTG910000

If State = RI, Master Permit Number = RIG910000

Next

NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing Eligibility Information

To verify your eligibility to submit a request using the NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing application, please respond to the following questions:

Eligibility Information

Select the state/territory where your site is discharging:

New Hampshire

Does your site discharge to federally recognized Indian Country lands?

- Yes
 No

If yes, hard stop

Are you a Federal Operator?

- Yes
 No

You are requesting authorization to discharge pursuant to the Region 1 Dewatering and Remediation General Permit.

Select all activities that this site is requesting coverage for:

- Site Remediation
 Site Dewatering
 Infrastructure Dewatering
 Material Dewatering

At least 1 selection is required

Select all source waters that this site is requesting coverage for:

- Groundwater
 Stormwater
 Potable Water
 Surface Water

At least 1 selection is required

Have discharges from your site been previously covered under a different NPDES permit?

- Yes
 No

Enter the NPDES ID of this permit coverage:

Are you a new source as defined in 40 CFR §122.2?

- Yes
 No

If yes, hard stop

Will the discharge last 6 months or more?

- Yes
 No

Will the discharge last 1 year or more?

- Yes
 No

Has an antidegradation review been conducted for this discharge?

- Yes
 No

If no, hard stop

You will be required to provide a copy of NHDES' antidegradation determination.

Does your facility discharge to Outstanding Resource Waters (ORWS)?

- Yes
 No

If yes, hard stop

Does your site discharge to territorial seas, as defined by Section 502 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge to a river designated as a Wild and Scenic River that is not in accordance with 16 U.S.C. 1271 et seq? See Part 1.4 for more information.

- Yes
 No

If yes, hard stop

Does your site discharge to Class A waters?

- Yes
 No

If yes, hard stop

Will the discharge be to a lake or pond, either directly or indirectly?

- Yes
 No

If yes, hard stop

Are there remediation or dewatering discharges from your site resulting from on-site response action conducted pursuant to §§104, 106, 120, 121 or 122 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)?

- Yes
 No

If yes, hard stop

Does your site discharge to a Publicly Owned Treatment Works (POTW) which are permitted under Section 402 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge dredge-related waters where the United States Army Corps of Engineers (ACE) authorizes the discharge of pollutants under a CWA §404 permit?

- Yes
 No

If yes, hard stop

Your Master Permit Number is NHG910000

Next

NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing Eligibility Information

To verify your eligibility to submit a request using the NeT Groundwater Remediation, Dewatering, and Hydrostatic Testing application, please respond to the following questions:

Eligibility Information

Select the state/territory where your site is discharging:

Vermont

Does your site discharge to federally recognized Indian Country lands?

- Yes
 No

If yes, hard stop

Are you a Federal Operator?

- Yes
 No

If no, hard stop

You are requesting authorization to discharge pursuant to the Region 1 Dewatering and Remediation General Permit.

Select all activities that this site is requesting coverage for:

- Site Remediation
 Site Dewatering
 Infrastructure Dewatering
 Material Dewatering

At least 1 selection is required

Select all source waters that this site is requesting coverage for:

- Groundwater
 Stormwater
 Potable Water
 Surface Water

At least 1 selection is required

Have discharges from your site been previously covered under a different NPDES permit?

- Yes
 No

Enter the NPDES ID of this permit coverage:

Are you a new source as defined in 40 CFR §122.2?

- Yes
 No

If yes, hard stop

Does your site discharge to territorial seas, as defined by Section 502 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge to a river designated as a Wild and Scenic River that is not in accordance with 16 U.S.C. 1271 et seq? See Part 1.4 for more information.

- Yes
 No

If yes, hard stop

Are there remediation or dewatering discharges from your site resulting from on-site response action conducted pursuant to §§104, 106, 120, 121 or 122 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)?

- Yes
 No

If yes, hard stop

Does your site discharge to a Publicly Owned Treatment Works (POTW) which are permitted under Section 402 of the CWA?

- Yes
 No

If yes, hard stop

Does your site discharge dredge-related waters where the United States Army Corps of Engineers (ACE) authorizes the discharge of pollutants under a CWA §404 permit?

- Yes
 No

If yes, hard stop

Your Master Permit Number is VTG910000

Next



Operator Information (Permittee)

Operator Formal Name: *

Operator Organization's Mailing Address

Address Line 1: *

Address Line 2:

City: *

State: *

default based on State entered in eligibility information

Zip/ Postal Code: *

County: *

Operator Point of Contact Information

First Name: *

Middle Initial:

Last Name: *

Title: *

Phone: *

Ext:

Email: *

Is your site owned by a different entity? *

Yes

No

Site Owner Name: *

Owner Contact Information

First Name: *

Middle Initial:

Last Name: *

Title: *

Phone: *

Ext:

Email: *

Owner Address Information

Address Line 1: *

Address Line 2:

City: *

State: *

default based on State entered in eligibility information

Zip/ Postal Code: *

County: *

Does this site have additional operators (co-permittees) with active or pending requests for coverage under this general permit? *

Yes

No

If known, enter the NPDES ID of this permit coverage:

open-text field will be optional max 50 characters

You have indicated that there are multiple operators with active or pending requests for coverage under this general permit. Please be aware that all operators are required to apply for separate coverage under this general permit.

NOI Preparer Information

This NOI is being prepared by someone other than the certifier.

[Fill with my CDX Information](#)

First Name: *

Middle Initial:

Last Name: *

Title: *

Phone: *

Ext:

Email: *

[Next Section](#)



Site Name: *

Field is required to be entered before saving

Site Address

Fill with Operator Organization's Mailing Address

Address Line 1: *

Address Line 2:

City: *

State: *

Zip/ Postal Code: *

County: *

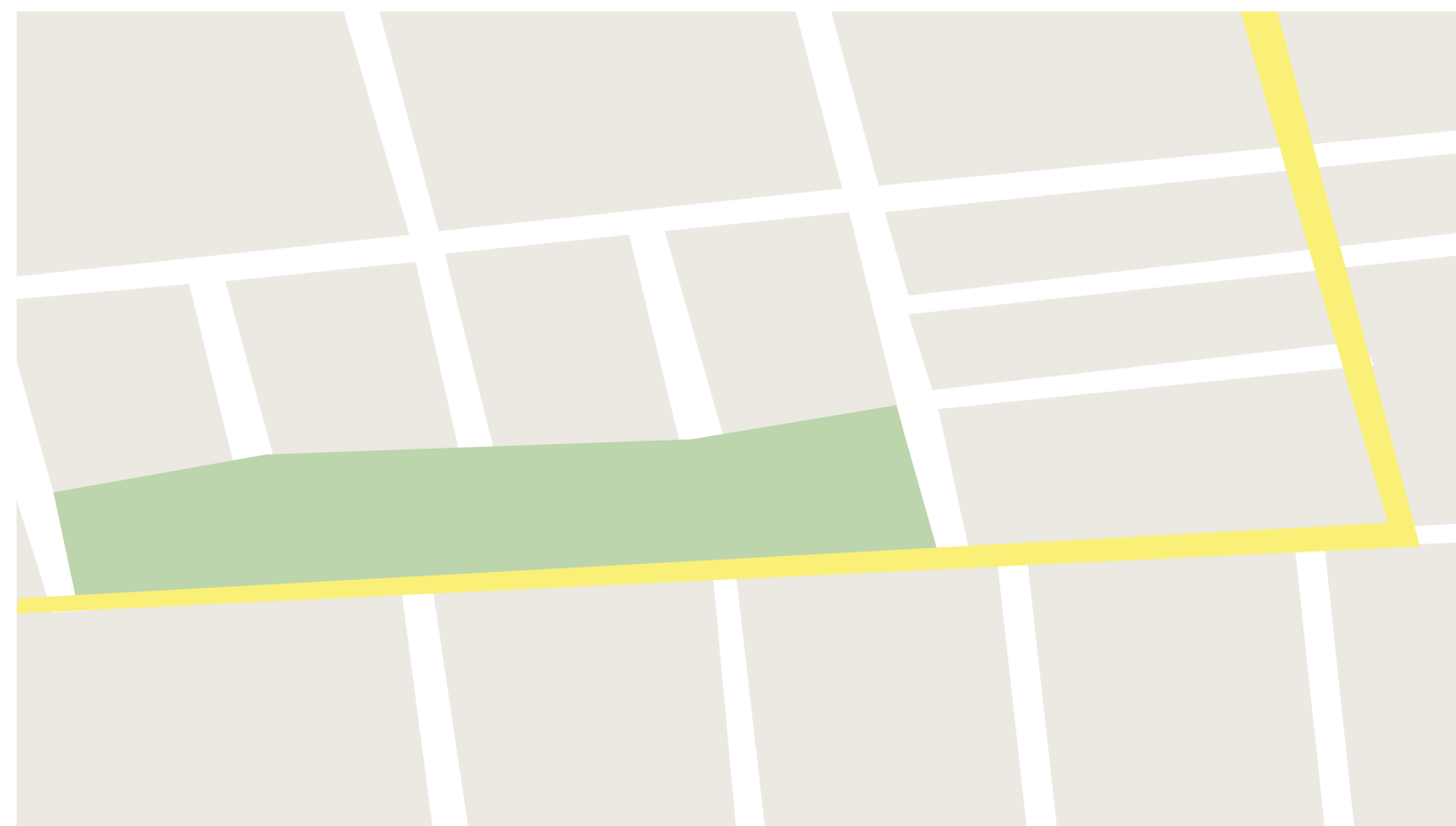
Latitude/Longitude for the Site

Click on the map to automatically find Latitude and Longitude.

Latitude: *

 N

Longitude: *

 W


What is the ownership type of the site? *

Select Site Ownership Type

- Corporation
- County Government
- Federal Facility (U.S. Government)
- Mixed Ownership (e.g. Public/Private)
- Municipality
- Privately Owned Facility
- State Government
- Tribal Government

Please identify the Federal Land Operator: *

Select Federal Land Operator

- Army Corps of Engineers
- Bureau of Indian Affairs
- Bureau of Land Management
- Bureau of Reclamation
- Department of Agriculture
- Department of Energy
- Department of Interior
-

Question only displays if Federal Operator = Yes in eligibility information

Is a State Remediation Program applicable to your site? *

- Yes
- No

List all release tracking/license/permit numbers and activity use limitations: *

Site Description

Provide a written description of operation including site history/origin, the purpose of the activities conducted at the site, how the operation will generate wastewater, the pollutants present (i.e., detected in environmental samples at any concentration), and the distribution of these pollutants across the site (i.e., type of media/phase, spatial distribution). Must include a description of any pollutants present in soil or sediment, if that soil or sediment has not been removed from the site and will be disturbed during site activities. *

Next Section

Add a Discharge Point

Discharge Point ID: *

Discharge Point Description:

001 [lock icon]

[text input]

Is this discharge an emergency discharge? *

- Yes
- No

What is the start date of the emergency discharge? *

[calendar icon]

What date did the permitting authority provide authorization for the emergency discharge? *

[calendar icon]

Warning message will display that users must submit the NOI 30 days after they receive approval

Discharge Point Daily Maximum Flow (MGD): *

[text input]

What was the State determination for your receiving water critical low flow? *

- No receiving water critical low flow authorized (i.e., no dilution factor)
- Receiving water critical low flow provided

Warning message will display that approval must be attached

Tooltip only applicable to NH

All discharges in NH will not be allowed dilution for the purpose of calculating permit limits unless the applicant completes additional effluent and receiving water sampling as required by NHDES prior to submitting their NOI. If the required sampling is completed and there is available dilution in the receiving water for the proposed discharge flow rate, a dilution factor will be calculated by NHDES that the permittee may include in their NOI for the purpose of calculating permit limits.

What is your receiving water critical low flow? Must be greater than 0. *

[text input]

Please select all source waters applicable to this discharge point. *

1 selected

Groundwater

Only source waters selected in the eligibility information section will be available for selection

Did this discharge point reach the receiving water directly to an on-site system owned by the owner/operator? *

- Yes
- No

Did this discharge point reach the receiving water indirectly to a municipal storm sewer system? *

- Yes
- No

Blue arrows indicate parent question = No

What is the name of the municipality? *

Green arrows indicate parent question = Yes

[text input]

Contact Name: *

Warning message will display that approval must be obtained

[text input]

Email: *

[text input]

Did this discharge point reach the receiving water indirectly to a storm sewer system owned by a separate, private entity? *

- Yes
- No

Warning message will display that approval must be obtained

What is the name of the entity? *

[text input]

Did this discharge point reach the receiving water indirectly to a groundwater? *

- Yes
- No

Was any required functional equivalent analysis completed prior to completing this NOI form? *

- Yes
- No

Warning message will display that analysis must be attached

If no, issue warning message that this must be completed before submitting

If No, issue error message. user must answer Yes to at least 1 discharge point question

Describe how the discharge enters the receiving water, from the point of treatment to the receiving water. Make sure to identify any catch basins.

[text input]

Latitude/Longitude of the Site Discharge Point

Click on the map to automatically find Latitude and Longitude.

Only displays if indirect discharger was selected above

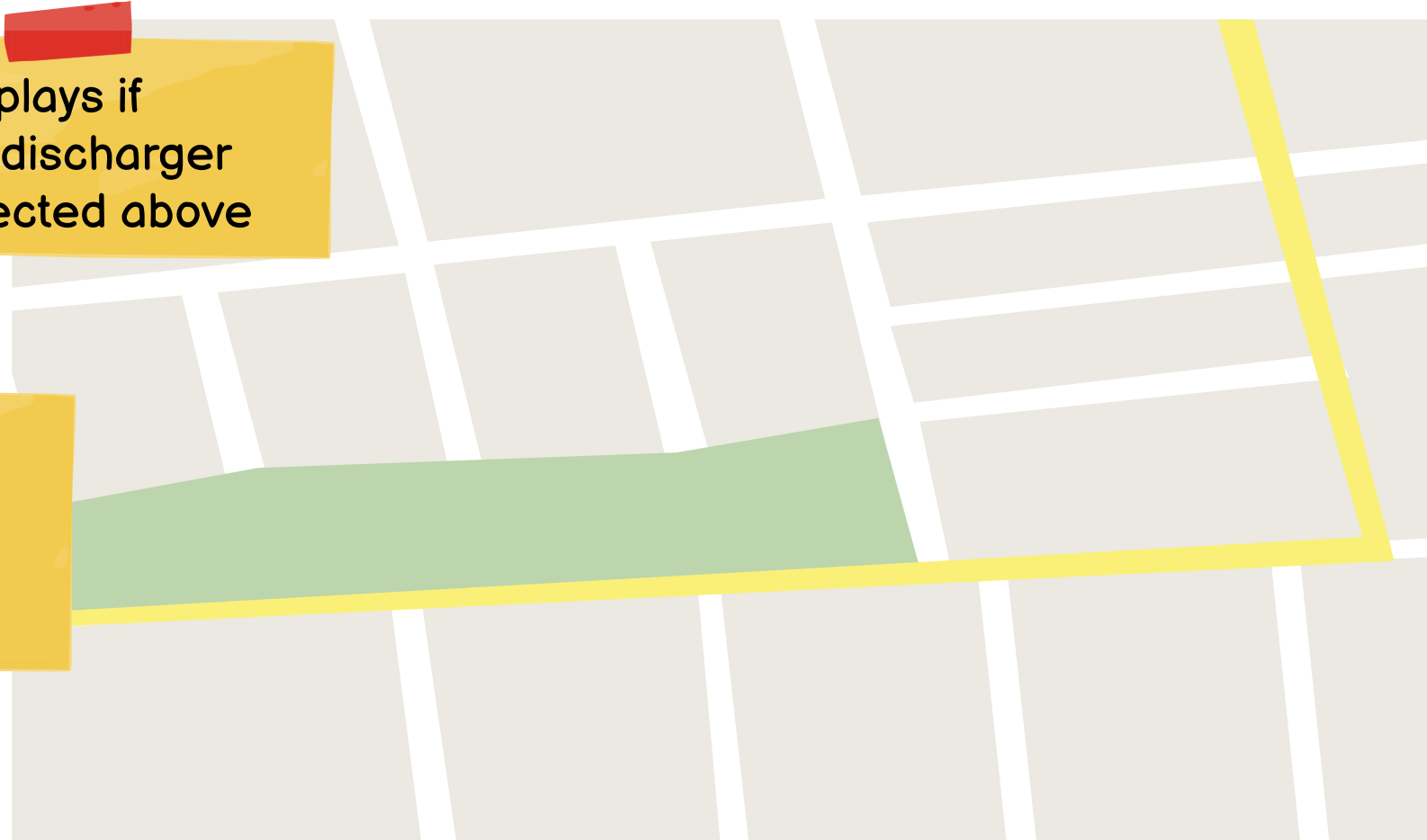
Latitude: *

[text input] N

Longitude: *

[text input] W

If site lat/long is populated, populate site discharge point lat/long



Latitude/Longitude of the Receiving Water Discharge Point

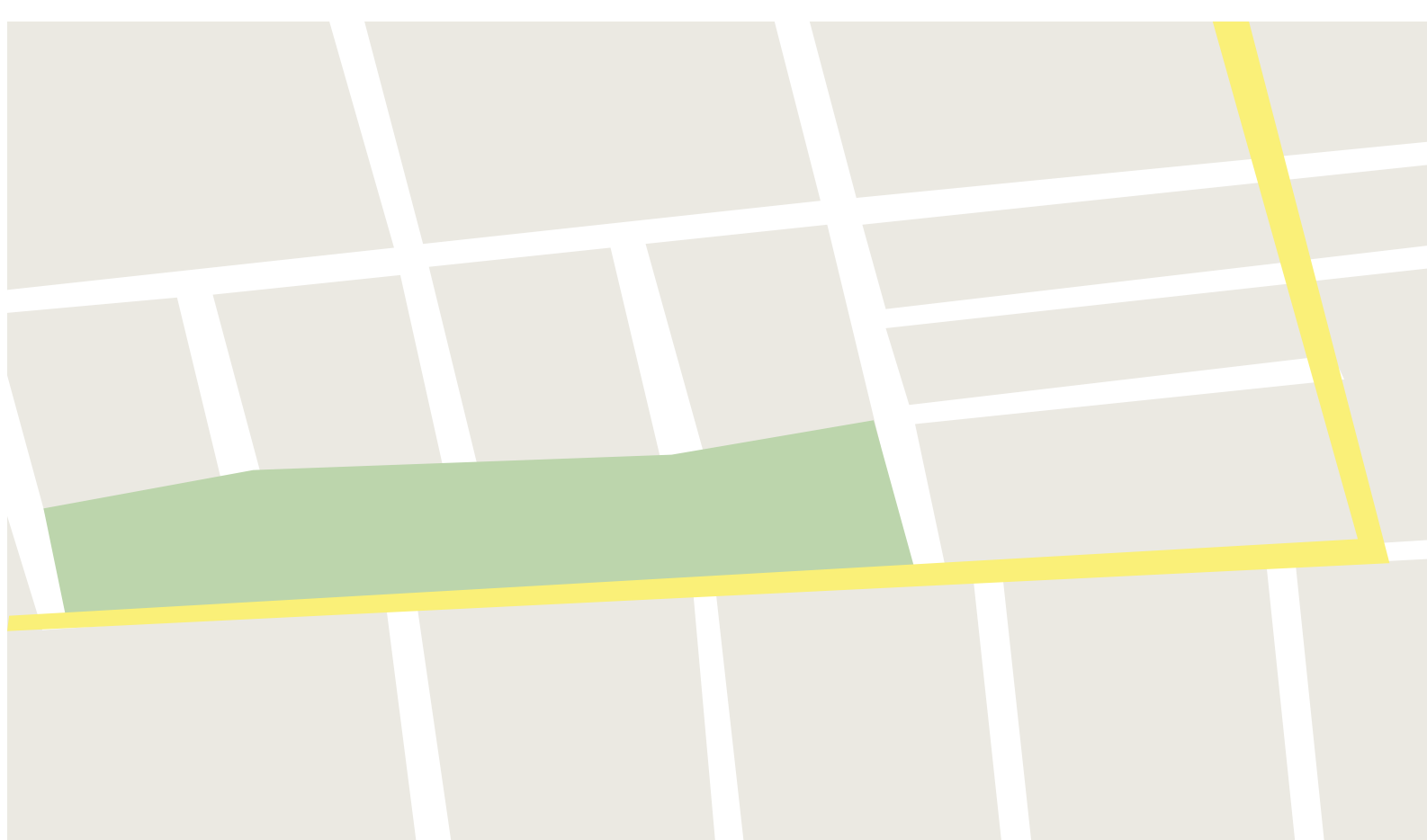
Click on the map to automatically find Latitude and Longitude.

Latitude: *

[text input] N

Longitude: *

[text input] W



Latitude/Longitude of the Receiving Water Discharge Point

Click on the map to automatically find Latitude and Longitude.

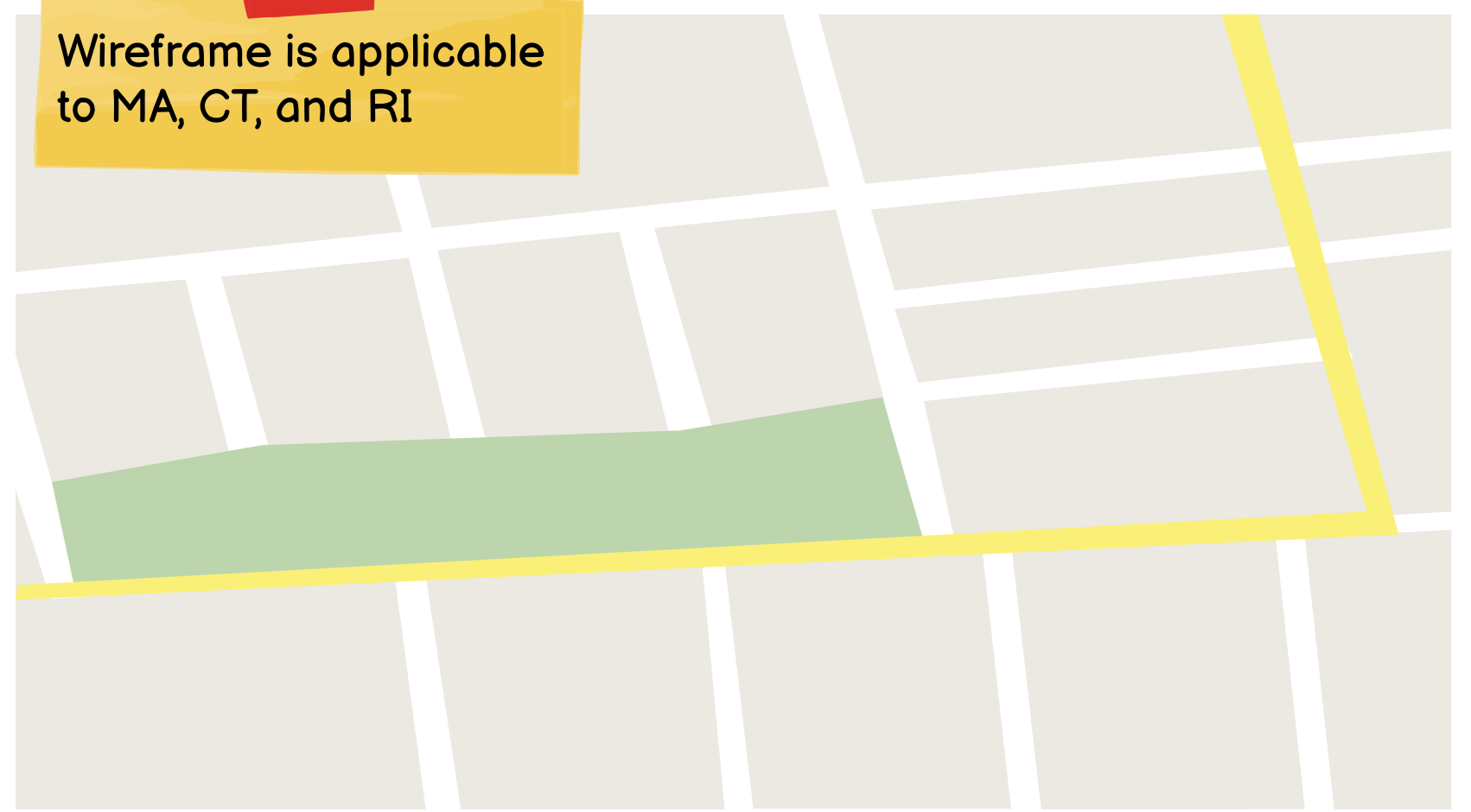
Latitude: * 

42 N

Longitude: * 

70 W

Wireframe is applicable to MA, CT, and RI



Receiving Water

Waterbody Name: *

Saugus River

Is this waterbody fresh water or salt water? *

- Fresh water
 Salt water

↪ Select the classification of this waterbody: *

- Class A
 Class B

Sub questions display if fresh water

What is the waterbody type? *

Select Waterbody Type
River/Stream
Lake/Pond
Unnamed tributary
Wetland tributary

Tributary description: *

Only displayed if unnamed tributary is selected

Does this discharge point reach a cold water fishery or a warm water fishery? *

- Yes
 No

↪ Please indicate if it discharges to a cold water fishery or a warm water fishery. *

- Cold water fishery
 Warm water fishery

Does this discharge point reach a drinking water supply? *

- Yes
 No

What was the recorded pH of the receiving water sample? *

What was the recorded temperature (°F) of the receiving water sample? *

What was the recorded hardness in mg/L (CaCO₃) of the receiving water sample? *

Have alternative pH effluent limits been approved? *

- Yes
 No

Question only for MA

↪ What is the State approved alternate pH range (SU)? *

To

Displays if alternate pH = Yes

Warning message will display that state approval must be attached

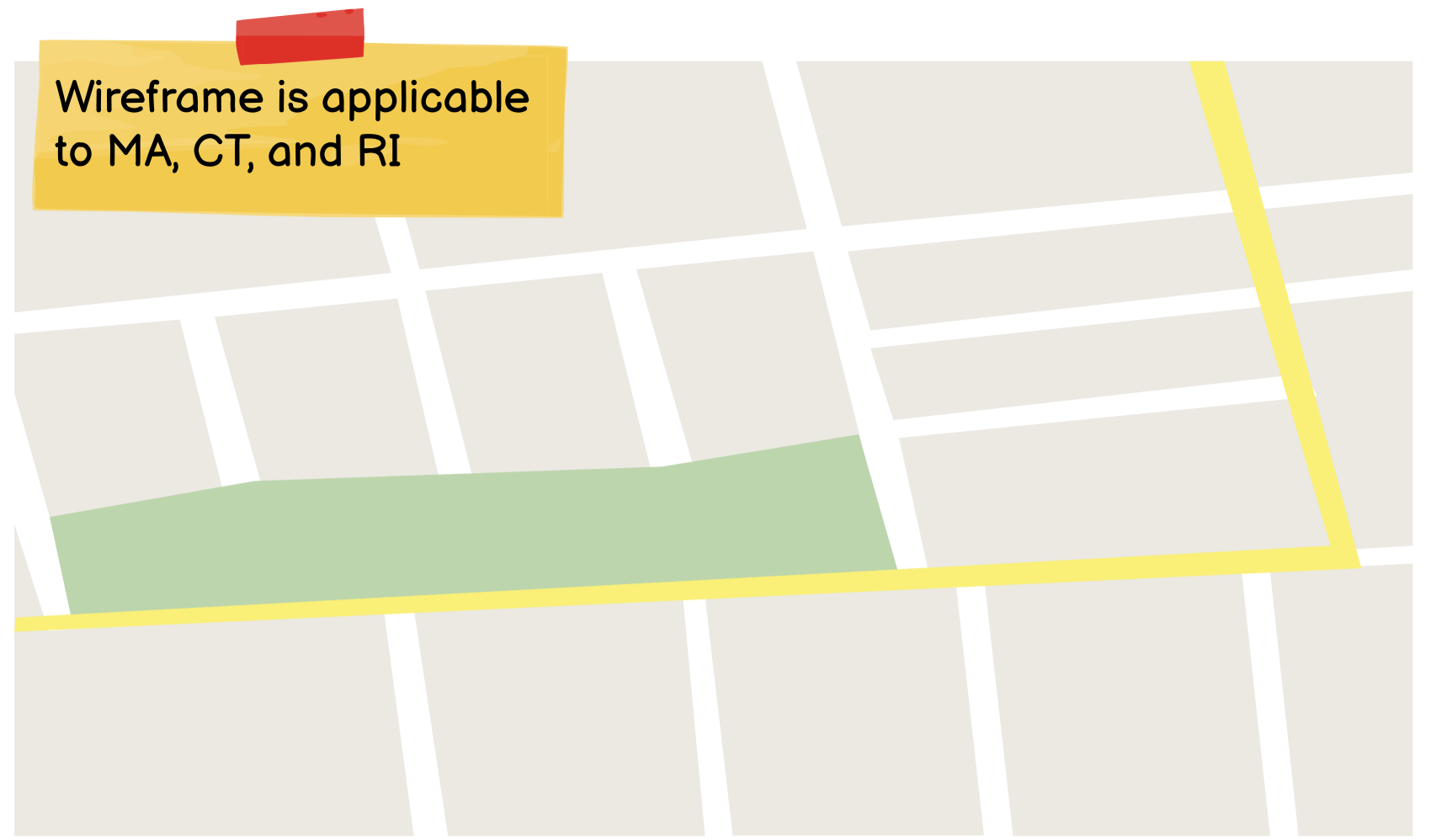
Latitude/Longitude of the Receiving Water Discharge Point

Click on the map to automatically find Latitude and Longitude.

Latitude: * 

Longitude: * 

Wireframe is applicable to MA, CT, and RI



Receiving Water

Waterbody Name: *

Is this waterbody fresh water or salt water? *

- Fresh water
 Salt water

 Select the classification of this waterbody: *

- Class SA
 Class SB

Sub questions display if salt water

What is the waterbody type? *

Estuary/Ocean
Unnamed tributary
Wetland tributary

Tributary description: *

Only displayed if unnamed tributary is selected

Is this receiving water a shellfishing area? *

- Yes
 No

What was the recorded pH of the receiving water sample? *

What was the recorded temperature (°F) of the receiving water sample? *

Have alternative pH effluent limits been approved? *

- Yes
 No

Question only for MA

 What is the State approved alternate pH range (SU)? *

To

Displays if alternate pH = Yes

Warning message will display that state approval must be attached

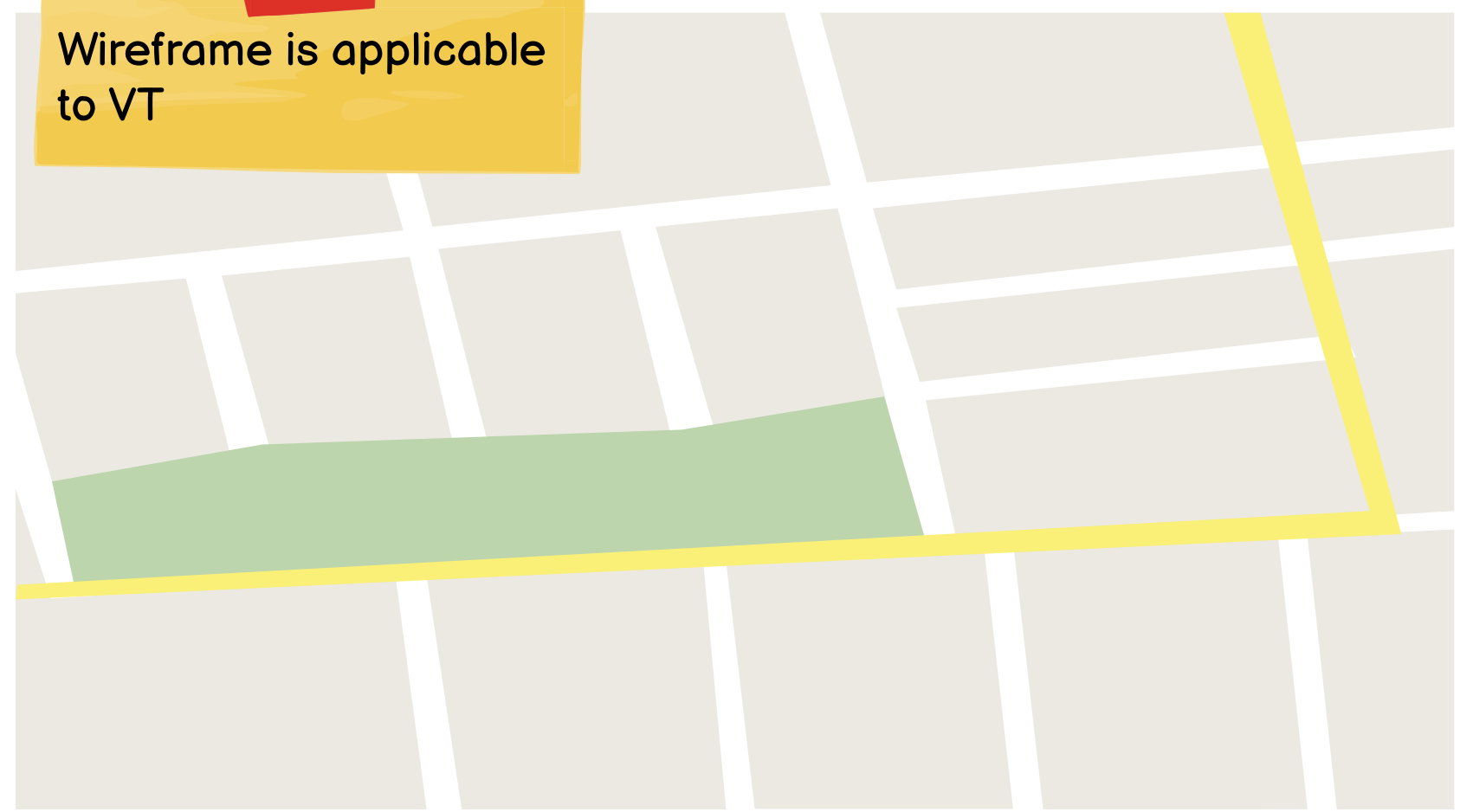
Latitude/Longitude of the Receiving Water Discharge Point

Click on the map to automatically find Latitude and Longitude.

Latitude: * 

Longitude: * 

Wireframe is applicable to VT



Receiving Water

Waterbody Name: *

Is this waterbody fresh water or salt water? * 

Fresh water

Salt water

 Select the classification of this waterbody: *

Class A

Class B

Sub questions display if fresh water

What is the waterbody type? *

River/Stream
Lake/Pond
Unnamed tributary
Wetland tributary

Tributary description: *

Only displayed if unnamed tributary is selected

Does this discharge point reach a cold water fishery or a warm water fishery? *

Yes

No

 Please indicate if it discharges to a cold water fishery or a warm water fishery. *

Cold water fishery

Warm water fishery

Does this discharge point reach a drinking water supply? *

Yes

No

What was the recorded pH of the receiving water sample? *

What was the recorded temperature (°F) of the receiving water sample? *

What was the recorded hardness in mg/L (CaCO₃) of the receiving water sample? *

Latitude/Longitude of the Receiving Water Discharge Point

Click on the map to automatically find Latitude and Longitude.

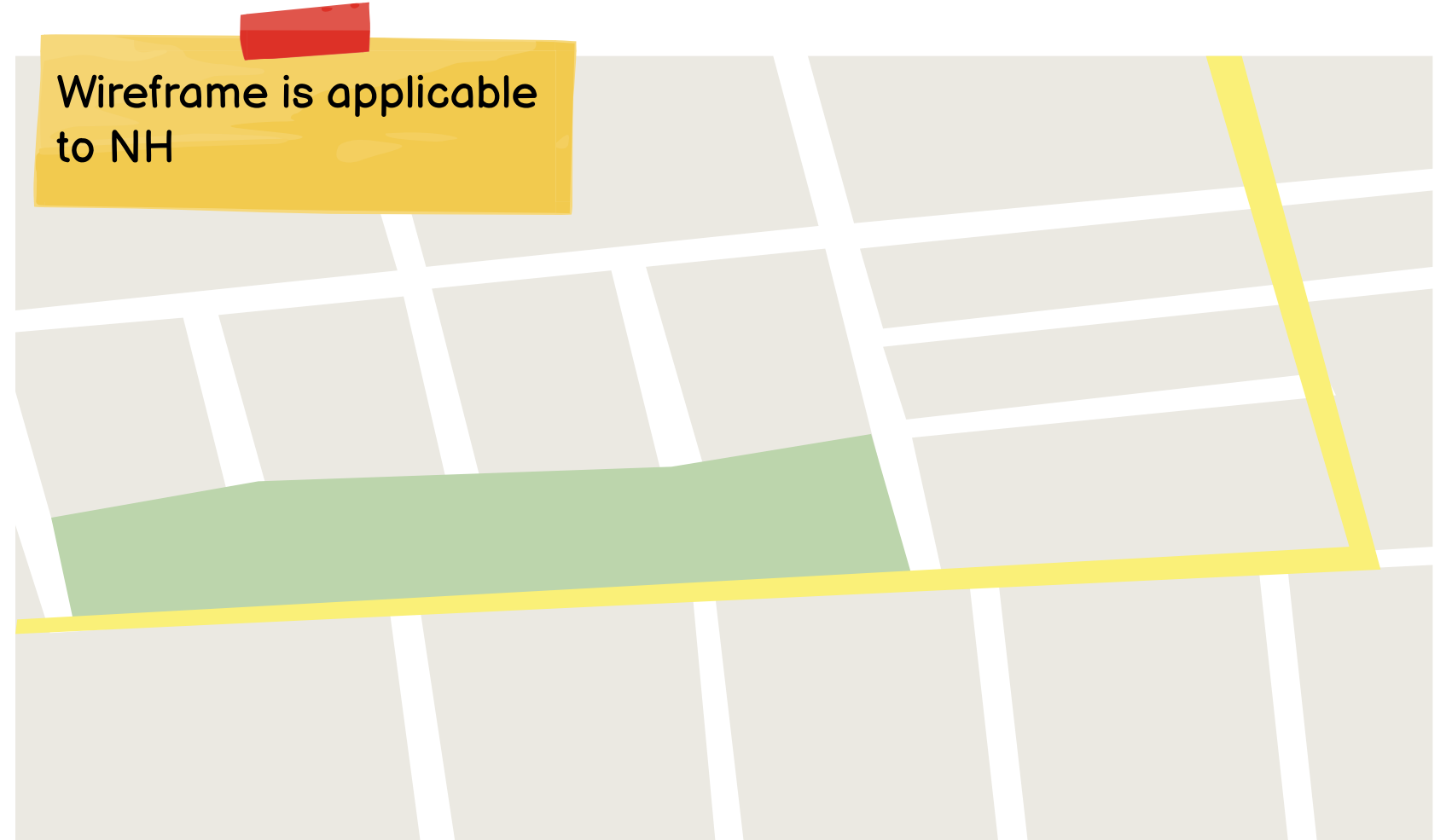
Latitude: * 

42 N

Longitude: * 

70 W

Wireframe is applicable to NH



Receiving Water

Waterbody Name: *

Saugus River

Is this waterbody fresh water or salt water? *

- Fresh water
- Salt water

↪ Select the classification of this waterbody: * 

- Class A
- Class B

Sub questions display if fresh water

What is the waterbody type? *

Select Waterbody Type
River/Stream
Unnamed tributary
Wetland tributary

Tributary description: *

Only displayed if unnamed tributary is selected

Does this discharge point reach a cold water fishery or a warm water fishery? *

- Yes
- No

↪ Please indicate if it discharges to a cold water fishery or a warm water fishery. *

- Cold water fishery
- Warm water fishery

Does this discharge point reach a drinking water supply? *

- Yes
- No

What was the recorded pH of the receiving water sample? *

What was the recorded temperature (°F) of the receiving water sample? *

What was the recorded hardness in mg/L (CaCO₃) of the receiving water sample? *

Have alternative pH effluent limits been approved? *

- Yes
- No

↪ What is the State approved alternate pH range (SU)? *

To

Displays if alternate pH = Yes

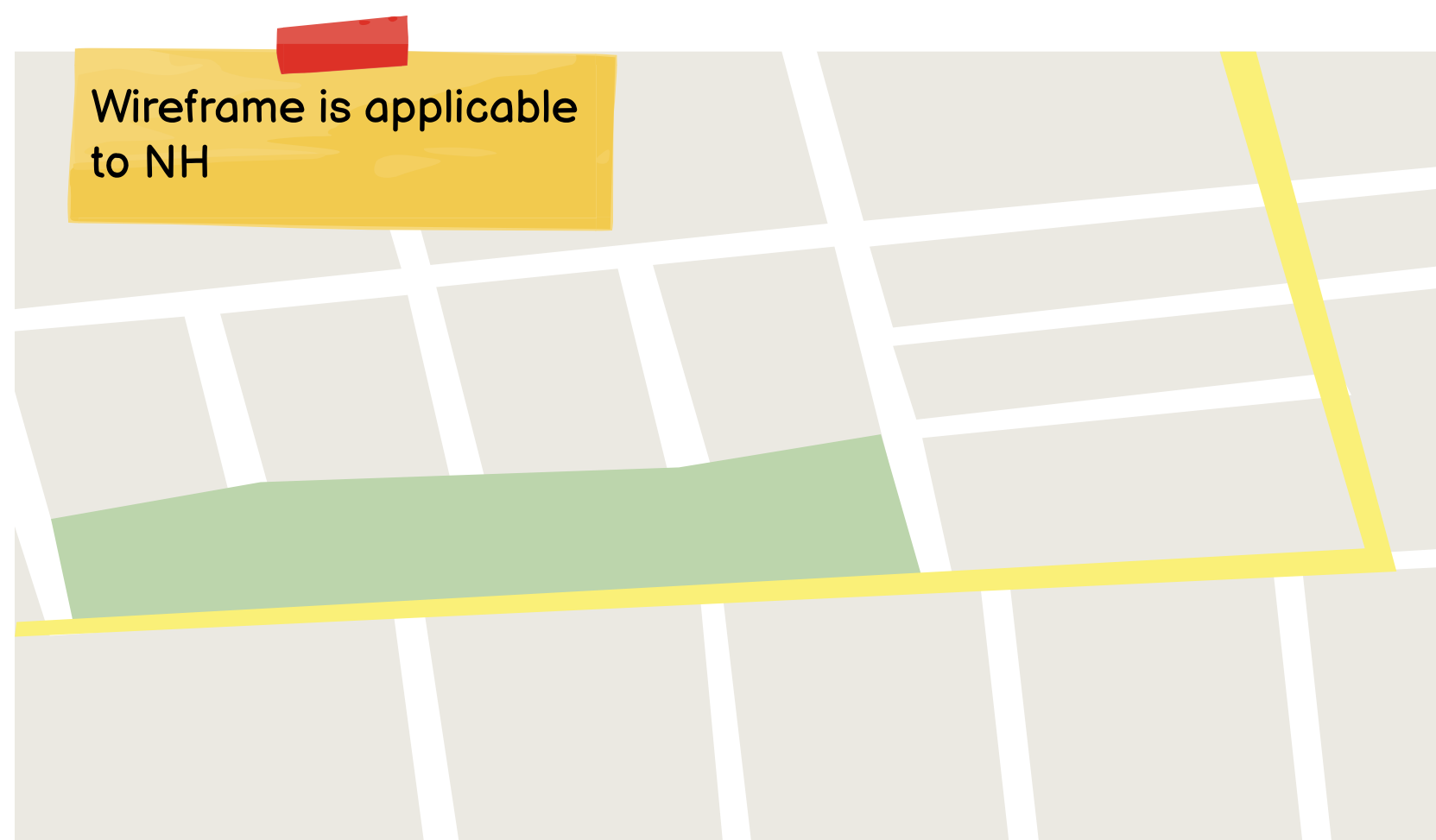
Warning message will display that state approval must be attached

Latitude/Longitude of the Receiving Water Discharge Point

Click on the map to automatically find Latitude and Longitude.

Latitude: * 

Longitude: * 



Receiving Water

Waterbody Name: *

Is this waterbody fresh water or salt water? *

Fresh water

Salt water

 Select the classification of this waterbody: * 

Class A

Class B

Sub questions display if salt water

What is the waterbody type? *

Estuary/Ocean
Unnamed tributary
Wetland tributary

Tributary description: *

Only displayed if unnamed tributary is selected

Is this receiving water a shellfishing area? *

Yes

No

What was the recorded pH of the receiving water sample? *

What was the recorded temperature (°F) of the receiving water sample? *

Have alternative pH effluent limits been approved? *

Yes

No

Displays if alternate pH = Yes

Warning message will display that state approval must be attached

 What is the State approved alternate pH range (SU)? *

To

Receiving Water Sample Results

Separate source water table will display per source water selected

Groundwater Sample Results

Parameter	Present in Soil Only?	Value Qualifier	Maximum Influent Concentration	Test Method
Total Nitrogen [as N] (mg/L)	<input type="checkbox"/> Yes	<		
Total Dissolved Solids (mg/L)	<input type="checkbox"/> Yes	J		
Chloride, total recoverable (mg/L)	<input type="checkbox"/> Yes	=		
Total Suspended Solids (mg/L)	<input checked="" type="checkbox"/> Yes			
Stormwater Sample Results				
Turbidity (NTU)	<input type="checkbox"/> Yes	=		
Total Recoverable Petrol Hydrocarbons (mg/L)	<input type="checkbox"/> Yes	=		
Arsenic Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Copper Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Iron Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Potable Water Sample Results				
Lead Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Cyanide, total as [CN] (µg/L)	<input type="checkbox"/> Yes	=		

Only required if < or J

Stormwater Sample Results

Parameter	Present in Soil Only?	Value Qualifier	Maximum Influent Concentration	Test Method
Total Suspended Solids (mg/L)	<input type="checkbox"/> Yes	<		
Turbidity (NTU)	<input type="checkbox"/> Yes	J		
Total Nitrogen [as N] (mg/L)	<input type="checkbox"/> Yes	=		
Total Dissolved Solids (mg/L)	<input type="checkbox"/> Yes	=		
Chloride, total recoverable (mg/L)	<input type="checkbox"/> Yes	=		
Copper Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Total Phosphorous [as P] (mg/L)	<input type="checkbox"/> Yes	=		
Bacteria: e. Coli (CFU)	<input type="checkbox"/> Yes	=		
Enterococci (CFU)	<input type="checkbox"/> Yes	=		
Oil and Grease (mg/L)	<input type="checkbox"/> Yes	=		
Nickel Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Zinc Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		

Only required if < or J

Potable Water Sample Results

Parameter	Present in Soil Only?	Value Qualifier	Maximum Influent Concentration	Test Method
Total Suspended Solids (mg/L)	<input type="checkbox"/> Yes	<		
Turbidity (NTU)	<input type="checkbox"/> Yes	J		
Nitrogen, Ammonia Total [as N] (mg/L)	<input type="checkbox"/> Yes	=		
Total Residual Chlorine (mg/L)	<input checked="" type="checkbox"/> Yes			
Copper Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Lead Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		
Zinc Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		

Only required if < or J

Surface Water Sample Results

Parameter	Present in Soil Only?	Value Qualifier	Maximum Influent Concentration	Test Method
Total Suspended Solids (mg/L)	<input type="checkbox"/> Yes	<		
Turbidity (NTU)	<input type="checkbox"/> Yes	J		
Total Dissolved Solids (mg/L)	<input type="checkbox"/> Yes	=		
Oil and Grease (mg/L)	<input checked="" type="checkbox"/> Yes			
Mercury Total Recoverable (µg/L)	<input type="checkbox"/> Yes	=		

Only required if < or J

Is the receiving water listed as impaired on the 303(d) list? *

- Yes
- No

Select the cause(s) of impairment. *

Cause of Impairment:

Selected:

2 selected

- Cause A
- Cause B
- Cause C
- Cause D
- ...

Cause A Cause B

If State = VT, CT, or, RI no sub question; continue

Only if Yes and State = MA/NH

Causes will be associated with applicable list of parameters. Limits will display in limits summary table

Do you have any additional parameters listed in Appendix E or G in your discharge that are not listed in the sample table(s) above? *

- Yes
- No

Select all parameters from Appendix E or G in your discharge that are not listed in the sample table(s) above. *

Parameters:

Selected:

2 selected

- Parameter A
- Parameter B
- Parameter C
- Parameter D
- ...

Parameter A Parameter B

Filtered list, will not include any parameters in Source Waters

See ref data for values

If State = VT, CT, or, RI no table; continue

If State = MA/NH below table will display. Table will dynamically build based on users selected parameters

At least 1 Concentration Limit must be entered per parameter

Technology, Water Quality, and Impaired Waters Limits (Appendix E and G)

Parameter	Unit of Measure	Limit 1	Concentration Monitoring			Statistical Base	Required Monitoring?
			Statistical Base	Required Monitoring?	Limit 2		
Parameter A	µg/L		Monthly Average	<input type="checkbox"/>	10	Daily Maximum	<input type="checkbox"/>
Parameter B	µg/L		Monthly Average	<input type="checkbox"/>		Daily Maximum	<input checked="" type="checkbox"/>

If req mon is selected, limit text boxes will be disabled and any entered value will be deleted

Do you have any other additional parameters to disclose as required under part 2.1.3 case by case limitations? *

- Yes
- No

If Yes and State = MA/NH below table will display

At least 1 Concentration Limit must be entered per parameter

Case by Case Limits

Parameter	Parameter Code	Unit of Measure	Unit of Measure Code	Limit 1	Concentration Monitoring			Statistical Base	Required Monitoring
					Statistical Base	Required Monitoring	Limit 2		
Parameter A		µg/L			Monthly Average	<input type="checkbox"/>	10	Daily Maximum	<input type="checkbox"/>
Parameter B		µg/L			Monthly Average	<input type="checkbox"/>		Daily Maximum	<input checked="" type="checkbox"/>

Add a Parameter

If Yes and State = VT, CT, or RI text box will display

If req mon is selected, limit text boxes will be disabled and any entered value will be deleted

Please capture the additional parameters. *

Limits summary table will display here, see wireframe for layout

Cancel Save Discharge Point

Additional Discharge Information Attachments *

No file chosen Choose File

Next Section

Sample Summary Table for Groundwater base limits parameters

Value will default to No

Maps to C1

Maps to C2

Concentration Limits

Parameter Name (code)	Reason for Limit	Unit of Measure	Limit 1	Statistical Base	Required Monitoring?	Limit 2	Statistical Base	Required Monitoring?	Were you provided an Adjusted Limit Value by the state?	Select the Limit(s) that were adjusted by the state to enter the adjusted Limit Values
pH (00400)	Wastewater	SU	6.5	Minimum	<input type="checkbox"/>	8.3	Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Total Suspended Solids (00530)	State Limit	mg/L			<input type="checkbox"/>	25	Daily Maximum	<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input checked="" type="checkbox"/> Concentration Limit 2
Turbidity (00070)	Wastewater Limit	NTU			<input type="checkbox"/>		Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Total Nitrogen [as N] (00600)	Wastewater Limit	mg/L			<input type="checkbox"/>	10	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Total Dissolved Solids (70295)	Wastewater Limit	mg/L			<input type="checkbox"/>	500	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Chloride, total recoverable (00943)	Water Quality Limit	mg/L			<input type="checkbox"/>	0.5	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Total Recoverable Petrol Hydrocarbons (45501)	Wastewater Limit	mg/L			<input type="checkbox"/>	5	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Arsenic Total Recoverable (00978)	Impaired Waters Limit	mg/L			<input type="checkbox"/>	100	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Copper Total Recoverable (01119)	Wastewater Limit	µg/L			<input type="checkbox"/>	242	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Iron Total Recoverable (00980)	Wastewater Limit	µg/L			<input type="checkbox"/>	5,000	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Lead Total Recoverable (01114)	Wastewater Limit	µg/L			<input type="checkbox"/>	160	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Cyanide, total as [CN] (00720)	Wastewater Limit	mg/L			<input type="checkbox"/>	178,000	Daily Maximum	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Concentration Limit 1 <input type="checkbox"/> Concentration Limit 2
Technology, Water Quality, or Impaired Waters Additional Parameter 1	Technology, Water Quality or Impaired Waters Limit (user entered)				<input type="checkbox"/>			<input checked="" type="checkbox"/>	N/A	N/A
Case by Case Parameter 1	Case by Case Limit (user entered)	µg/L			<input type="checkbox"/>	4	Daily Maximum	<input type="checkbox"/>	N/A	N/A

Values are system generated

Example of State Adjusted Limit entered by user.

Only editable when state = Yes

Only editable when state = Yes If req mon is selected, limit text box will be disabled and any entered value will be deleted

Example of System calculated WQS Limit per spreadsheet

Example of System calculated Impaired Water Limit per spreadsheet

Example of additional parameter Limit entered above in NOI by user for Technology, Water Quality, and Impaired Waters Limits

Example of additional parameter Limit entered above in NOI by user for case by case limits

Only editable when state = Yes

Quantity Limits

Parameter Name (code)	Reason for Limit	Unit of Measure	Limit 1	Statistical Base
Flow (50050)	Wastewater Limit	MGD	1	Daily Maximum

Permit Information

Operator Information

Site Information

Discharge Information

Treatment Information

Do you plan on applying treatment to your effluent prior to discharging? *

Yes

No

If No, issue warning message

↩ Add Treatment

Indicate the type(s) of treatment that will be applied to your effluent prior to discharge: (select all that apply) *

1 selected ▾

Adsorption/Absorption

Other treatment type: *

Only displays if "Other" is selected for treatment

Provide a written description of all treatment system(s) or processes that will be applied to the effluent prior to discharge.

Identify each major treatment component: (select all that apply) *

1 selected ▾

Fractionation tanks

Other treatment component: *

Only displays if "Other" is selected for treatment

Is this treatment plant a mobile unit? *

Yes

No

Please select the discharge point that this treatment is being applied to: *

Select Discharge Point ▾

Selected Discharge Point(s)

If only 1 discharge point, default to that value

Cancel

Save Treatment

Do you plan on applying chemical(s) or additive(s) to the discharge(s)? *

Yes

No

If No, issue warning message that Change NOI must be submitted

↩ Add Chemical

Name of Chemical: *

Select Chemical ▾

Estimated maximum concentration: *

Select all parameters listed that are ingredients in this chemical: *

Select Parameter ▾

Method of Application: *

Select Method of application ▾

Please select the discharge point that this chemical is being applied to: *

Select Discharge Point ▾

Selected Discharge Point(s)

If only 1 discharge point, default to that value

Cancel

Save Chemical

Schematic of Flow ⓘ

tooltip will have sample schematic

Attach a schematic of flow including the following: the direction of water flow from the point of generation to the receiving water, the source water(s) with estimated volume noted, process water(s) with estimated volume noted, any treatment systems or processes with design flow noted, discharge point(s) with estimated volume noted, sampling points if different than discharge points, receiving water(s). *

Safety Data Sheet (SDS)

Attach the Safety Data Sheet (SDS) and Chemical Abstracts Service (CAS) Registry number for each chemical/additive *

No file chosen

Choose File

Next Section

Permit Information



Operator Information



Site Information



Discharge Information



Treatment Information



Additional Information



Endangered Species Act

ESA eligibility for species under jurisdiction of USFWS

Indicate which criterion applies to the proposed discharge(s) under this general permit: *

Criterion A: No endangered or threatened species or critical habitat are in proximity to the discharges or related activities or come in contact with the "action area".

Has the documentation been attached? Use the attachment section below. *

- Yes
 No

Criterion B: Formal or informal consultation with the FWS under section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by USFWS on a finding that the discharges and related activities are "not likely to adversely affect" listed species or critical habitat (informal consultation).

Has the operator completed consultation with FWS and attached documentation? Use the attachment section below. *

- Yes
 No

Criterion C: Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the applicant and affirmed by EPA, that the discharges and related activities will have "no effect" on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the FWS.

Has documentation of the "no effect" finding been attached? Use the attachment section below. *

- Yes
 No

ESA eligibility for species under jurisdiction of NOAA Fisheries

Is the discharge to: the Connecticut River between the Massachusetts/Connecticut state line and Turners Falls, MA; the Taunton River; the Merrimack River between Lawrence, MA and the Atlantic Ocean; the Piscataqua River including the Salmon Falls and Cocheco Rivers; or a marine water? *

- Yes
 No

Indicate which criterion applies to the proposed discharge(s) under this general permit: *

NMFS Criterion: A determination made by EPA is affirmed by the operator that the discharges and related activities will have "no effect" or are "not likely to adversely affect" any federally threatened or endangered listed species or critical habitat under the jurisdiction of NMFS and will not result in any take of listed species.

National Historic Preservation Act

Indicate which criterion applies to the proposed discharge(s) under this general permit: *

Criterion A: No historic properties are present. The discharges and discharge-related activities (e.g., BMPs) do not have the potential to cause effects on historic properties.

Criterion B: Historic properties are present. Discharges and discharge related activities do not have the potential to cause effects on historic properties.

Criterion C: Historic properties are present. The discharges and discharge-related activities have the potential to have an effect or will have an adverse effect on historic properties.

Has the documentation been attached? Use the attachment section below. *

- Yes
 No

Environmental Justice Executive Order(s)

Indicate which criterion applies to the proposed discharge(s) under this general permit: *

EJ Criterion A: No environmental justice indices are in proximity to the discharges or related activities.

EJ Criterion B: One or more environmental justice indices are in proximity to the discharges or related activities.

Has the documentation been attached? Use the attachment section below. *

- Yes
 No

Has the State Antidegradation Review been attached? Use the attachment section below. *

- Yes
 No

Has the Municipal Review been attached? Use the attachment section below to attach any discharge permit issued by a municipality or indicate if a permit will be issued upon approval from EPA; Attach any written determination by a Conservation Commission, i.e., Order of Conditions. *

- Yes
 No

SWPP/BMPP

Indicate which criterion applies to the proposed discharge(s) under this general permit: *

Existing discharge: A BMPP meeting the requirements of this general permit has been developed and implemented.

Different warning message will display for each selection

By selecting this certification statement, the signatory(ies) confirms that the BMPs specified in Part 2.5.2 of the RGP were met and, if discharges will continue, the BMPP meets the minimum requirements specified in Part 2.5.1 of the RGP and addresses ALL BMPs specified in Part 2.5.2 of the RGP, which apply to ALL SITES.

New discharge: A BMPP meeting the requirements of this general permit will be developed and implemented upon initiation of discharge.

By selecting this certification statement, the signatory(ies) confirms that the BMPP will meet the minimum requirements specified in Part 2.5.1 of the RGP and addresses ALL BMPs specified in Part 2.5.2 of the RGP, which apply to ALL SITES.

Emergency discharge: The BMP requirements of this general permit were met during provisional coverage and, if discharges will continue, a BMPP meeting the requirements of this general permit has been developed and implemented.

By selecting this certification statement, the signatory(ies) confirms that the BMPs specified in Part 2.5.2 of the RGP were met and, if discharges will continue, the BMPP meets the minimum requirements specified in Part 2.5.1 of the RGP and addresses ALL BMPs specified in Part 2.5.2 of the RGP, which apply to ALL SITES.

Has notification been provided to the appropriate State? *

- Yes
 No

Has notification been provided to the municipality in which the discharge is located? *

- Yes
 No

Please use the space below to provide any other relevant information related to your site. You can add one or more additional attachments.

No file chosen

Choose File

Next Section