Suggested Format for the HYDRO General Permit Notice of Intent (NOI):

Request for General Permit Authorization to Discharge Wastewater
Notice of Intent (NOI) to be covered by Hydroelectric Generating Facilities
General Permit (HYDROGP) No. MAG360000 or NHG360000

Indicate Applicable General Permit for Discharge(s): ☐ MAG360000 ☐ NHG360000

A. Facility Information

1. Facility Location	Name:	
	Street:	
	City:	State:
	Zip:	SIC Code:
	Latitude:	Longitude:
	Type of Business:	
2. Facility Mailing Address (if different from Location)	Street:	
	City:	State:
	Zip:	
3. Facility Owner	Name:	Email:
	Street:	Telephone:

	City:	State:
	Contact Person:	Zip:
4. Facility Operator (if different from above)	Name:	Email:
	Street:	Telephone:
	City:	State:
	Zip:	
5. Current Permit Status	Has prior HYDROGP coverage been granted for the discharge(s) listed in the NOI?	☐ Yes ☐ No
	Permit number (if yes):	
	Is the facility covered under an Individual Permit?	☐ Yes ☐ No
	Is there a pending NPDES application of file with EPA for the discharge(s)?	☐ Yes ☐ No
	Date of Submittal (if yes):	Permit Number (if known):
	Attach a topographic map indicating the locations. of the facility and outfall(s) to the receiving water	☐ Map Attached
	Number of turbines:	
	Combined turbine discharge (installed capacity) at:	Maximum capacity? cfs Minimum capacity? cfs
	Is this facility operated as a pump storage project?	☐ Yes ☐ No

B. Discharge Information

1. Name of Receiving Water(s):				☐ Freshwater ☐ Marine
2. Waterbody classification:	☐ Class A	☐ Class B	☐ Class SA	☐ Class SB
3. Is the receiving water is listed in the State's Integrated List of Waters (i.e., CWA Section 303(d))?				☐ Yes ☐ No
4. If the applicant answered yes to B.2, has the applicant identified the designated uses that are impaired, any pollutants indicated, and whether a final TMDL is available for any of the indicated pollutants in a separate attachment to the NOI?				☐ Yes ☐ No
5. Attach a line drawing or flow schematic showing water flow through the facility including location of intake(s), operations contributing to effluent flow, treatment units, outfalls, and receiving water(s).				☐ Line Drawing Attached

6. List each outfall (numbered sequentially) discharging effluent from the following categories and provide an estimate of the average monthly flow (in gallons per day) for each discharge type. See Parts 1.1 through 1.5 (for MA) or Parts 2.1 through 2.5 (for NH) for descriptions and permit conditions for each discharge type.

☐ Equipment-related cooling water	Outfalls:	gpd
☐ Equipment and floor drain water	Outfalls:	gpd
☐ Maintenance-related water	Outfalls:	gpd
☐ Facility maintenance-related water during flood/high water events	Outfalls:	gpd
☐ Equipment-related backwash strainer water	Outfalls:	gpd

7. For each outfall listed above, provide the following information (attach additional sheets if necessary). Outfalls may be eligible for alternative pH effluent limits. See Parts 1.8 and 2.8 of the permit for additional information. Contact MassDEP or NHDES to determine the required information and protocol to request alternative pH effluent limits.

Outfall No.	Latitude:	Longitude:

	Discharge is: ☐ Continuous ☐ Intermittent ☐ Seasonal	
	Maximum Daily Flow MGD	Average Monthly Flow MGD
	Maximum Daily Temperature °F	Average Monthly Temperature °F
	Maximum Daily Oil & Grease mg/L	Average Monthly Oil & Grease mg/L
	Maximum Monthly pH s.u.	Minimum Monthly pH s.u.
	Alternative pH limits requested? ☐ Yes ☐ No	State approval attached? ☐ Yes ☐ No
Outfall No.	Latitude:	Longitude:
	Discharge is: ☐ Continuous ☐ Intermittent ☐ Seasonal	
	Maximum Daily Flow MGD	Average Monthly Flow MGD
	Maximum Daily Temperature °F	Average Monthly Temperature °F
	Maximum Daily Oil & Grease mg/L	Average Monthly Oil & Grease mg/L
	Maximum Monthly pH s.u.	Minimum Monthly pH s.u.
	Alternative pH limits requested? ☐ Yes ☐ No	State approval attached? ☐ Yes ☐ No
Outfall No.	Latitude:	Longitude:
	Discharge is: ☐ Continuous ☐ Intermittent ☐ Seasonal	

	Maximum Daily Flow MGD	Average Monthly Flow MGD
	Maximum Daily Temperature °F	Average Monthly Temperature °F
	Maximum Daily Oil & Grease mg/L	Average Monthly Oil & Grease mg/L
	Maximum Monthly pH s.u.	Minimum Monthly pH s.u.
	Alternative pH limits requested? ☐ Yes ☐ No	State approval attached? ☐ Yes ☐ No

C. Best Technology Available for Cooling Water Intake Structures

Facilities that checked "equipment-related cooling" as one of the discharges in Part B. of this NOI are subject to the following requirements. Facilities that intake more than 2 MGD for use in the facility (i.e., not used in the turbines to generate power) and which use at least 25% of the intake volume exclusively for cooling are not eligible for permit coverage and must submit an individual permit application. See Part 3.3 of the HYDROGP.

1. Does the facility intake water for cooling purposes subject to the BTA Requirements at Part 4 of the HYDROGP?	☐ Yes ☐ No If no, skip to Part D of this NOI.

2. If yes, indicate which technology employed to comply with the general BTA requirements at Part 4.1 of the HYDROGP:

☐ A physical or behavioral barrier located at the first intake encountered by fish on the upstream side of the dam that directs fish towards a downstream passage which safely conveys fish over the dam without being exposed to the CWIS.
Has the applicant attached a narrative description of the barrier and provided data to demonstrate that the downstream fish passage effectively transports live fish in a manner that minimizes the likelihood of becoming impinged or entrained at the cooling water intake?
☐ Yes ☐ No

☐ An intake velocity at the cooling water intake not exceeding 0.5 fps.
Has the applicant attached a demonstration of compliance with this intake velocity through monitoring or calculation based on the maximum intake volume and minimum bypass flow? ☐ Yes ☐ No

☐ A physical screen on an intake located in the source waterbody of sufficient mesh size to minimize the potential for adult and juvenile fish to become entrained and a through-screen velocity not exceeding 0.5 fps.
Has the applicant attached a demonstration of compliance with this intake velocity through monitoring or calculation based on the maximum intake volume and source water 7Q10 low flow? ☐ Yes ☐ No

3. If the answer to question C.1 is yes, in addition to complying with one of the criteria above, the applicant must submit the following information:
Maximum daily intake volume during previous five (5) years: gpd Date of maximum daily intake:
Maximum monthly average intake volume during the previous five (5) years: gpd Month and year of maximum monthly average intake: Month Year
Maximum daily and average monthly volume of water used exclusively for cooling: Max: gpd Avg: gpd Maximum daily and average monthly volume of water used for another process before or after being used for cooling: Max: gpd Avg: gpd Has the applicant attached a narrative description explaining how cooling water is reused? ☐ Yes ☐ No
Calculated velocity at cooling water intake? fps
Volume of total intake water withdrawn and used in facility as a percentage of: Installed turbine capacity % Average daily flow through penstock % Minimum flow through penstock %
Source water annual mean flow (*e.g.*, available from USGS, MassDEP, or NHDES): cfs
Source water 7-day mean low flow with 10-year recurrence interval (7Q10): cfs
Has the applicant included a narrative characterization of the habitat? ☐ Yes ☐ No

D. Chemical Additives

1. Does the facility use or plan to use non-toxic chemicals for pH adjustment?	☐ Yes ☐ No
2. Does the facility use or plan to use chemicals for anti-freeze purposes?	☐ Yes ☐ No
3. If the answer to D.2 is yes, provide the following for **EACH** chemical additive used for anti-freeze:	
Chemical Name and Manufacturer:	

Maximum Dosage Concentration Used:	Average Dosage Concentration Used:
Maximum Concentration in Discharge: mg/L	Average Concentration in Discharge: mg/L
Material Safety Data Sheet (MSDS) or other toxicity documentation for each chemical attached? ☐ Yes ☐ No	

E. Endangered Species Act Certification

Appendix 2 to the HYDROGP explains the certification requirements related to threatened and endangered species and designated critical habitat. Indicate under which criteria the discharge is eligible for coverage under the HYDROGP:	
1. ESA eligibility for species under jurisdiction of USFWS	☐ **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." See Appendix 2, Part B for documentation requirements. Documentation attached? ☐ Yes ☐ No
	☐ **Criterion B**: Formal or informal consultation with the USFWS 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. Has the operator completed consultation with USFWS and attached documentation? ☐ Yes ☐ No If no, is consultation underway? ☐ Yes ☐ No
	☐ **Criterion C**: Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and designated critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the operator and affirmed by EPA, that the discharges and related activities will have "no effect" on any federally threatened or endangered species or designated critical habitat under the jurisdiction of the USFWS. Has the applicant attached documentation of the "no effect" finding? ☐ Yes ☐ No
2. ESA eligibility for species under jurisdiction of NMFS	Is the facility located on: 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
	If yes, was the applicant authorized to discharge from the facility under the 2009 HYDROGP? ☐ Yes ☐ No

	If the discharge is to one of the named rivers above or to a marine water *and* the facility was not previously covered under the 2009 HYDROGP, has there been any previous formal or informal consultation with NMFS? ☐ Yes ☐ No Documentation of consultation attached? ☐ Yes ☐ No

F. National Historic Properties Act Eligibility

1. Indicate under which criterion the discharge(s) is eligible for covered under the HYDROGP:
☐ **Criterion A**: No historic properties are present.
☐ **Criterion B**: Historic properties are present. The discharges and related activities do not have the potential to impact historic properties.
☐ **Criterion C**: Historic properties are present. The discharges and related activities have the potential to impact or adversely impact historic properties.
2. Has the applicant attached supporting documentation for NHPA eligibility described in Appendix 3, Part C of the HYDROGP? ☐ Yes ☐ No
3. Does supporting documentation include a written agreement from the State Historic Preservation Officer, Tribal Historic Preservation Officer, or other tribal representative that outlines measures the operation will carry out to mitigate or prevent any adverse effects on historic properties? ☐ Yes ☐ No

G. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any certifications required by the HYDROGP. Supplemental information attached? ☐ Yes ☐ No

H. Signature Requirements

1. The NOI must be signed by the operator in accordance with the signatory requirements of 40 C.F.R. § 122.22, including the following certification:	
I certify under penalty of law that no chemical additives are used in the discharges to be authorized under this General Permit except for those used for pH adjustment or anti-freeze purposes and 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 directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
2. Notification provided to the appropriate State, including a copy of this NOI, if required?	☐ Yes ☐ No
Signature:	Date:
Print Name and Title:	