

Monadnock Paper Mills, Inc.
117 Antrim Road
Bennington, New Hampshire
03442-4205

Phone 603 588 3311
Fax 603 588 3158

www.mpm.com

December 21, 2009

Bill Wandle
US Environmental Protection Agency
New England Region 1
5 Post Office Square, Suite 100
Boston, Massachusetts 02109-3912

OEP
rec'd 12/31/09
SW

**SUBJECT: Monadnock Paper Mills, Inc. – NPDES No. NHG360000
General Permit Coverage**

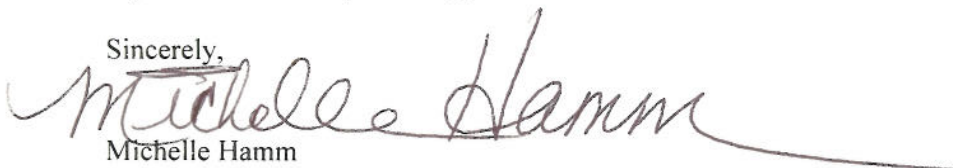
Dear Mr. Wandle,

Monadnock Paper Mills, Inc. is submitting the Notice of Intent (NOI) for request for coverage under the General Permit to Discharge Authorized Waste Water Associated with hydro operation in the State of New Hampshire.

Monadnock Paper Mills, Inc would also like to request that the original NPDES permit application for coverage of the hydroelectric generating facilities owned and operated by Monadnock Paper Mills, Inc submitted in 1998, be withdrawn.

If you have further questions, please contact Michelle Hamm at 603-588-3311 extension 255.

Sincerely,



Michelle Hamm
Manager-Environmental Services

Cc: Daniel Dudley – NHDES
NPDES Notice of Intent for hydro's in NH

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 NEW ENGLAND - REGION I
 5 POST OFFICE SQUARE, SUITE 100
 BOSTON, MASSACHUSETTS 02109-3912**

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

**Hydroelectric Generating Facilities (HYDROGP)
 NPDES General Permits No. MAG360000 and NHG360000**

A. Facility Information

1. Indicate applicable General Permit for discharge:

MAG360000	_____
NHG360000	X _____

2. Facility Name, Location, and Data:

Name	<u>Monadnock Paper Mill - Pierce power station</u>		
Street/POB:	<u>30 Hancock Island off Main</u>	City	<u>Bennington,</u>
State	<u>NH</u>	Zip Code	<u>03442</u>
Latitude	<u>43 00 11</u>	Longitude	<u>071 55 30</u>
Type of Business	<u>Paper Mill</u>		
SIC Code(s)	<u>2621</u>		

3. Facility Mailing Address (if different from Location Address):

Name	_____		
Street/PO Box	_____	City	_____
State	_____	Zip Code	_____

4. Facility Owner:

Name	<u>Monadnock Paper Mill</u>	e-mail (optional)	<u>mhamm@mpm.com</u>
Street/PO Box	_____	City	_____
State	_____	Zip Code	_____
Contact Person	<u>Michelle Hamm</u>	Telephone Number	<u>(603) 588-3311</u>
Owner is (check one):	1. Federal _____ 2. State _____ 3. Tribal _____ 4. Private X _____		
Other (Describe)	_____		

5. Facility Operator (if different from above):

Legal Name	<u>Same as above</u>	e-mail (optional)	_____
Street/PO Box	_____	City	_____
State	_____	Zip Code	_____
Contact Person	_____	Telephone Number	_____

6. Current permit status (please check Yes or No):
 - a. Has a prior NPDES permit (individual or general permit coverage) been granted for the discharge that is listed on the NOI? Yes _____ No X _____ If Yes, Permit Number: Application submitted in 1998
 - b. Is the facility covered by an individual NPDES permit? Yes _____ No _____
If Yes, Permit Number _____
 - c. Is there a pending NPDES application on file with EPA for this discharge? Yes X _____ No _____ If Yes, date of submittal: 12/9/98 and permit number if available: _____

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

8. Provide the number of turbines and the combined turbine discharge (installed capacity) at maximum and minimum output, in cubic feet per second (cfs). Number of turbines 2 Combined turbine discharge (installed capacity): maximum output, cfs 432 and minimum output, cfs _____

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

B. Discharge Information (attach additional sheets as needed).

1. Name of receiving water into which discharge will occur: Contoocook River
Freshwater: X Marine Water: _____

2. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing flow, treatment units, outfalls, and receiving waters(s). Line drawing or flow schematic attached? Yes

3. List each outfall under the following categories and number sequentially: equipment-related cooling water; equipment and floor drain water; maintenance-related water; facility maintenance-related water during flood/high water events, and equipment-related backwash strainer water (see Parts I.A.1, 2, 3, and 4; or Parts I.B.1, 2, 3, and 4). Attach additional sheets to identify outfalls as needed.

Equipment-related cooling water

Equipment and floor drain water

Maintenance-related water

Facility maintenance-related water during flood/high water events

Equipment-related backwash strainer water

4. List each outfall discharging any combination of the following to identify the combined discharges: equipment-related cooling water, equipment and floor drain water, maintenance-related water, equipment-related backwash strainer water, and facility maintenance-related water during flood/high water events (see Parts I.A.5 and B.5) and continue the sequential numbering. Attach additional sheets to identify outfalls as needed.

5. Provide for each outfall the following:

- a. Latitude and longitude to the nearest second (see EPA's siting tool at: http://www.epa.gov/tri/report/siting_tool/) and the name(s) of the receiving water(s) into which the discharge will occur.
- b. The operations contributing flow and the treatment received by the discharge. Indicate the average flow from each operation.
- c. Indicate if the discharge can be sampled at least once per year or can be sampled using the representative outfall sampling provisions (see Parts I.A.6 or B.6 and III.E).
- d. Note if the outfall discharges intermittently or seasonally.

C. Chemical Additives

Are any non-toxic neutralization chemicals used in the discharge(s)? Yes No If so, include the chemical name and manufacturer; maximum and average daily quantity used on a monthly basis as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for typically acceptable aquatic organism).

D. Endangered Species Act Eligibility Information

A facility, with a previous ESA Section 7 consultation with the National Marine Fisheries Service (NMFS), seeking coverage under the Massachusetts general permit and discharging to the Connecticut River or Merrimack River should provide one of the following, if available.

1. A formal certification indicating consultation with the National Marine Fisheries Service (NMFS) resulted in either a no jeopardy opinion or a written concurrence on a finding that the discharges are not likely to adversely affect the shortnose sturgeon or critical habitat. Information should also be provided indicating the hydroelectric facility's previous ESA Section 7 consultation with NMFS covered the discharges to be authorized under this general permit and demonstrating no significant changes in the discharges have occurred since the previous consultation.
2. Another operator's certificate of the ESA eligibility for those discharges to be authorized under this general permit.

E. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any certification(s) required by the general permit.

F. Signature Requirements

The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that no chemical additives are used in the discharges to be authorized under this general permit except for those used for pH adjustment and (2) this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Date

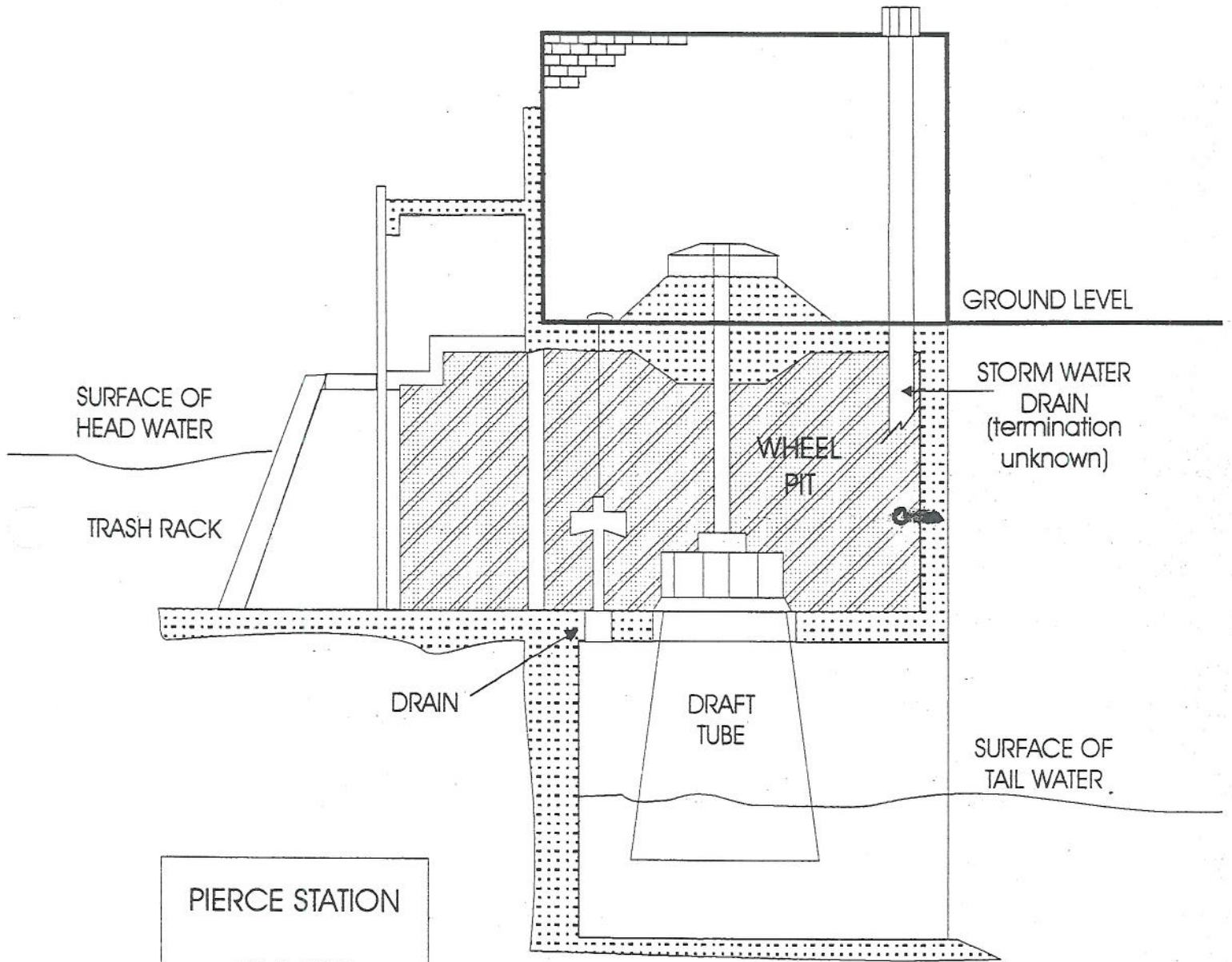
12-15-09

Printed Name and Title

Richard Verney, Chairman and CEO

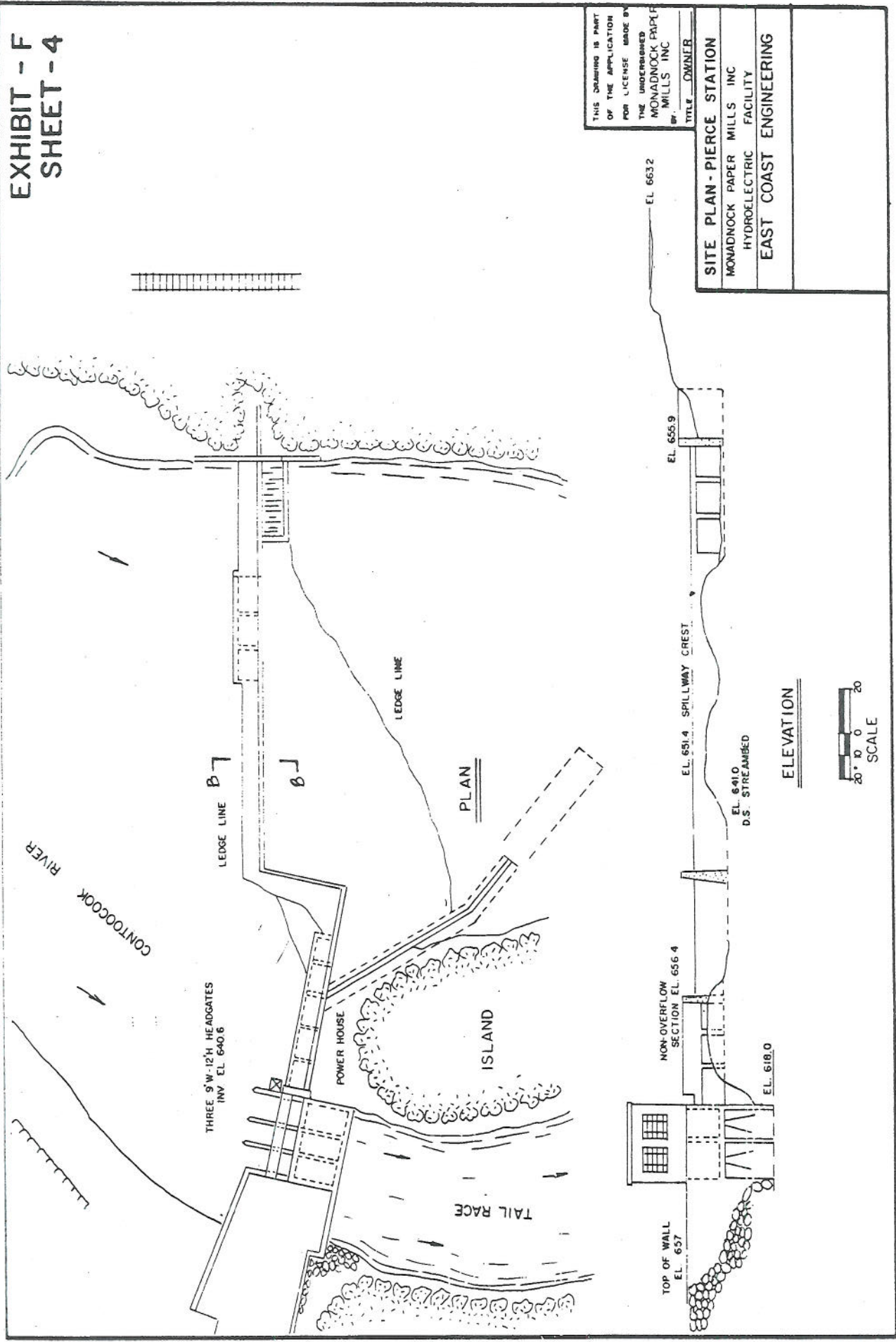
Federal regulations require this application to be signed as follows:

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.



PIERCE STATION
10/20/98
NOT TO SCALE

EXHIBIT - F
SHEET - 4

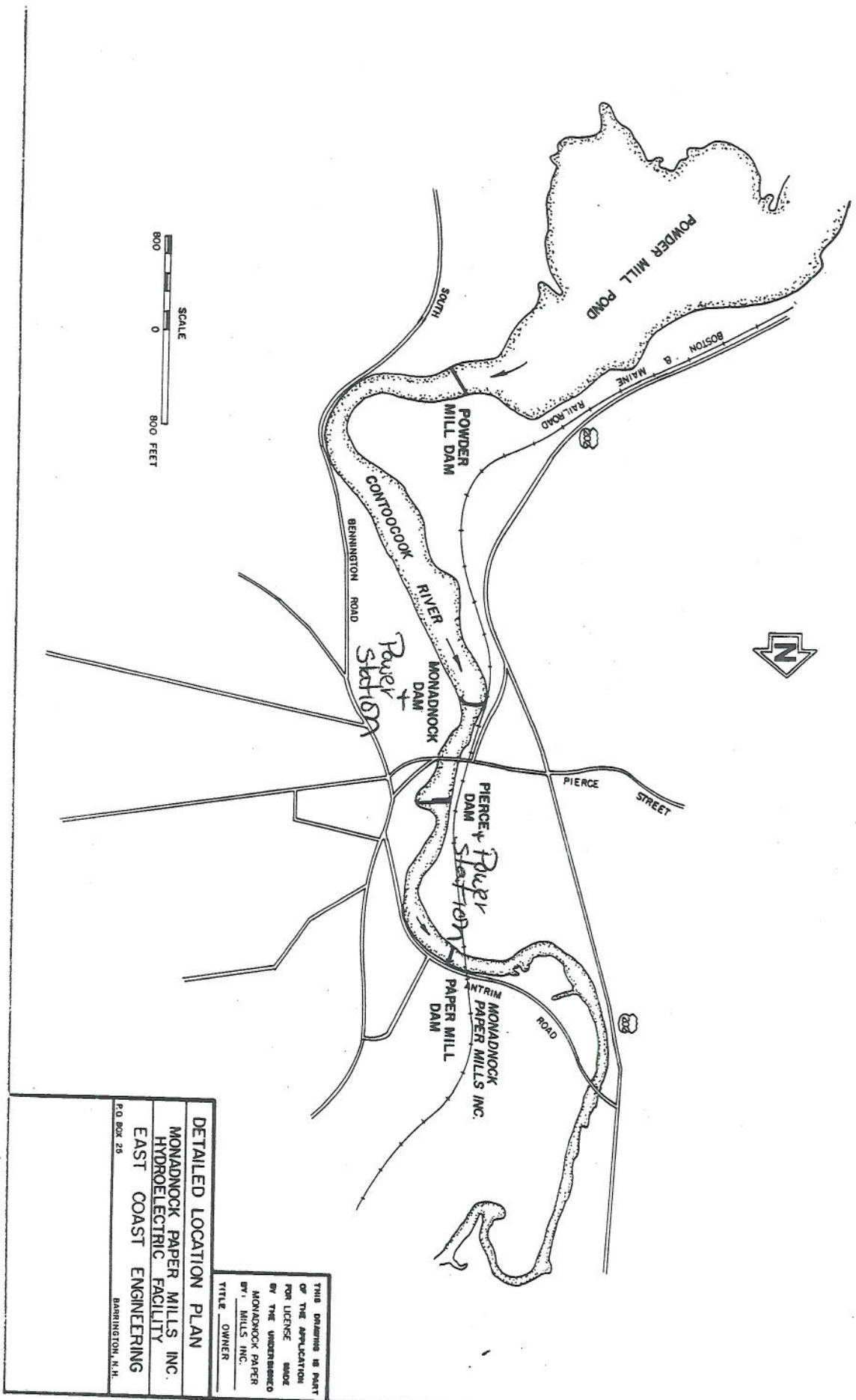


THIS DRAWING IS PART
OF THE APPLICATION
FOR LICENSE MADE BY
THE UNDERSIGNED
MONADNOCK PAPER
MILLS INC
BY: _____
TITLE: OWNER

SITE PLAN - PIERCE STATION
MONADNOCK PAPER MILLS INC
HYDROELECTRIC FACILITY
EAST COAST ENGINEERING

ELEVATION





THIS DRAWING IS PART
OF THE APPLICATION
FOR LICENSE MADE
BY THE UNDERSIGNED
MONADNOCK PAPER
MILLS INC.
TITLE OWNER

DETAILED LOCATION PLAN
MONADNOCK PAPER MILLS INC.
HYDROELECTRIC FACILITY
EAST COAST ENGINEERING
P.O. BOX 215
BARRINGTON, N. H.



FORM 1 GENERAL		EPA ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
LABEL ITEMS I. PA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE			
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP Pierce Station

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title): Hamm Michelle Mgr-Env. Svcs.

B. PHONE (area code & no.): 603 588 3311

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3117 Antrim Road

B. CITY OR TOWN: Bennington

C. STATE: NH

D. ZIP CODE: 03442 4205

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 Island Off Main Street

B. COUNTY NAME: Hillsborough

C. CITY OR TOWN: 6 Bennington

D. STATE: NH

E. ZIP CODE: 03442

F. COUNTY CODE (if known):

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C 7	4 9 1 1 (specify)	C 7	(specify)
15 16 - 10	electric services	15 16 - 19	
C. THIRD		D. FOURTH	
(specify)		C 7	(specify)
15 16 - 19		15 16 - 19	

VIII. OPERATOR INFORMATION											
A. NAME									B. Is the name listed in Item VIII-A also the owner?		
C 8	Monadnock Paper Mills, Inc.									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15 16										68	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)						D. PHONE (area code & no.)					
F = FEDERAL	M = PUBLIC (other than federal or state)	P (specify)				C					
S = STATE	O = OTHER (specify)					A	6 0 3	5 8 8	3 3 1 1		
P = PRIVATE						15	16 - 18	19 - 21	22 - 25		
E. STREET OR P.O. BOX											
117 Antrim Road											
25						55					
F. CITY OR TOWN				G. STATE	H. ZIP CODE	IX. INDIAN LAND					
Bennington				N. H.	03442	Is the facility located on Indian lands?					
15 16				40 41 42	47 - 51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
				52							

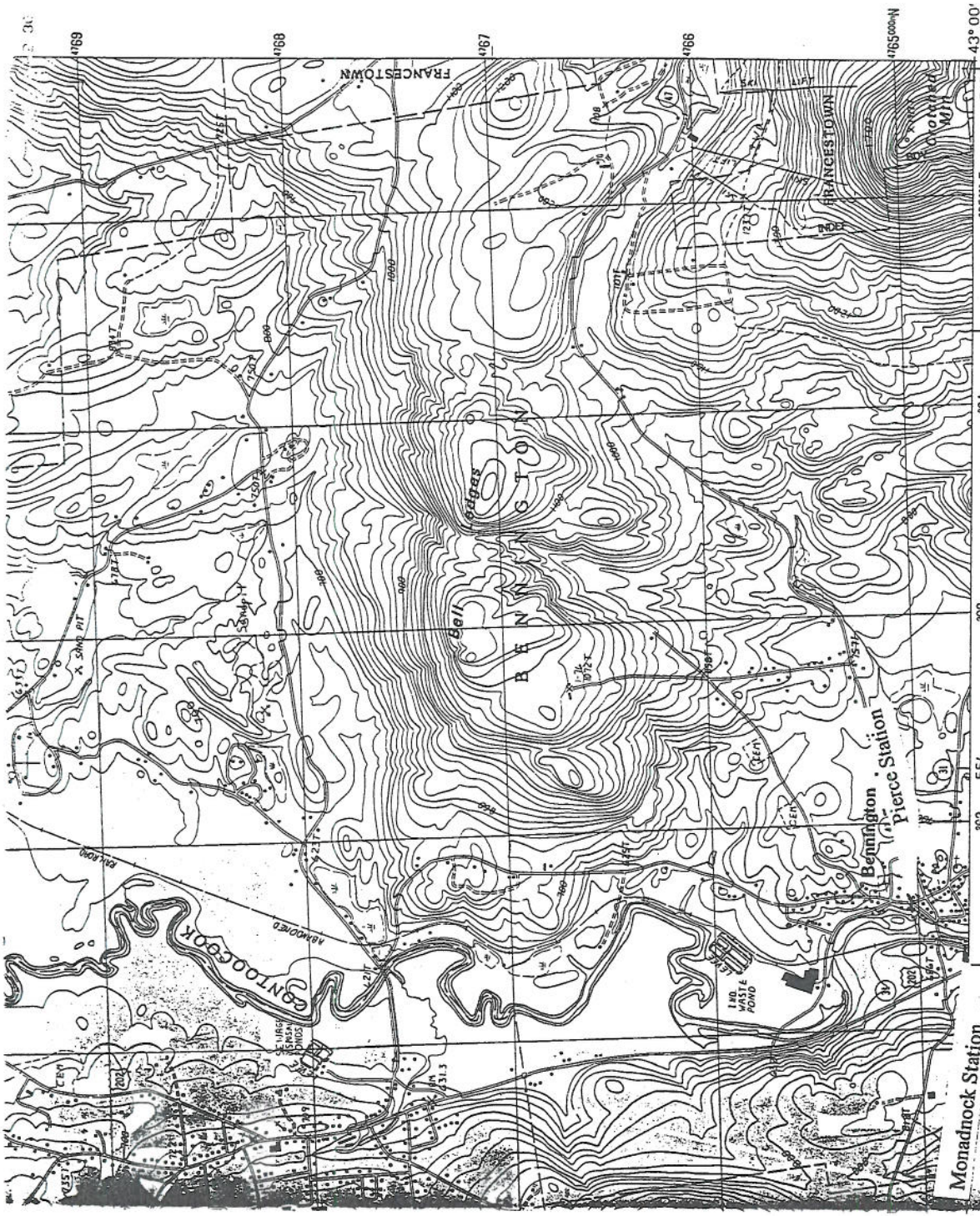
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C 9	N				C 9	P			
15 16 17 18		30			15 16 17 18		30		
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C 9	U				C 9		6 5 9 7 - 0 0 0		
15 16 17 18		30			15 16 17 18		30		
					FERC				
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C 9					C 9				
15 16 17 18		30			15 16 17 18		30		
					(specify)				

MAP

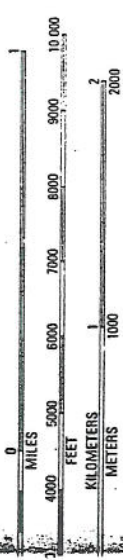
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)
hydroelectric generating station

XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Richard G. Verney Chairman and CEO	<i>Richard G. Verney</i>	12-7-98
COMMENTS FOR OFFICIAL USE ONLY		
C		
15 16		
	55	



Monadnock Station
 SCALE 1:24 000
 INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1987



FOUR INTERVAL 20 FEET
 ELEVATIONS SHOWN TO THE NEAREST 0.1 FOOT
 DISTANCES SHOWN TO THE NEAREST FOOT
 Convert feet to meters multiply by .3048
 Convert meters to feet multiply by 3.2808



QUADRANGLE LOCATION

1	2	3
4	5	6
7	8	

1 Lovewell Mountain (7 1/2' x 15')
 2 Hillsboro Upper Village (7 1/2' x 15')
 3 Hillsboro Lower Village (7 1/2' x 15')
 4 Stoddard (7 1/2' x 15')
 5 Derrington (7 1/2' x 15')
 6 Marlborough (7 1/2' x 15')
 7 Ferrisburgh North (7 1/2' x 15')
 8 Ferrisburgh South (7 1/2' x 15')

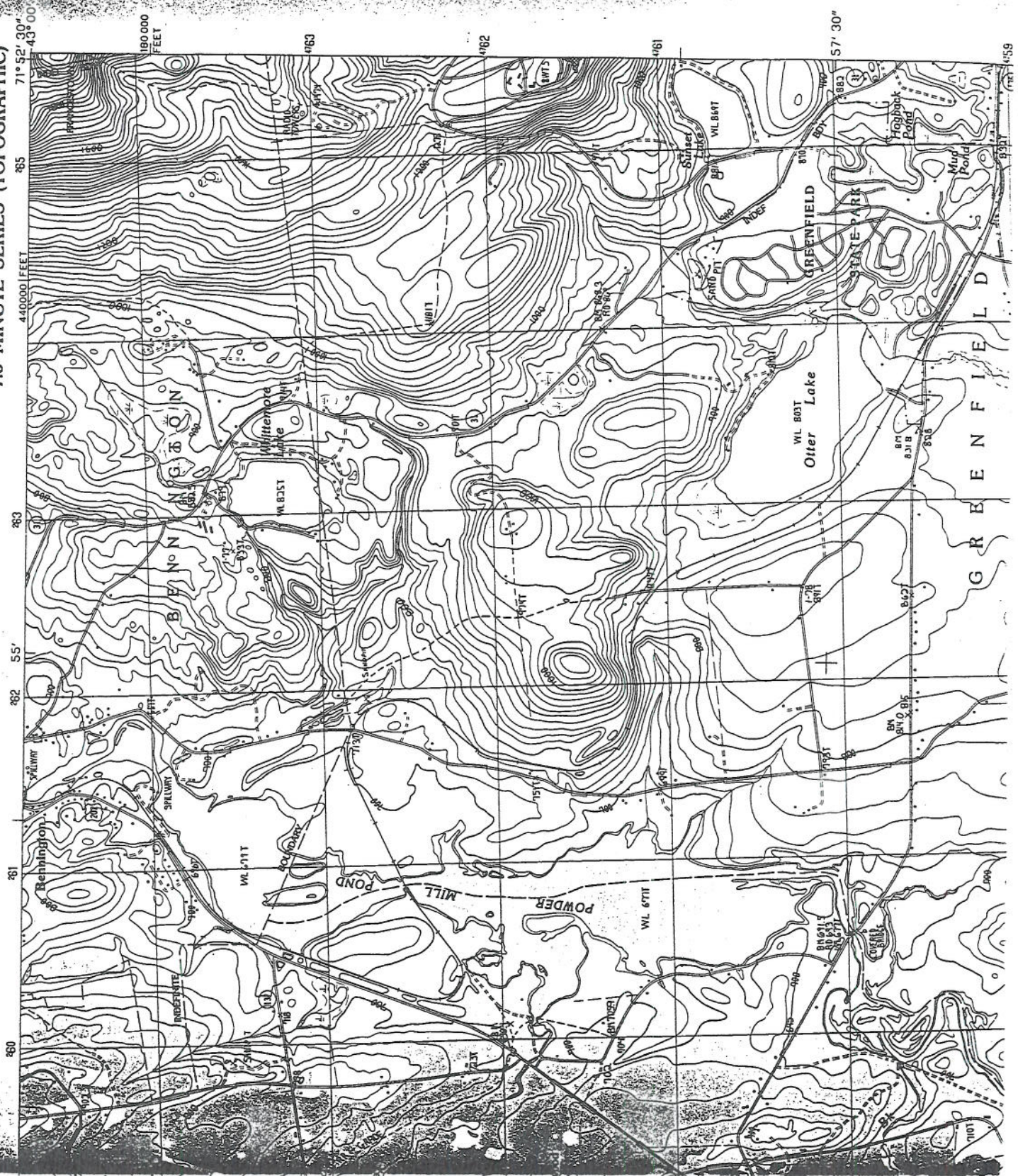
ADJOINING 7.5' QUADRANGLE NAMES

ROAD LEGEND

- Improved Road
- Unimproved Road
- Trail
- Interstate Route
- U. S. Route
- State Route

HILLSBORO, NEW HAMPSHIRE
 MONADNOCK PAPER MILLS, INC.
 PROVISIONAL EDITION 1987
 117 ANTRIM ROAD
 BENNINGTON, NH 03442
 43071-A8-TF-024
 NEW PERMIT APPLICATION

PETERBOROUGH NORTH QUADRANGLE
NEW HAMPSHIRE
7.5 MINUTE SERIES (TOPOGRAPHIC)



Please print or type in the unshaded areas only.

FORM
26
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

Station

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	43	00	11	071	55	30	Contoocook River
002	43	00	11	071	55	30	Contoocook River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	wheel pit drain	69,100		
	east	gallons		
002	wheel pit drain	34,600		
	west	gallons		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
 YES (complete the following table) NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				5. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	6. FLOW RATE (in mgd)		7. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
001/002	river water turbine bearing seal leakage							

(See Attachment to Form 2C)

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
 YES (complete Item III-B) NO (to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
 YES (complete Item III-C) NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION

a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	2. AFFECTED OUTFALLS (list outfall numbers)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
 YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (go to Item VI-B)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (Identify the test(s) and describe their purposes below)

NO (go to Section VIII)

Testing was performed and submitted in accordance with NPDES permit No. NH 0000230 for the receiving water approximately 1/2 mile downstream of this facility.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
N/A			

IX. CERTIFICATION

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, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Richard G. Verney Chairman and CEO	603 588-3311
C. SIGNATURE	D. DATE SIGNED
<i>Richard G. Verney</i>	12-7-98

Monadnock Paper Mills, Inc.
NPDES Permit Application (New)
Pierce Station
Form 2C Appendix

Section 1.C.2. - Operation(s) Contributing Flow

Pierce Station is primarily a run-of-river hydroelectric facility. Pierce Station has two turbines, both are active. This station receives water from and discharges to the Contoocook River. The station is manually controlled and is operated and maintained by Monadnock Paper Mills, Inc.

As with all hydroelectric generating facilities, Pierce Station uses large volumetric flows of non-contact river water to generate electricity via turbines. This river water is not adversely impacted in quality or quantity and is not subject to the NPDES permit program.

Several minor point source discharge are present at this station. Pierce Station has two wheel pits. When maintenance is required on the shaft or paddles of the wheel below water level, sluice gates are lowered and the incoming water to the wheel pit is shut off. The pit, then partially full of water is drained by manually pulling a plug anchored to the turbine floor. These drains are referred to as outfall 001 and outfall 002 in the Pierce Station Form 2C application.

These discharges can consist of river water and leakage from the turbine bearing seals which may accumulate within the wheel pits. The discharges are intermittent and seasonal, following the general maintenance schedule based on accessibility and river flow. The outfalls are inaccessible because of the inability to reach the discharge. Access would be from a precarious position next to the dam, far below the actual wheel pit.