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  

2. Facility Name, Location, and Data:
   Name NORTHFIELD MOUNTAIN STATION
   Street/PO Box 99 MILLERS FALLS RD  City NORTHFIELD
   State MASSACHUSETTS  Zip Code 01350
   Latitude  
   Longitude  
   Type of Business PUMPED STORAGE HYDROELECTRIC GENERATOR
   SIC Code(s) 4911  

3. Facility Mailing Address (if different from Location Address):
   Name  
   Street/PO Box  
   City  
   State  
   Zip Code  

4. Facility Owner:
   Name FirstLight Hydro Generating Company  e-mail (optional)
   Street/PO Box 20 Church St. - 16th Floor  City Hartford
   State CT  Zip Code 06103
   Contact Person James A. Ginnetti, V.P.  Telephone Number 860/895-6900
   Other (Describe)  

5. Facility Operator (if different from above):
   Legal Name  
   Street/PO Box same as above  e-mail (optional)
   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  
   If Yes, Permit Number: MA0035530
   b. Is the facility covered by an individual NPDES permit?  Yes  No  
   If Yes, Permit Number: MA0035530
   c. Is there a pending NPDES application on file with EPA for this discharge?  Yes  No  
   If Yes, date of submittal: March 31, 2000 and permit number if available: MA0035530

NOI Information - NPDES Hydroelectric Facilities General Permit  Page 3/6
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: 4 Combined turbine discharge (installed capacity): maximum output, cfs 20,000 and minimum output, cfs 0

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

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

1. Name of receiving water into which discharge will occur: **CONNECTICUT 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**

   002 - Service water, primarily non-contact cooling water (from prior NPDES Permit)

   **Equipment and floor drain water**

   001 - Floor and associated drains (from prior NPDES Permit)

   **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. **N/A**
5. Provide for each outfall the following: 

SEE ATTACHMENT 2

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 __X__ 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 2/17/10
Printed Name and Title JAMES A. GINNETTI, VICE PRESIDENT

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.
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.

<table>
<thead>
<tr>
<th>Discharge 001</th>
<th>Discharge 002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor &amp; associated drains</td>
<td>Service water / non-contact cooling water</td>
</tr>
</tbody>
</table>
| a. Latitude and longitude / * name of receiving water | N42° 36’ 43”  
W-72° 28’ 41” Connecticut River | 42° 36’ 43”  
W-72° 28’ 41” Connecticut River |
| b. The operations contributing flow and the treatment | Various floor and associated drains in the powerhouse, all drained through an oil/water separator. | Bearing and misc. equipment water used for cooling in a closed system, frequent monitoring of equipment. |
| c. Indicate if the discharge can be sampled at least once per year | Yes, sampling will be possible. | Yes, sampling will be possible. |
| d. Note if the outfall discharges intermittently or seasonally. | Routine discharge, not intermittent | Routine discharge, not intermittent |

* All latitude and longitudes obtained through Google Maps
Enter your transmittal number: 

X231929

Transmittal Number

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasnmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

A. Permit Information

BRP WM 14

1. Permit Code: 7 or 8 character code from permit instructions
2. Name of Permit Category
3. Type of Project or Activity

B. Applicant Information – Firm or Individual

FirstLight Hydro Generating Company

1. Name of Firm - Or, if party needing this approval is an individual enter name below:
2. Last Name of Individual
3. First Name of Individual
4. MI
5. Street Address
6. City/Town
7. State
8. Zip Code
9. Telephone #
10. Ext. #
11. Contact Person
12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

NORTHFIELD MOUNTAIN STATION

1. Name of Facility, Site Or Individual
2. Street Address
3. City/Town
4. State
5. Zip Code
6. Telephone #
7. Ext. #

D. Application Prepared by (if different from Section B)*

JAMES M MERCHANT

1. Name of Firm Or Individual
2. Address
3. City/Town
4. State
5. Zip Code
6. Telephone #
7. Ext. #

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☑ no
   If yes, enter the project's EOEA file number - assigned when an
   Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

DEP Use Only

Special Provisions:

1. ☑ Fee Exempt (city, town or municipal housing authority)(state agency if fee is $100 or less).

2. ☑ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).

3. ☑ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).

4. ☑ Homeowner (according to 310 CMR 4.02).

Permit No: 25192

Check Number: $385.00

Date: 2/17/2010

Reviewer: 25192

Dollar Amount: 2/17/2010