

**APPENDIX 4  
SUGGESTED NOTICE OF INTENT (NOI) FORMAT  
AND INSTRUCTIONS**

**I. Notice of Intent (NOI) Instructions**

**A. Required Information**

Applicants seeking coverage under the Hydroelectric Generating Facilities General Permit (HYDROGP) must submit a written NOI to EPA and the appropriate state agency as described below. The NOI consists of either the suggested NOI format included in Section II of this document or another format of official correspondence that contains all of the required information described below and listed in the suggested format. At a minimum, the NOI must include the information in Parts I.A.1 through I.A.7 below for each facility. Additional information may be attached as needed.

1. General Facility Information

- a. Indicate whether applying for MA or NH HYDROGP.
- b. Provide the name, address, and location (latitude and longitude) of the facility, the SIC code and indicate type of business, contact information for the facility owner, and contact information for the facility operator (if different from the owner).
- c. Information about the current permit status of the facility, including if prior HYDROGP coverage or individual NPDES permit coverage has been granted and the permit number, if a pending NPDES application is on file for the discharge(s) and the date of submittal, a topographic map indicating the locations of the facility and outfalls, number of turbines and the maximum and minimum capacity, and whether the facility is a pump storage project.

2. Discharge Information

- a. Name and type of the receiving water, receiving waterbody classification, if the waterbody is included on the State's Integrated List of Waters and information about any impairments.
- b. A schematic of water flow through the facility.
- c. Information about discharges from each outfall and each type of effluent, including the location of the outfall (latitude and longitude), the type of discharge, maximum and average flows, temperatures, oil and grease concentrations, and pH (including whether alternative pH limitations are requested and, if so, if State's approval is attached).

3. Best Technology Available for Cooling Water Intake Structures

- a. Indicate whether the facility withdraws water for cooling purposes. Facilities that do withdraw cooling water must also provide the following information.
- b. Provide the required information to demonstrate compliance with the entrainment BTA requirements in Part 4.2.a of the HYDROGP (e.g., volume of cooling water

withdrawn, volume of cooling water calculated as a percentage of capacity of the turbines, source water flows, volume of cooling water calculated as a percentage of the source water flow, and volume of cooling water reused in the facility).

- c. Indicate which technology will be employed to comply with the impingement mortality BTA requirements in Part 4.2.b of the GP and, where applicable, any supplemental information required to demonstrate compliance (e.g., effective intake velocity, description of existing fish protection devices, screen mesh size, cooling water flow relative to penstock flow, or biological evaluation).

#### 4. Chemical Additives

- a. Indicate if the facility plans to use non-toxic neutralization chemicals for pH adjustment.
- b. Indicate if the facility plans to use anti-freeze chemicals and, if so, for EACH anti-freeze chemical provide the chemical name and manufacturer, dosage concentration, effluent concentration, and a material safety data sheet or other toxicity documentation.

#### 5. Endangered Species Act Certification

The certification requirements for the HYDROGP under the ESA, including necessary documentation, are explained in detail in Appendix 2. Facilities must include a certification for species and habitat under the jurisdiction of USFWS AND NMFS. The facility must certify and provide documentation if there are no USFWS species present. The facility must indicate if the facility is not located in the areas where listed species under the jurisdiction of NMFS exist.

#### 6. National Historic Properties Act Eligibility

The criteria for eligibility for the HYDROGP under the NHPA are explained in detail in Appendix 3. Facilities must attach supporting documentation for eligibility where historic properties are present and may be impacted by the authorized discharges.

#### 7. Supplemental Information

Provide any supplemental information, including antidegradation review information applicable to new or increased discharges.

### **B. Signature Requirements**

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

### **C. Submission of NOI to EPA and the Appropriate State Agency**

1. NOI submittal timelines

- a. Proposed new dischargers that are seeking coverage under this General Permit must submit an NOI to EPA and the respective State, at least 30 days prior to the commencement of discharge.
- b. Existing facilities, including those covered under the 2009 HYDROGP that expired on December 7, 2014, seeking coverage under this General Permit must file an NOI to EPA and the respective State within 60 days of the effective date of this permit reissuance.

Filing with EPA - All operators located in Massachusetts and New Hampshire that apply for coverage under this General Permit must submit a NOI to EPA Region 1. All NOIs must be submitted electronically to EPA at [Hydro.GeneralPermit@epa.gov](mailto:Hydro.GeneralPermit@epa.gov).

2. Filing with the States - A copy of the NOI filed with EPA Region 1 must also be filed with state agencies as described below. The state agency may elect to develop a state specific form or other additional information requirements. All applicants should keep a copy of the complete application package for their records.
  - a. Discharges in Massachusetts: Applicants seeking coverage under the HYDROGP to discharge to Outstanding Resource Waters as identified in 314 CMR 4.06, shall submit to MassDEP for review a copy of the EPA NOI. Pursuant to 314 CMR 4.04(5), MassDEP may request additional information for the purpose of conducting an antidegradation review. For purposes of this review, the permittee shall submit these documents to MassDEP at the same time they are submitted to EPA. Instructions on how to submit the EPA NOI to MassDEP can be found here: <https://www.mass.gov/how-to/wm-15-npdes-general-permit-notice-of-intent>

Applicants for discharges to all other waters do not require any submission to MassDEP.

- b. Discharges in New Hampshire: All applicants must provide a completed copy of their NOI to:

New Hampshire Department of Environmental Services  
Water Division, Wastewater Engineering Bureau  
29 Hazen Drive, P.O. Box 95  
Concord, New Hampshire 03302-0095

**II. 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?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Permit number (if yes):  |  |
|  | Is the facility covered under an Individual Permit?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Is there a pending NPDES application of file with EPA for the discharge(s)?                              | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Map Attached                    |
|  | Number of turbines:  |  |
|  | Combined turbine discharge (installed capacity) at:  | Maximum capacity? cfs<br>Minimum capacity? cfs           |
|  | Is this facility operated as a pump storage project?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**B. Discharge Information**

|  |           |   |
|--|-----------|---|
| 1. Name of Receiving Water(s):   |           | <input type="checkbox"/> Freshwater <input type="checkbox"/> Marine |
| 2. Waterbody classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class SA <input type="checkbox"/> Class SB   |           |   |
| 3. Is the receiving water is listed in the State’s Integrated List of Waters (i.e., CWA Section 303(d))?   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 4. If the applicant answered yes to B.3, 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?  |           | <input type="checkbox"/> Yes <input type="checkbox"/> 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).   |           | <input type="checkbox"/> 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 1.7.1. and 2.7.1 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: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |            | State approval attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |
| Outfall No. | Latitude:   | Longitude: |   |      |
|             | Discharge is: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |            | State approval attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |

|             |   |            |   |      |
|-------------|---|------------|---|------|
| Outfall No. | Latitude:   | Longitude: |   |      |
|             | Discharge is: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |            | State approval attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |

**C. Best Technology Available for Cooling Water Intake Structures**

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| Facilities that checked “equipment-related cooling” as one of the discharges in Part B. of this NOI are subject to the following requirements.   |  |
| 1. Does the facility intake water for cooling purposes subject to the BTA Requirements at Part 4 of the HYDROGP?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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 4.2.b of the HYDROGP:  |  |
| <input type="checkbox"/> An existing technology (e.g., a physical or behavioral barrier, spillway, or guidance device) that directs fish towards a downstream passage that minimizes exposure to the CWIS. Has the applicant attached a narrative description of the barrier 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <input type="checkbox"/> An effective intake velocity at the point of cooling water withdrawal, or alternatively, at the point where cooling water enters the penstock (for intakes located within the penstock), not to exceed 0.5 fps. Has the applicant attached a demonstration of compliance with this intake velocity through observation of live fish in the intake or calculation based on the maximum intake volume and minimum bypass flow? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |

|   |   |
|---|---|
| <input type="checkbox"/> For cooling water withdrawn directly from the source waterbody ( <i>i.e.</i> , not from within the penstock), a physical screen or other barrier technology with a mesh size no greater than ½-inch that minimizes the potential for adult and juvenile fish to become entrapped in the CWIS.<br>Has the applicant attached a description of the technology? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If the mesh size of the screen is greater than ½-inch has the applicant demonstrated that the calculated intake velocity is less than 0.5 fps based on the screen dimensions, maximum intake volume, and source water 7Q10 low flow? <input type="checkbox"/> Yes <input type="checkbox"/> 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 volume of cooling water withdrawn during previous five (5) years:   | gpd   |
| Maximum monthly average volume of cooling water withdrawn during the previous five (5) years:   | gpd   |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| 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 ( <i>e.g.</i> , available from USGS, MassDEP, or NHDES):  | cfs   |
| Source water 7-day mean low flow with 10-year recurrence interval (7Q10):   | cfs   |
| Volume of total intake water withdrawn and used in facility as a percentage of:   |   |
| Source water mean annual flow   | cfs   |
| Source water 7Q10 flow  | cfs   |

### D. Chemical Additives

|  |  |
|--|--|
| 1. Does the facility use or plan to use non-toxic chemicals for pH adjustment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the facility use or plan to use chemicals for anti-freeze purposes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If the answer to D.2 is yes, provide the following for <b>EACH</b> chemical additive used for anti-freeze:  |  |
| Chemical Name and Manufacturer:  |  |
| Maximum Dosage Concentration Used:   | Average Dosage Concentration Used:                       |
| Maximum Concentration in Discharge:<br>mg/L  | Average Concentration in Discharge:<br>mg/L              |
| Material Safety Data Sheet (MSDS) or other toxicity documentation for each chemical attached? <input type="checkbox"/> Yes <input type="checkbox"/> 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  | <input type="checkbox"/> <b>Criterion A:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | <input type="checkbox"/> <b>Criterion B:</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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, is consultation underway? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | <input type="checkbox"/> <b>Criterion C:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |
|   | If yes, was the applicant authorized to discharge from the facility under the 2009 HYDROGP?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | If the discharge is to one of the named rivers above or to a marine water <i>and</i> the facility was not previously covered under the 2009 HYDROGP, has there been any previous formal or informal consultation with NMFS? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Documentation of consultation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**F. National Historic Properties Act Eligibility**

|   |
|---|
| 1. Indicate under which criterion the discharge(s) is eligible for covered under the HYDROGP:   |
| <input type="checkbox"/> <b>Criterion A:</b> No historic properties are present.  |
| <input type="checkbox"/> <b>Criterion B:</b> Historic properties are present. The discharges and related activities do not have the potential to impact historic properties.              |
| <input type="checkbox"/> <b>Criterion C:</b> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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: