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EPA

APPENDIX 5

Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General Permit

1. General facility information. Please provide the following information about the facility.

a) Name of facility: GENERAL ELECTRIC CO.		Type of Business: METER MANUFACTURING
Facility Location Address: ROMAN ST SOMERSWORTH NH 03878 longitude: _____ latitude: _____ SEE ATTACHED	Facility SIC codes: 3612 3825	Facility Mailing Address (if not location address) SAME
b) Name of facility owner: GENERAL ELECTRIC CO		Email address of owner: MIKE.TREMBLAY@GE.COM
Owner's Tel #: 603-749-8275	Owner's Fax #: 603-749-8265	Owner is (check one): 1. Federal _____ 2. State _____ 3. Tribal _____ 4. Private <input checked="" type="checkbox"/> 4. Other _____ (Describe)
Address of owner (if different from facility address) SAME		
Legal name of Operator, if not owner: OWNER OPERATED		
Operator Contact Name: BOB FRIZZLE		
Operator Tel Number: 603-749-8550 Fax Number: 603-749-8265		
Operator's email: ROBERT.FRIZZLE@GE.COM		
Operator Address (if different from owner)		
d) Attach topographic map indicating the locations of the facility and the receiving water; all NCCW discharge points; upstream and downstream monitoring points. Map attached? <input checked="" type="checkbox"/>		
e) Check Yes or No for the following:		
1. Has a prior NPDES permit been granted for the discharge? Yes <input checked="" type="checkbox"/> No _____ If Yes, Permit Number: NHG250617		
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes _____ No <input checked="" type="checkbox"/>		
3. Is the facility covered by an individual NPDES permit? Yes <input checked="" type="checkbox"/> No _____ If Yes, Permit Number NHRO5A217		
4. Is there a pending application on file with EPA for this discharge? Yes <input checked="" type="checkbox"/> No _____ If Yes, date of submittal:		

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed)

- a) Name of receiving water into which discharge will occur: SALMON FALLS RIVER
State Water Quality Classification: B WARMWATER Freshwater: YES Marine Water: _____
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: NON CONTACT COOLING
- c) FOR MASSACHUSETTS FACILITIES ONLY: Engineering Calculations: Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment A of the General Permit. Check if attached: N/A NH
- d) Number of outfalls 2
- For each outfall: SEE ATTACHED
- e) What is the maximum daily and average monthly flow of the discharge? Note that EPA will use the flow reported here as the facility's permitted effluent flow limit. Max Daily Flow 085 52,000 GPD Average Flow 005 35,000 GPD
015 100,000 GPD 015 65,000 GPD SEE ATTACHED
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. _____ Average Temp. _____
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH _____ Min pH SEE ATTACHED
- h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes N/A No NH If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.
- i) Is the discharge continuous? Yes YES No _____ If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) _____
If (P), number of days or months per year of the discharge _____ and the specific months of discharge _____;
If (I), number of days/year there is a discharge _____
- j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. _____ lat. _____; outfall 2: long. _____ lat. _____;
outfall .3: long. _____ lat. _____ (See http://www.epa.gov/tri/report/siting_tool) SEE ATTACHED
- k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 23.7 cfs
Please attach any calculation sheets used to support stream flow and dilution calculations. See General Permit Attachment B for equations and additional information.
- MASSACHUSETTS FACILITIES: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.
Areas of Critical Environmental Concern (ACEC): Does the discharge occur in an ACEC? Yes N/A No NH
If yes, provide the name of the ACEC: _____

3. NCCW Source Water Information. Please provide information about the NCCW source water, using separate sheets as necessary:

a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater):

Source: SURFACE WATER
 Name of Source Water: SALMON FALLS RIVER

Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)?

Yes No

If yes, registration number: _____

b) If source water is surface water:

i) Is it a freshwater river or stream Yes No

ii) Is it a lake? No reservoir? CANAL

iii) Is it tidal river? No estuary? No ocean? No

c) Is the source water groundwater? Yes No If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit.

d) Does the facility use both a primary and backup source of noncontact cooling water? Yes No

If yes, attach information that identifies and explains the primary and backup sources of noncontact cooling water for and how often the backup supply was used in last three years.

4. Best Technology Available for CWIS

Are you subject to BTA requirements at Part 4.2 of the General Permit? (Facility's discharge is covered by this General Permit and the facility withdraws noncontact cooling water from surface source water). Yes No If No, explain:

If YES, attach the facility-specific BTA description as required in Part 4.3 of the General Permit. For additional information and guidance, see Questions 13-23 of the NCCW Fact Sheet, posted at <http://www.epa.gov/region1/npdes/nccwgp.html>. Provide a map showing the location of each CWIS intake structure; NCCW outfall(s) and any CWIS feature referred to in the BTA description.

Include in your description:

- Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use
- The attributes of the current CWIS
- Design measures of the CWIS
- Operation measures of the CWIS
- Historical occurrence of impinged fish for the past five years
- If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system
- Other components to reduce impingement and/or entrainment of aquatic life

SEE ATTACHED SHEET.

4. BTA FOR CWIS CONTINUED:

Provide the following information for each CWIS to support your attached facility-specific BTA description.

Design capacity of the of the CWIS 0.288 MGD

Maximum monthly average intake of the CWIS during the previous five years 0.144 MGD Month in which this flow occurred _____

Maximum through-screen design intake velocity 0.45 feet/second (fps)

For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

The source water's annual mean flow 28.7 cubic feet/second (cfs) as available from USGS or other appropriate source

The design intake flow as a % of the source water's annual mean flow 43% Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 28.7 cfs. See Attachment B of the General Permit for more information on 7Q10 determinations.

The design intake flow as a percent of the source water's 7Q10 _____

5. Contaminant Information

If applicable, attach a listing of all non-toxic pH neutralization and/or dechlorination chemicals used, including chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)). None Used

6. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix 2, Part C, Step 4, of the General Permit. In addition, respond to the following questions.

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes ___ No X
- b) Has any consultation with the federal services been completed? Yes ___ No ___
- c) Is consultation underway? Yes ___ No ___
- d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one):
a "no jeopardy" opinion ___ or written concurrence ___ on a finding that the discharges are not likely to adversely affect any endangered species or
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D or E) have you met? _____
- f) Attach a copy of the most current federal listing of endangered and threatened species from the USF&W web site listed in Appendices 2, 2.1 and 4

7. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes ___ No X
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes ___ or No X If yes, attach the results of the consultation(s).
- c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 or 3) have you met? 1

8. Supplemental Information: Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit *None*

9. 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 (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) 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.

Facility Name:	GE Meter
Operator signature:	<i>Melinda / [unclear]</i>
Title:	Plant Manager
Date:	9-30-2008

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 a 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.

December 31, 2001 indicates the mean monthly average flows have been approximately 0.65 MGD.

- c. Dilution Factors: (Tier I and Tier II) - Dilution factors associated with the discharge from the BSD's waste water treatment facility were derived in accordance with freshwater protocols established in Department Rule Chapter 530.5, Surface Water Toxics Control Program, October of 1994. Chapter 530.5 (D)(4)(a) states that analyses using numeric acute criteria for aquatic life must be based on ¼ of the 1Q10 stream design flow to prevent substantial acute toxicity within any mixing zone. The 1Q10 is lowest one day flow over a ten year recurrence interval. The regulation goes on to say that where it can be demonstrated that a discharge achieves rapid and complete mixing with the receiving water by way of an efficient diffuser or other effective method, analyses may use a greater proportion of the stream design, up to including all of it. Based on Department information as to the mixing characteristics of the discharge with the receiving water, the Department has made the determination that the discharge receives rapid and complete mixing with the receiving water. Therefore, the full the 1Q10 is applicable in acute statistical evaluations pursuant to Department Rule Chapter 530.5. With a permitted treatment plant flow of 1.1 MGD, dilution calculations are:

$$\text{Dilution Factor} = \frac{\Rightarrow \text{River Flow (cfs)}(\text{Conv. Factor}) + \text{Plant Flow (MGD)}}{\text{Plant Flow (MGD)}}$$

$$\text{Acute: 1Q10} = 28.7 \text{ cfs} \Rightarrow \frac{(28.7 \text{ cfs})(0.6464) + 1.1 \text{ MGD}}{1.1 \text{ MGD}} = 17.9:1$$

$$\text{Chronic: 7Q10} = 28.7 \text{ cfs} \Rightarrow \frac{(28.7 \text{ cfs})(0.6464) + (1.1 \text{ MGD})}{1.1 \text{ MGD}} = 17.9:1$$

$$\text{Harmonic Mean:} = 86.1 \text{ cfs} \Rightarrow \frac{(86.1 \text{ cfs})(0.6464) + (1.1 \text{ MGD})}{1.1 \text{ MGD}} = 51.6:1$$

The 7Q10 and 1Q10 receiving water low flow value of 28.7 cfs was derived as part of the 11/22/99 TMDL. The value was derived using the Lamrey River gage (with 60 years of record) to prorate the unregulated incremental drainage between Milton and Berwick and then added this value to the 7Q10 flow at the USGS gage at Milton of 25.4 cfs (derived by the New Hampshire USGS using a Log Pearson type three statistical distribution).

6. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont'd)

- d. Biochemical Oxygen Demand (BOD₅) & Total suspended solids (TSS) – The Tier I year-round BOD₅ and TSS limits are being carried forward from the previous State WDL and federal NPDES permit. Those limits were derived from a combination of tannery effluent guidelines found in federal regulation 40 CFR 425.41 Subpart D – Retan-Wet Finish –Sides for a production of 121,000 lbs per day of Retan-Wet Finish-Sides plus a

Glossary

7Q10	The lowest seven day average flow that occurs on average once every 10 years
°C	degrees Celsius
%WA	per cent Wetted Area
ADO	Affected Dam Owner
AWU	Affected Water User
cfs	Cubic Feet per Second
cfs/m	Cubic Feet per Second per square Mile
GIS	Geographic Information System
GRAF	Generic Resident Adult Fish
HST	Habitat Stressor Thresholds
HMU	Hydromorphological Unit
IPOOCR	Instream Public Uses and Outstanding Characteristics
m	Meters
MA	the Commonwealth of Massachusetts
MesoHABSIM	a computer of meso-scale habitat simulation
NH	The state of New Hampshire
NHDES	The New Hampshire Department of Environmental Services
NHNHB	New Hampshire Natural Heritage Bureau
p	Proportions of each species in the community or collection
PISF	Protected InStream Flow
R&G	Rearing and Growth
RSA	Revised Statutes Annotated
SIFI	Special Interest Fish and Invertebrates
temp.	Temperature
TFC	Target Fish Community
TMDL	Total Maximum Daily Load
USEPA	United States Environmental Protection Agency
USGS	United States Geological Survey
WMP	Water Management Plan
WWTP	WasteWater Treatment Plant
XFC	eXisting Fish Community
YOY	Young of Year

GE Meter Somersworth NH 03878
NCCW NOI Submittal
Registration # NHG250317

9/29/08

Section 4.3a BTA General Requirements

- Reduction of intake flow
 - The site will selectively reduce intake flow as operating conditions permit.
- Return all live fish to source water
 - Any live fish that the site discovers will be safely returned to the source waters upon discovery.
- Elimination of Chlorinated water at CWIS
 - The site does not have nor would the site use chlorinated water in the CWIS.
- Documented Inspection Program
 - The program includes appropriate training, recordkeeping and reporting.
 - Based on the sites long history (> 50 years) w/ minimal to no impingement of fish in our CWIS, we will default to monthly inspections of the CWIS.
- Reporting of > 4 or more impinged fish in the CWIS
 - The site will notify the US EPA within the time frame stipulated in the permit.
- Through/Screen Velocity < 0.5fps
 - The site has evaluated our CWIS and is and will remain under the 0.5 fps requirement. (See attached)

Section 4.3b Facility Specific BTA Requirements

- Design capacity of CWIS
 - Unknown due to age of facility, but less than 1.0 mgd.
 - The system pump is rated below 1 mgd.
- Five year monthly average intake flow Records.
 - Available upon request.
- Closed Cycle Cooling Water System
 - Comparison not applicable
- Water Body Type
 - Included in submittal.
- Max through screen velocity
 - Included in submittal.
- Sources Annual Flow
 - Included in submittal.
- Design Intake flow as a percentage of source waters annual mean flow
 - Included in submittal.
- Sources water 7Q-10
 - Included in submittal.
- Design water flow as a percent of the source water 7Q-10
 - Included in submittal.
- Impingement History
 - There is no history of impingement

Section 4.3c

- Appropriate submittals will be made prior to any changes in the CWIS.

GE Meter Somersworth NH 03878
NCCW NOI Submittal
Registration # NHG250317

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(See attached)

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 - The system pump is rated below 1 mgd.
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 - Comparison not applicable
- Water Body Type
 - Included in submittal.
- Max through screen velocity
 - Included in submittal.
- Sources Annual Flow
 - Included in submittal.
- Design Intake flow as a percentage of source waters annual mean flow
 - Included in submittal.
- Sources water 7Q-10
 - Included in submittal.
- Design water flow as a percent of the source water 7Q-10
 - Included in submittal.
- Impingement History
 - There is no history of impingement

Section 4.3c

- Appropriate submittals will be made prior to any changes in the CWIS.

General Electric, Somersworth, New Hampshire 03878 Factory Water (Salmon Falls River) Intake Structure Flow

	cf ³ /sec.	cf ³ /gal	gal/min	gal/hr	gal/day	mgd
	1	7.48	448.8	26928	646272	0.646272
Pump Curve Max. gpm			200	12000	288000	0.288
Plant Usage Max. gpm			100	6000	144000	0.144

		cf ³ /min	cf ³ /sec	Screen Area 46"x96" ft ²	Effective Area 90% 0.5"x0.5" opng. ft ²	Intake Screen Flow ft./sec
Pump Curve Max. gpm	200.00	1496.00	24.93	30.67	27.60	0.90
Plant Usage Max. gpm	100.00	748.00	12.47	30.67	27.60	0.45

1 gallon H₂O = 7 cf³ H₂O

Pump intake pipe 12"φ CI installed circa 1930. Pipe is roughly 1200 feet long.

Mark Acerra 9/29/08

General Electric, Somersworth, New Hampshire 03878 Factory Water (Salmon Falls River) Intake Structure Flow

	cf ³ /sec.	cf ³ /gal	gal/min	gal/hr	gal/day	mgd
	1	7.48	448.8	26928	646272	0.646272
Pump Curve						
Max. gpm			200	12000	288000	0.288
Plant Usage						
Max. gpm			100	6000	144000	0.144
<hr/>						
				Screen Area	Effective Area 90%	Intake Screen
				46"x96"	0.5"x0.5" opng.	Flow
				ft ²	ft ²	ft./sec
Pump Curve		cf ³ /min	cf ³ /sec			
Max. gpm	200.00	1496.00	24.93	30.67	27.60	0.90
Plant Usage						
Max. gpm	100.00	748.00	12.47	30.67	27.60	0.45

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- TRI PBT Chemicals
- Laws, Regulations and Executive Order
- Guidance Documents
- State TRI Programs
- International TRI



Find Another Location

Zoom In



Zoom Out

Latitude:

43°15'33"

Longitude:

-70°51'36"

DISH 005

LEGEND

- Toxic releases
- Cities
- Railroads
- Streets
- Major roads
- Local streets
- Water bodies
- Streams
- States
- Counties

Map Map over Photo Photo Locator Map

Your goal: Get the center of you facility's production area centered in the map/photo window at the maximum zoom level. This will allow you to get the most precise coordinates.

Zoom-in/out: Select Zoom In, Zoom Out Bar on the right side.

Recenter: When you are not at the maximum zoom-in level, click on the map/photo to center.

Move map/photo: Click the arrow controls around the map/photo window to move in the direction you choose (North, South, East or West or NW, NE, SW, SE).

Mark location: Once you are at the maximum zoom-in level, click the center of the facility production area on the photo. This will mark the coordinates in the Latitude and Longitude fields.

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Last updated on Tuesday, March 02, 2004
 URL: <http://epamap20.epa.gov/tri/emtri.asp>



U.S. ENVIRONMENTAL PROTECTION AGENCY

Toxics Release Inventory (TRI) Program

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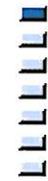
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- [TRI PBT Chemicals](#)
- [Laws, Regulations and Executive Order](#)
- [Guidance Documents](#)
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- [International TRI](#)



Find Another Location

Zoom In



Zoom Out

Latitude:

43°15'35"

Longitude:

-70°51'36"

DISCH 015

LEGEND

- Toxic releases
- Cities
- +—+ Railroads
- Streets
- Major roads
- Local streets
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- States
- Counties

Map Map over Photo Photo Locator Map

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Mark location: Once you are at the maximum zoom-in level, click the center of the facility production area on the photo. This will mark the coordinates in the Latitude and Longitude fields.

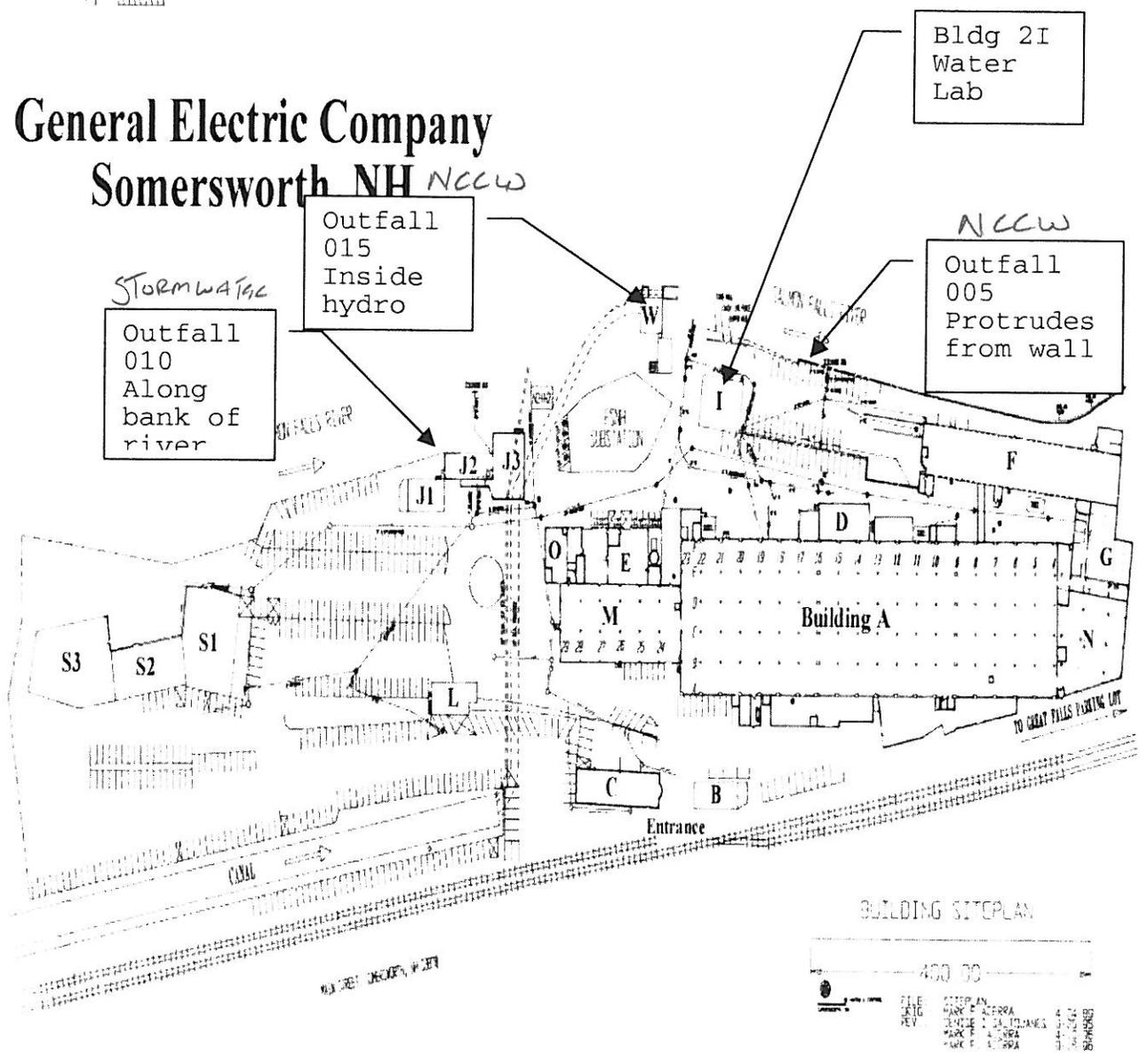
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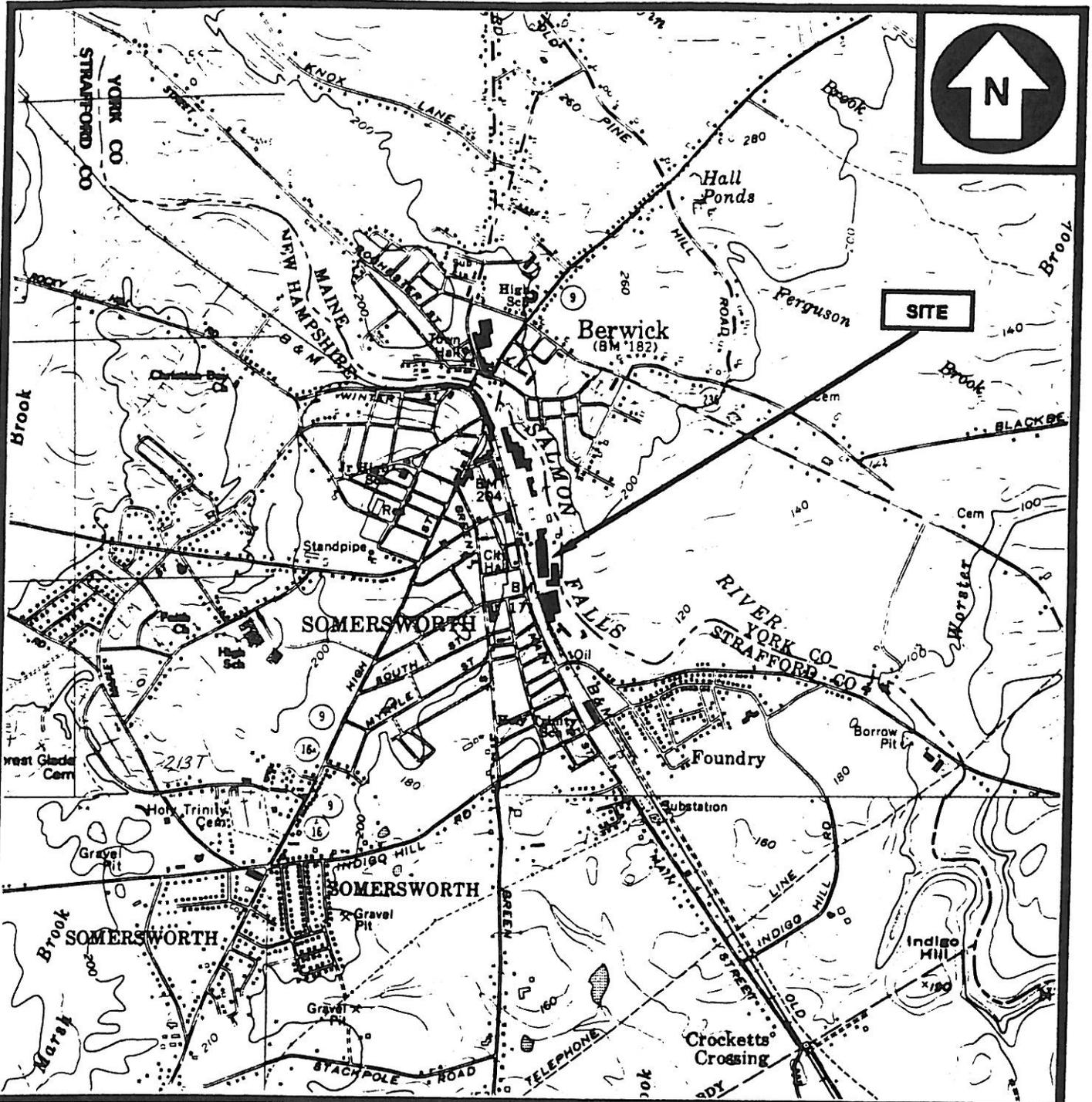
Last updated on Tuesday, March 02, 2004
 URL: <http://epamap20.epa.gov/tri/emtri.asp>

General Electric Company, Somersworth, NH 03878		
NPDES Storm Water NHR05A566 Outfalls 005,010		NPDES NCC Water NHG250317 Outfall 005, 015
Current Rev.: July 18, 2008		Sample Collection
Prior Rev.: 10/14/07		Section 01

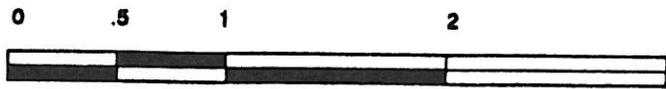


General Electric Company Somersworth NH NCCW





BASE MAP IS A PORTION OF THE FOLLOWING USGS 7.5' x 15 SERIES QUADRANGLES:
 SOMERSWORTH, NH-ME;
 DOVER EAST, NH;
 DOVER WEST, NH;
 ROCHESTER, NH-ME



SCALE IN KILOMETERS



QUADRANGLE LOCATION

LOCATION MAP

GENERAL ELECTRIC COMPANY-
 POWER METER DELIVERY AND CONTROL DIVISION
 SOMERSWORTH, NEW HAMPSHIRE



Figure 2.

2007 Temperature and PH Data
for OUTFALL 005

General Electric Company NON-Contact Cooling Water Permit NHG250317

	<u>Temp. Monthly AVG</u>	<u>Temp. Daily Max</u>	PH Min	PH Max
Jan-07	50.9	56.2	7.2	7.6
Feb-07	45.5	48.4	7.1	7.6
Mar-07	51.0	55.8	6.9	7.4
Apr-07	55.0	62.3	7.0	7.3
May-07	67.4	74.4	7.1	7.2
Jun-07	73.2	79.1	7.0	7.4
Jul-07	77.5	82.6	7.2	7.3
Aug-07	78.3	82.0	7.1	7.5
Sep-07	74.6	78.5	7.3	7.5
Oct-07	70.6	74.7	7.2	7.5
Nov-07	60.7	66.9	7.2	7.6
Dec-07	53.3	57.7	7.2	7.4
Annual Avg	63.2	68.2	7.1	7.4

2007 Temperature and PH Data
for OUTFALL 015

General Electric Company NON-Contact Cooling Water Permit NHG250317

	<u>Temp. Monthly AVG</u>	<u>Temp. Daily Max</u>	PH Min	PH Max
Jan-07	38.5	43.1	6.9	7.4
Feb-07	37.2	38.3	6.7	7.2
Mar-07	38.0	40.7	6.5	6.7
Apr-07	45.4	55.1	6.5	6.6
May-07	59.3	67.3	6.5	6.6
Jun-07	68.6	74.6	6.6	6.7
Jul-07	72.5	77.4	6.5	6.6
Aug-07	73.1	77.8	6.5	6.8
Sep-07	65.9	71.6	6.7	6.9
Oct-07	61.5	64.1	6.7	6.9
Nov-07	46.7	54.8	7.0	7.4
Dec-07	38.6	40.0	6.8	7.2
Annual Avg	53.8	58.7	6.7	6.9