



Roger A. Reed, Inc.  
Industrial and Specialty Waxes  
167 Pleasant Street, P.O. Box 508  
Reading, Massachusetts 01867-0690  
Telephone: (781) 944-4640  
Fax: (781) 942-1831

October 2, 2008

US EPA, Region 1  
NCCW GP Processing  
Municipal Assistance Unit (CMU)  
1 Congress Street, Suite 1100  
Boston, MA 02114-2023

RE: Roger A. Reed, Inc., Reading, MA;  
Non-Contact Cooling Water Discharges; MAG 250023

Dear Sirs:

Roger A. Reed, Inc. (Reed Wax), the owner of property located at 167 Pleasant Street, in Reading, MA hereby responds to the agency's request for the submission of a Notice of Intent. Reed Wax is a manufacturer that has been in business for more than 75 years. In connection with its manufacturing, Reed Wax was issued a general NPDES Permit in the 1970's. The permit number is MA 0027456. The permit allowed it to discharge non-contact cooling waters to the Eaton Brook. No withdrawals have taken place.

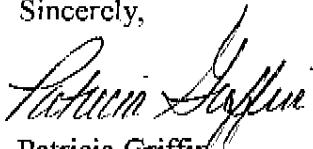
In the past three (3) years, Reed Wax has not used the discharge because it developed a methodology for avoiding discharges to the intermittent stream behind its building. However, due to the concern that this methodology could be temporarily suspended, Reed Wax has not abandoned its EPA Permit or its Massachusetts Permit and has continued to file the required monthly Discharge Monitoring Reports on a quarterly basis.

We have now been informed that a Notice of Intent is required pursuant to the agency's new regulations. Since Reed Wax has not been withdrawing water or discharging water recently, it is unable to answer many of the questions that have been posed in the Notice of Intent. (We have provided historical data where possible.) However, through this filing, Reed Wax agrees that in the event that conditions change and it is necessary to discharge water, we will comply with all

aspects of the regulations and submit all information required. I have filled out the portions of the Notice of Intent that include information at our disposal.

Please contact us as to how we should proceed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Griffin".

Patricia Griffin  
President

cc: Richard A. Nylan, Jr. Esq.

**APPENDIX 5**

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

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

a) Name of facility: Roger A. Reed, Inc.		Type of Business: Manufacturing
Facility Location Address : 167 Pleasant Street Reading, MA 01867 longitude: <u>71/5/30</u> latitude: <u>42/31/28</u>	Facility SIC codes: 2899	Facility Mailing Address (if not location address) P.O. Box 508 Reading, MA 01867
b) Name of facility owner: Patricia Griffin		Email address of owner: reedwax@aol.com
Owner's Tel #: <u>(781) 944-4640</u> Owner's Fax # <u>(781) 944-4640</u>		Owner is (check one): 1. Federal ___ 2. State ___ 3. Tribal ___ 4. Private <input checked="" type="checkbox"/> 5. Other ___ (Describe)
Address of owner (if different from facility address) Same		
Legal name of Operator, if not owner: <u>N/A</u>		
Operator Contact Name: _____		
Operator Tel Number: _____ Fax Number: _____		
Operator's email: _____		
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? <u>No</u>		
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: <u>General Permit MA0027456</u>		
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 <u>See above</u>		
4. Is there a pending application on file with EPA for this discharge? Yes ___ No <input checked="" type="checkbox"/> 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: Eaton Brook  
 State Water Quality Classification: ★ Freshwater: X Marine Water: \_\_\_\_\_  
★ Tributary to Ipswich River Water Shed w/o specific classification per 314CMR4
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: NCCW on an "as needed" basis.
- 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
- d) Number of outfalls 1

For each outfall: (A) Historical Data based on calendar year 2005 (Last year of recent discharge)

(A)

- 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 15,162 GPD Average Flow 67,975 GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 77.9 Average Temp. 62
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.73 Min pH 8.01
- h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes  No \_\_\_\_\_ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.
- i) Is the discharge continuous? 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) I  
 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 Unknown

j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 71°5'30" lat. 42°31'28" outfall 2: long. N/A lat. \_\_\_\_\_  
 outfall 3: long. N/A lat. \_\_\_\_\_ (See [http://www.epa.gov/tri/report/siting\\_tool](http://www.epa.gov/tri/report/siting_tool))

(B) Perennial Stream

k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water N/A - (B) 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 \_\_\_\_\_ No   
 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:

<p>a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater):                  Source: <u>Town of Reading Municipal Water</u>                  Name of Source Water: _____                  _____                  Is the source registered/permitted under MA Water Management Act or NHDDES Water User Registration Rule (Env Wq 2202)?                  Yes <input checked="" type="checkbox"/> No _____                  If yes, registration number: _____</p>	<p>b) If source water is surface water:                  i) Is it a freshwater river or stream? Yes _____ No <u>N/A</u>                  ii) Is it a lake? _____ reservoir? _____                  iii) Is it tidal river? _____ estuary? _____ ocean? _____                  c) Is the source water groundwater? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>                  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.</p>
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**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: Our only source of NCCW would be Town of Reading Municipal Water.

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

**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 \_\_\_\_\_ MGD

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

Maximum through-screen design intake velocity \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 \_\_\_\_\_ 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** *N/A*

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 LC<sub>50</sub> in percent for aquatic organism(s)).

**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.

- Not Available*
- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes \_\_\_ No \_\_\_
  - 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
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes \_\_\_ or No  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 a3) have you met? *N/A*

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 *See Cover Letter.*

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: Roger A. Reed, Inc.
Operator signature: <i>Ronnie Griffin</i>
Title: President and Owner
Date: <i>10/21/08</i>

- 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.