

APPENDIX 5

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

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

a) Name of facility: Saint-Gobain Performance Plastics Corporation		Type of Business: Manufacturer of high performance flexible
Facility Location Address : 701 Daniel Webster Highway Merrimack, New Hampshire longitude: 42° 53' 38" N latitude: 71° 27' 55" W	Facility SIC codes: 2221 2296 2851	Facility Mailing Address (if not location address) 701 Daniel Webster Highway Merrimack, NH 03054
b) Name of facility owner: Saint-Gobain Performance Plastics Corporation		Email address of owner: raymond.j.pieczarka@saint-g
Owner's Tel #: 603-424-9000 Owner's Fax # 603-424-0992		Owner is (check one): 1. Federal ___ 2. State ___ 3. Tribal ___ 4. Private <u>X</u> 4. Other _____ (Describe)
Address of owner (if different from facility address)		
Legal name of Operator, if not owner: _____		
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>X</u>		
e) Check Yes or No for the following:		
1. Has a prior NPDES permit been granted for the discharge? Yes <u>X</u> No ___ If Yes, Permit Number: NHG250392		
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes ___ No <u>X</u>		
3. Is the facility covered by an individual NPDES permit? Yes ___ No <u>X</u> If Yes, Permit Number _____		
4. Is there a pending application on file with EPA for this discharge? Yes ___ No <u>X</u> If Yes, date of submittal: _____		

2.b) Non-contact cooling water is generated as a result of a weekly fire fighting system pump testing event and consists of noncontact cooling water associated with heat transfer from two diesel engines and the packing surrounding the drive shaft within the pump housing.

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

a) Name of receiving water into which discharge will occur: Merrimack River
State Water Quality Classification: B Freshwater: Marine Water:

b) Describe the discharge activities for which the owner/applicant is seeking coverage: See above.

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:

d) Number of outfalls 1

For each outfall:

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 167 GPD Average Flow 79 GPD

f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 77^oF Average Temp. 54^oF

g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.98 Min pH 6.70

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) P (weekly)
If (P), number of days or months per year of the discharge 52 days and the specific months of discharge January through December;
If (I), number of days/year there is a discharge _____

j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 71^o27'44" W lat. 40^o53'30" N; outfall 2: long. _____ lat. _____;
outfall 3: long. _____ lat. _____ (See http://www.epa.gov/tri/report/siting_tool)

k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water Not Applicable 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>Municipal Water Supply</u> Name of Source Water: <u>ground water wells - Merrimack Village District Water Works</u> Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, registration number: <u>20504</u></p>	<p>b) If source water is surface water: i) Is it a freshwater river or stream Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Is it a lake? <input type="checkbox"/> reservoir? <input type="checkbox"/> iii) Is it tidal river? <input type="checkbox"/> estuary? <input type="checkbox"/> ocean? <input type="checkbox"/> c) Is the source water groundwater? Yes <input type="checkbox"/> No <input 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 <input type="checkbox"/> No <input 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: The facility does not withdraw water from surface waters.

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

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)). Not Applicable

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 X

c) Is consultation underway? Yes X 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? A

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(Attached)

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).

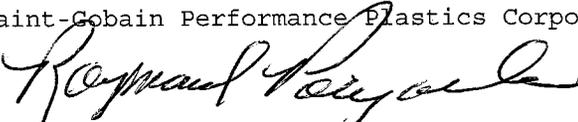
c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 o3) have you met? 1

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

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:

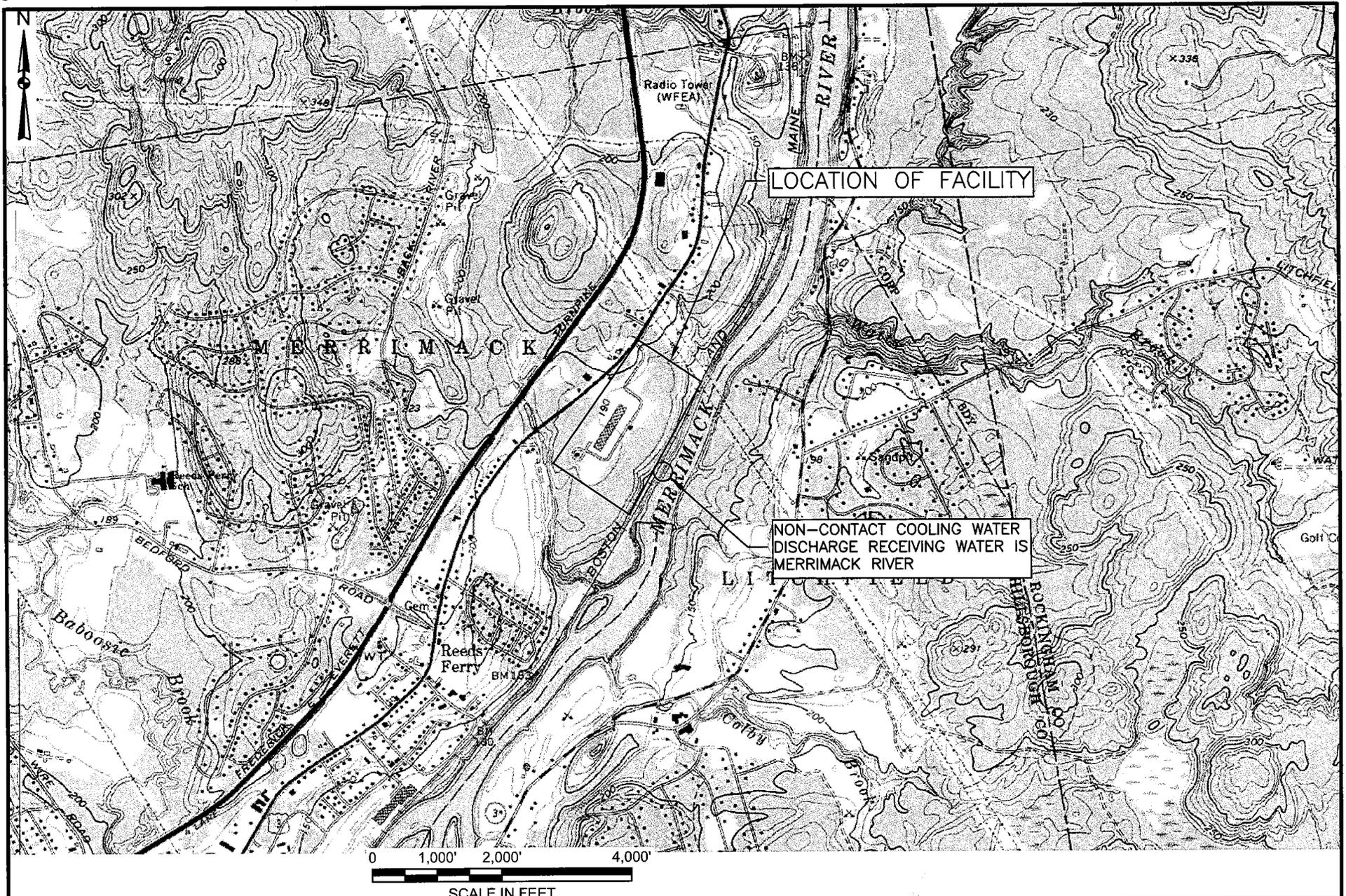
I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination 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:	Saint-Gobain Performance Plastics Corporation
Operator signature:	
Title:	Facility Engineering Manager
Date:	9/25/08

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.



PREPARED BY:  **GZA GeoEnvironmental, Inc.**
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PREPARED FOR:

NON-CONTACT COOLING WATER DISCHARGE
 SAINT GOBAIN PERFORMANCE PLASTICS CORPORATION
 701 DANIEL WEBSTER HIGHWAY
 MERRIMACK, NEW HAMPSHIRE

LOCUS PLAN

PROJ MGR:	DSJ	DATE	SEPT. 2008
DESIGNED BY:	DSJ	PROJECT NO.	04.0024789.00
REVIEWED BY:	RAB	REVISION NO.	
DRAWN BY:	BJC		
CHECKED BY:	RAB		
SCALE:	AS SHOWN		

FIGURE
 1
 SHEET NO.



Northeast Region

Common Name	Scientific Name	Status	Distribution
FISHES:			
Sturgeon, shortnose*	<i>Acipenser brevirostrum</i>	E	Atlantic Coastal waters and rivers
REPTILES:			
Turtle, leatherback*	<i>Dermochelys coriacea</i>	E	Oceanic summer resident
Turtle, loggerhead*	<i>Caretta caretta</i>	T	Oceanic summer resident
Turtle, Atlantic ridley*	<i>Lepidochelys kempii</i>	E	Oceanic summer resident
BIRDS			
Plover, piping	<i>Charadrius melodus</i>	T	Atlantic coast, Rockingham County/nesting
Tern, roseate	<i>Sterna dougallii dougallii</i>	E	Atlantic coast/migratory
MAMMALS:			
Canada lynx	<i>Lynx canadensis</i>	T	Extirpated
Cougar, Eastern	<i>Felis concolor cougar</i>	E	Entire state/historic
Bat, Indiana	<i>Myotis sodalis</i>	E	Carroll County
Whale, blue*	<i>Balaenoptera musculus</i>	E	Oceanic
Whale, finback*	<i>Balaenoptera physalus</i>	E	Oceanic
Whale, humpback*	<i>Megaptera novaeangliae</i>	E	Oceanic
Whale, right*	<i>Eubalaena</i> spp. (all species)	E	Oceanic
Whale, sei*	<i>Balaenoptera borealis</i>	E	Oceanic
Whale, sperm*	<i>Physeter catodon</i>	E	Oceanic
Wolf, gray	<i>Canis lupis</i>	E	Entire state/historic
MOLLUSKS:			
Wedgemussel, dwarf	<i>Alasmidonta heterodon</i>	E	Cheshire (S. Branch, Ashuelot River) Sullivan County (CT River) Coos County (CT River)
INSECTS:			
Beetle, Puritan tiger	<i>Cicindela puritana</i>	T	Extirpated (CT Rvr Valley)
Butterfly, karner blue	<i>Lycæides melissa samuelis</i>	E	Merrimack County
PLANTS:			
Jesup's milk-vetch	<i>Astragalus robbinsii</i> var. <i>jesupi</i>	E	Connecticut River Valley
Robbins cinquefoil	<i>Potentilla robbinsiana</i>	E	Coos County
Small whorled pogonia	(proposed delisting) <i>Isotria medeoloides</i>	T	Belknap, Strafford, Merrimack, Grafton, Carroll, Rockingham, Hillsborough Counties
Northeastern bulrush		E	Sullivan County