



Symmetricom®
34 Tozer Road
Beverly, MA 01915
PHONE: 978-927-8220
FAX: 978-927-4099

Thursday, January 22, 2009

2/2/09
received

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

RE: Symmetricom Notice of Intent Submittal

Municipal Assistance Unit,

On behalf of Symmetricom, I am submitting the enclosed Notice of Intent (NOI) forms and associated documentation for department review as we are applying for coverage under the EPA NPDES NCCW General Permit.

If you have any questions regarding this submittal, you may contact Douglas Cowles of Triumvirate Environmental at (617) 715-8924 or me at (978) 232-1485.

Sincerely,

Gerry Beauchesne
Facilities Manager
Symmetricom
34 Tozer Road
Beverly, MA 01915

Enclosures (4)

EPA NOI Form
NOI Attachment-1 (Topographic Map w/site and discharge identification)
NOI Attachment-2 (USFS Threatened and Endangered Species Listing-Massachusetts)
NOI Attachment-3 (December 15, 2008 written correspondence from the Mass DEP-Division of Watershed Management)

MAG-25

APPENDIX 5

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

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

a) Name of facility: Symmetricom, Inc.		Type of Business: Wireless communications equipment manufac
Facility Location Address : 34 Tozer Road Beverly, MA 01915 longitude: 70° 52' 53.6" W latitude: 42° 34' 12.6" N	Facility SIC codes: 3663	Facility Mailing Address (if not location address)
b) Name of facility owner: Symmetricom, Inc.		Email address of owner: dfogaren@symmetricom.com
Owner's Tel #: (978) 232-1418	Owner's Fax #: (978) 927-4099	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)		
Legal name of Operator, if not owner: _____		
Operator Contact Name: <u>Gerry Beauchesne</u>		
Operator Tel Number: <u>(978) 232-1485</u> Fax Number: <u>(978) 927-4099</u>		
Operator's email: <u>gbeauchesne@symmetricom.com</u>		
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 ___ No <input checked="" type="checkbox"/> If Yes, Permit Number: _____		
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 ___ No <input checked="" type="checkbox"/> If Yes, Permit Number _____		
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: tributary of the Bass River
State Water Quality Classification: B Freshwater: Yes Marine Water: _____
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: 5,000 GPD cooling water discharge from facility industrial furnaces.
- 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 8,000 GPD Average Flow 5,000 GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 85°F Average Temp. 72°F
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.6 Min pH 6.8
- 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) _____
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. 70°52' 53.6" lat. 42° 34' 12.6"; 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 .013 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>City of Beverly Public Services</u> _____ Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes _____ No <input checked="" type="checkbox"/> If yes, registration number: _____</p>	<p>b) If source water is surface water: i) Is it a freshwater river or stream Yes _____ No _____ ii) Is it a lake? _____ reservoir? _____ iii) Is it tidal river? _____ estuary? _____ ocean? _____ 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.</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: Symmetricom does not withdraw any water from surface water sources.

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:

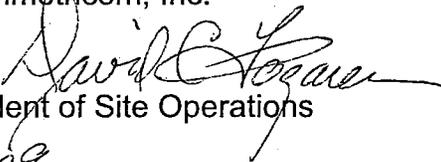
- _____ Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- _____ A characterization of the source 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

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.

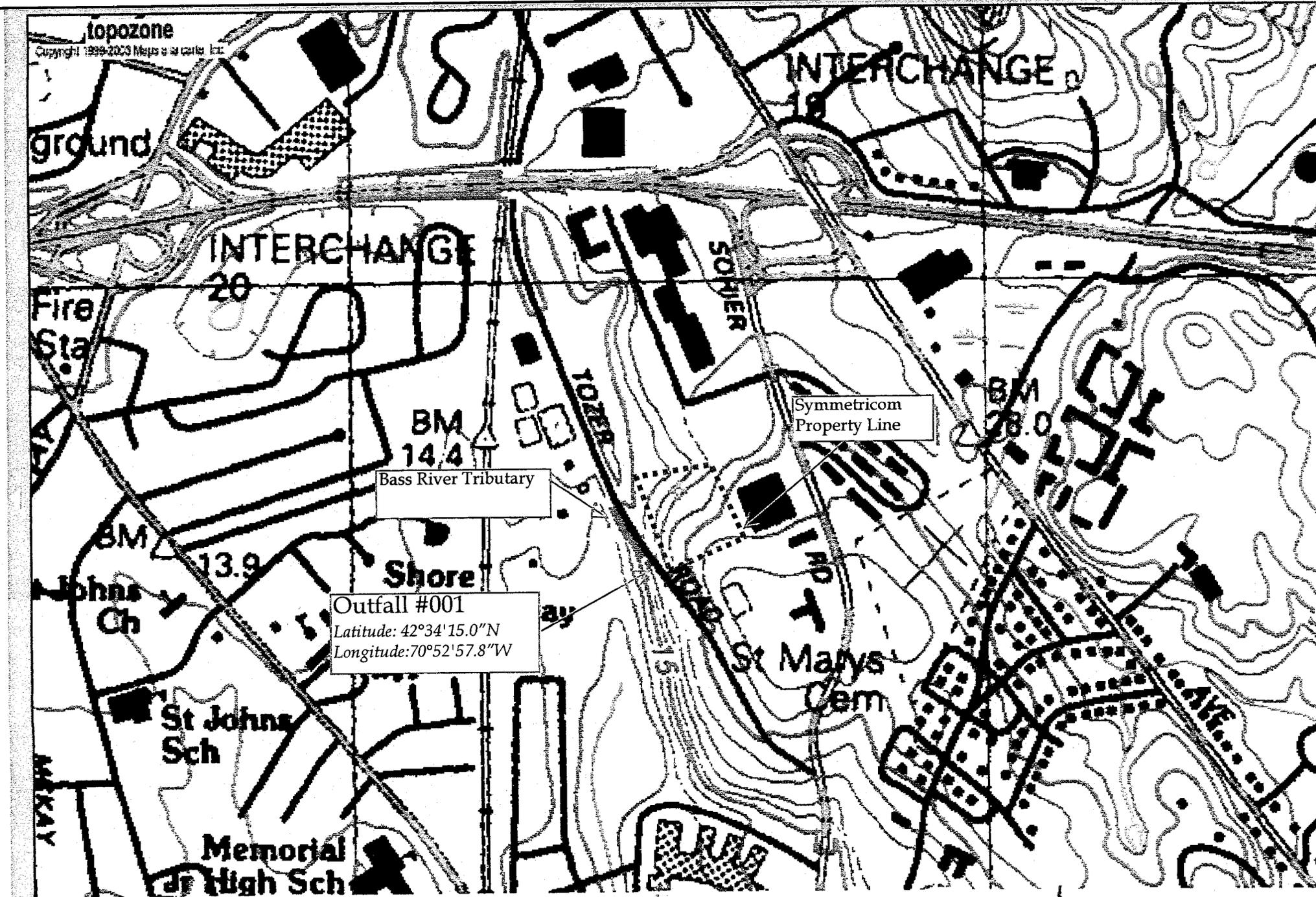
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility Name: Symmetricom, Inc.
Operator signature: 
Title: Vice President of Site Operations
Date: 1-22-09

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.

ATTACHMENT I
TOPOGRAPHIC AREA MAP





U.S. Fish & Wildlife Service
Threatened & Endangered Species System

Massachusetts

Notes:

- This report shows the species listed in this state according to the Federal Register listing description.
- This list does not include experimental populations and similarity of appearance listings.
- This list includes species or populations under the sole jurisdiction of the National Marine Fisheries Service.
- Click on the highlighted scientific names below to view a Species Profile for each listing.

Listed species (based on published population data) -- 27 listings

Animals -- 22

<u>Status</u>	<u>Species/Listing Name</u>
E	Beetle, American burying (<i>Nicrophorus americanus</i>)
E	Butterfly, Karner blue (<i>Lycaeides melissa samuelis</i>)
E	Curlew, Eskimo (<i>Numenius borealis</i>)
T	Plover, piping except Great Lakes watershed (<i>Charadrius melodus</i>)
E	Plymouth Red-Bellied Turtle (<i>Pseudemys rubriventris bangsi</i>)
E	Puma (=cougar), eastern (<i>Puma (=Felis) concolor cougar</i>)
E	Sea turtle, hawksbill (<i>Eretmochelys imbricata</i>)
E	Sea turtle, Kemp's ridley (<i>Lepidochelys kempii</i>)
E	Sea turtle, leatherback (<i>Dermochelys coriacea</i>)
T	Sea turtle, loggerhead (<i>Caretta caretta</i>)
E	Sturgeon, shortnose (<i>Acipenser brevirostrum</i>)
E	Tern, roseate northeast U.S. nesting pop. (<i>Sterna dougallii dougallii</i>)
T	Tiger beetle, northeastern beach (<i>Cicindela dorsalis dorsalis</i>)
T	Tiger beetle, Puritan (<i>Cicindela puritana</i>)
T	Turtle, bog (=Muhlenberg) northern (<i>Clemmys muhlenbergii</i>)
E	Wedgemussel, dwarf (<i>Alasmidonta heterodon</i>)
E	Whale, blue (<i>Balaenoptera musculus</i>)
E	Whale, finback (<i>Balaenoptera physalus</i>)

<u>Status</u>	<u>Species/Listing Name</u>
T	Amaranth, seabeach (<i>Amaranthus pumilus</i>)
E	Bulrush, Northeastern (<i>Scirpus ancistrochaetus</i>)
E	Chaffseed, American (<i>Schwalbea americana</i>)
E	Gerardia, sandplain (<i>Agalinis acuta</i>)
T	Pogonia, small whorled (<i>Isotria medeoloides</i>)
