

NHK-250

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: SYMMETRY MEDICAL MANCHESTER		Type of Business: MANUFACTURING MEDICAL SUPPLIES
Facility Location Address : 263 ABBY ROAD, MANCHESTER, NH 03103		Facility Mailing Address (if not location address)
Facility SIC codes: 3089	longitude: 42° 56' 08" N latitude: 71° 25' 13" W	Email address of owner: ray.ferland@symmetrymedical.com
b) Name of facility owner: SYMMETRY MEDICAL USA, INC.		Owner is (check one): 1. Federal _____ 2. State _____ 3. Tribal _____
Owner's Tel #: (603) 647-7822		4. Private <input checked="" type="checkbox"/> 5. Other _____ (Describe)
Owner's Fax # _____		Address of owner (if different from facility address)
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)
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 <input checked="" type="checkbox"/> No _____ IF Yes, Permit Number _____		
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: UNNAMED TRIBUTARY COHAS BROOK
 State Water Quality Classification: B Freshwater: X Marine Water: _____
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: Non-contact cooling water is generated as a result of quarterly fire fighting system pump testing event and consists of noncontact cooling water associated with heat transfer from the diesel engine.
- 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

NOTE: Discharge is from the building to an on-site catch basin which drains into the municipal stormwater conveyance system on the street. Waters are conveyed from the site approximately 2,100 feet over an 110 foot elevation drop through the pipe network before being discharged to the Unnamed Tributary of Cohas Brook.

- 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 57600* GPD Average Flow N/A GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 78°F Average Temp. 60°F
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.13** Min pH 7.00
- 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
 If (P), number of days or months per year of the discharge 4 days and the specific months of discharge Jan to Dec (Quarterly) ;
 If (I), number of days/year there is a discharge _____ ;
- j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. -71.419637° lat. 42.935152°; 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: _____

* Max daily flow assumes the pump is running for a continual 24 hours, however, typical testing operations entails a 15 minute run cycle every quarter.
 **Discharges are from municipal water supply source; therefore, anticipated pH levels are based on City of Manchester 2010 Water Quality report value.

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>LAKE MASSABESIC</u></p> <p>Is the source registered/permited under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, registration number: <u>20009</u></p>	<p>b) If source water is surface water:</p> <p>i) Is it a freshwater river or stream? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>ii) Is it a lake? Yes <input type="checkbox"/> reservoir? <input type="checkbox"/></p> <p>iii) Is it tidal river? No <input type="checkbox"/> estuary? <input type="checkbox"/> ocean? <input type="checkbox"/></p> <p>c) Is the source water groundwater? Yes <input type="checkbox"/> 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.</p> <p>d) Does the facility use both a primary and backup source of noncontact cooling water? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>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 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/index/nccwep.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.

FROM SURFACE WATERS.

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
- b) Has any consultation with the federal services been completed? Yes _____ No
- d) 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? 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

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, 03) 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: SYMMETRY MEDICAL MANCHESTER

Operator signature:

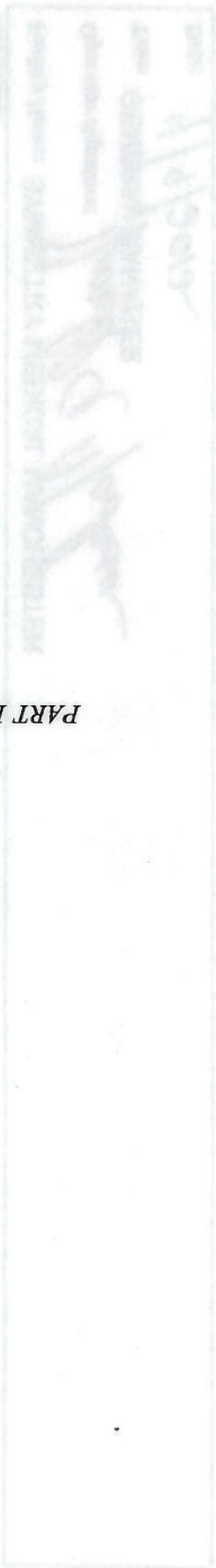
Title: GENERAL MANAGER

Date:

4/9/2012

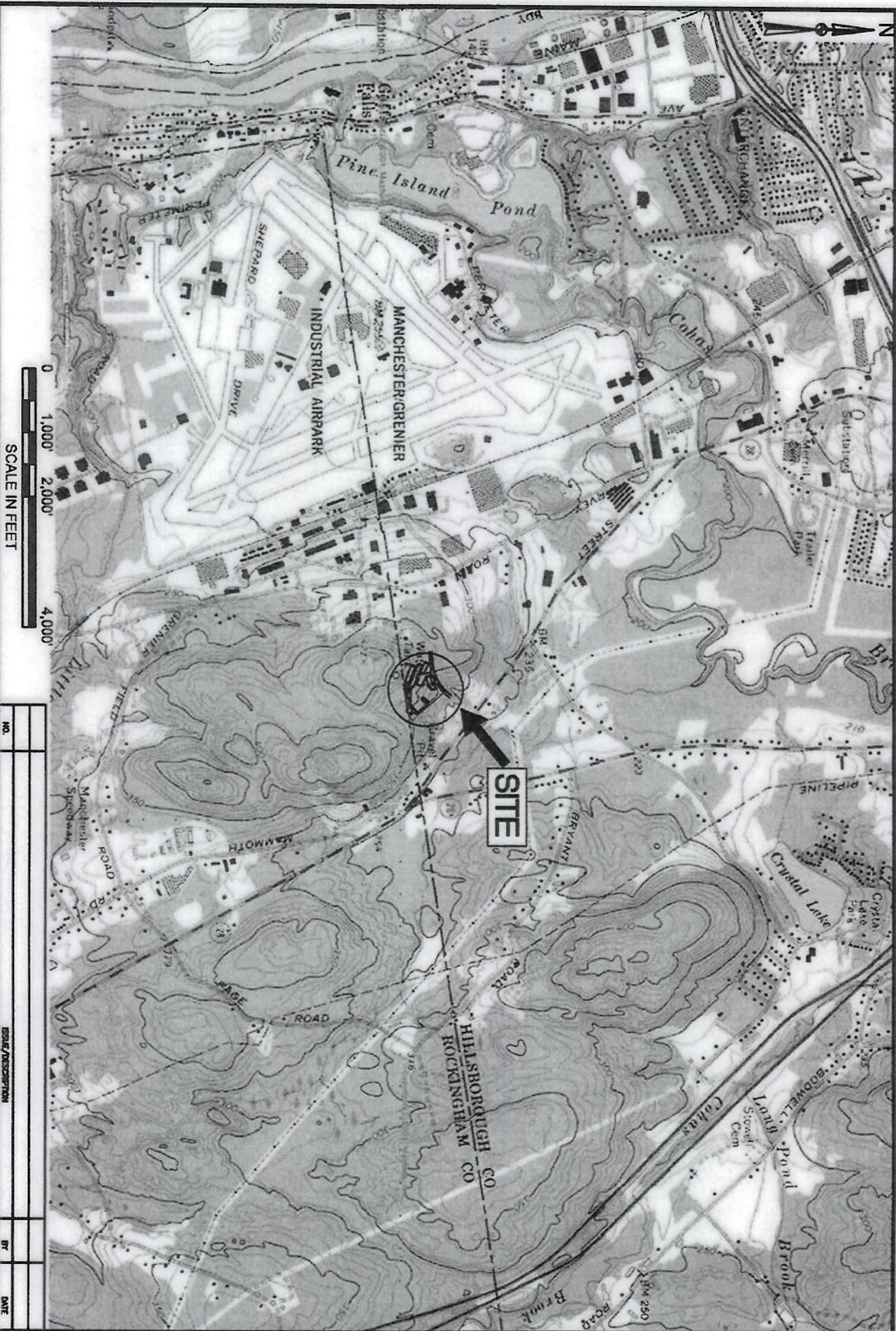
- Federal regulations require this application to be signed as follows:
1. For a corporation, by a principal executive officer of at least the level of vice president;
 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
 3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

1. For a more complete description of the map, see the accompanying report.
2. For a more complete description of the map, see the accompanying report.
3. For a more complete description of the map, see the accompanying report.



**ATTACHMENT I
PART I(D) - TOPOGRAPHIC MAP**

The map shows the topographic features of the area, including the location of the proposed project. The map is a topographic map showing the terrain of the area. The map is a topographic map showing the terrain of the area. The map is a topographic map showing the terrain of the area.



PREPARED BY:
GZA
 GZA GeoEnvironmental, Inc.
 Engineers and Scientists
 300 HANOVER ROAD
 MANCHESTER, NEW HAMPSHIRE 03103
 (603) 253-2500

PROJECT FOR:
SYMMETRY MEDICAL USA, INC.

SYMMETRY MEDICAL USA, INC.
 253 ABBY ROAD
 MANCHESTER, NEW HAMPSHIRE

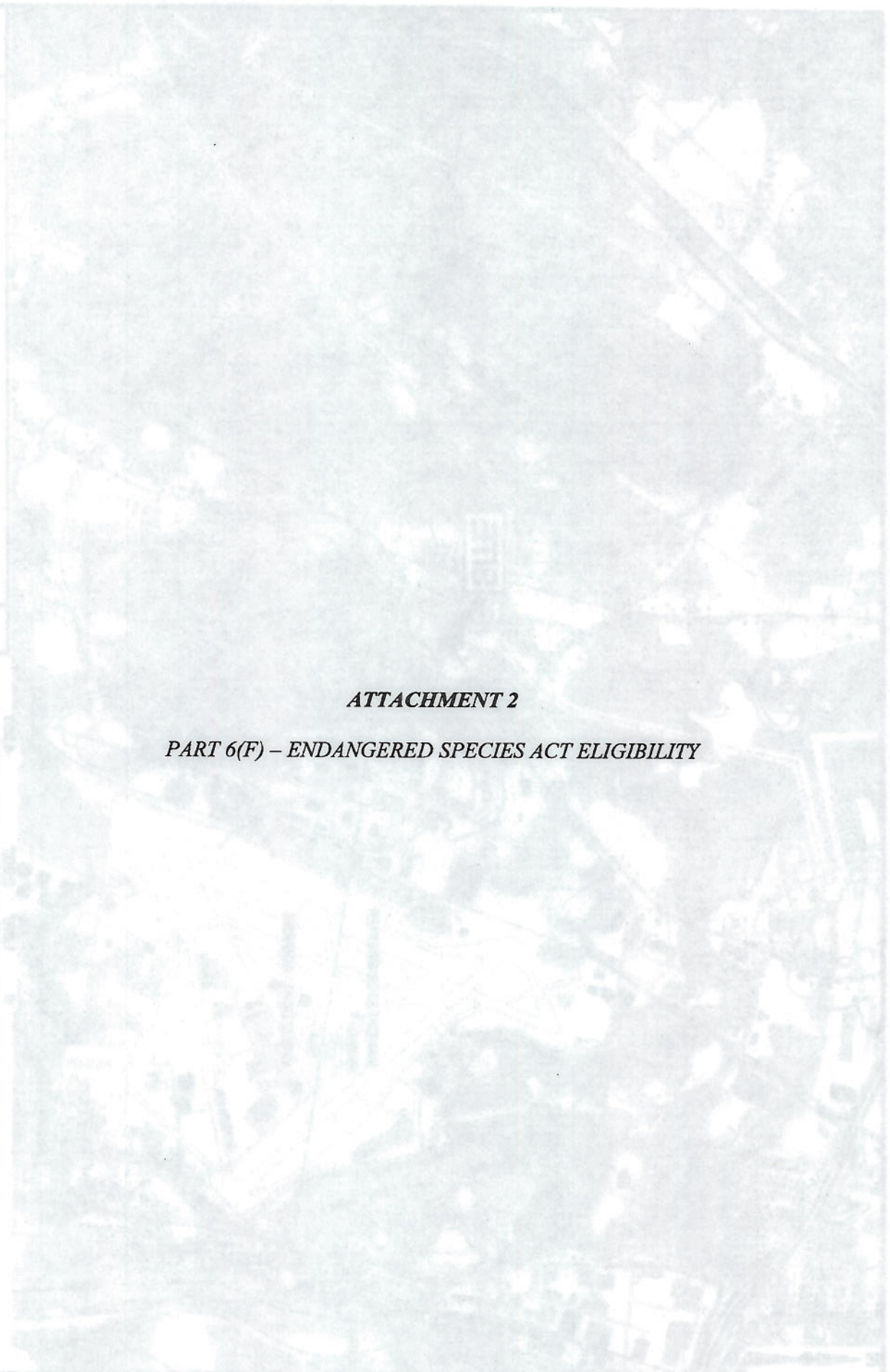
NO.	DATE	BY	DATE

LOCUS PLAN

PROJ. NO.	DATE	FIGURE
04.0029551.00	MARCH 2012	1

ISSUE/DESCRIPTION	BY	DATE
DESIGNED BY: KOB		
REVIEWED BY: KOB		
DRAWN BY: MAM		
CHECKED BY:		
SCALE: AS NOTED		

STATE OF MICHIGAN DEPARTMENT OF NATURE AND ENVIRONMENT DIVISION OF LAND AND WATER 220 N. ZEEB ROAD LANSING, MI 48206-1600 TEL: 313.324.3100 FAX: 313.324.3101 WWW.DNEN.MICHIGAN.GOV	PROJECT NO. 100-100000-0000 579 VERA LINDO ZANWELLS MEDICAL CENTER	PROJECT NAME ZANWELLS MEDICAL CENTER	MAP SHEET NO. 100-100000-0000-001	SHEET NO. 1	DATE 10/1/00
			SCALE 1" = 100'	AREA 1.00 AC	PROJECT NO. 100-100000-0000



ATTACHMENT 2

PART 6(F) – ENDANGERED SPECIES ACT ELIGIBILITY



To: Ronald Breton, GZA GeoEnvironmental, Inc.
380 Harvey Road
Manchester, NH 03103

From: NH Natural Heritage Bureau

Date: 6/22/2011 (valid for one year from this date)

Re: Review by NH Natural Heritage Bureau of request submitted 6/20/2011

NHB File ID: NHB11-1286

Applicant: Symmetry Medical Polyvac

Location: Manchester
253 Abby Road

Project

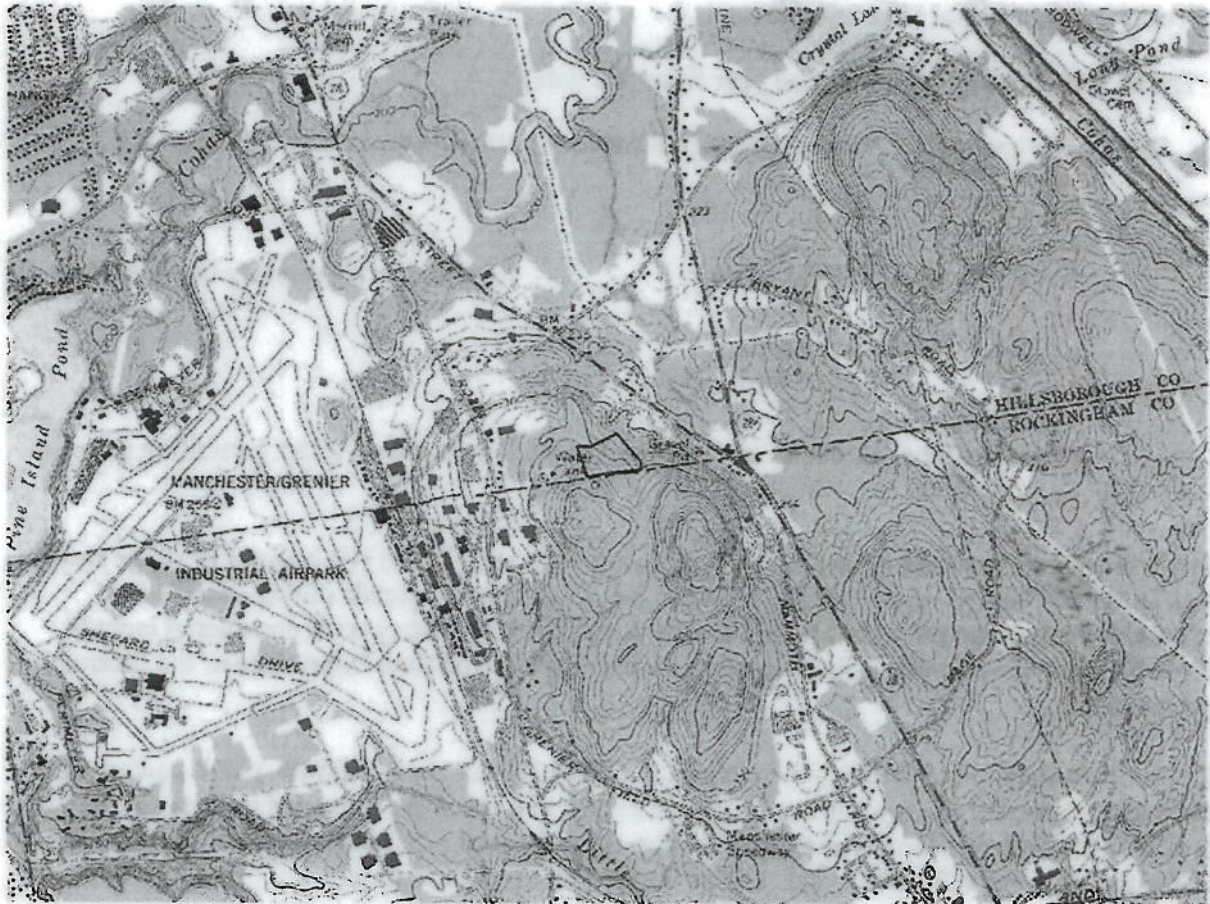
Description: to obtain coverage under the federal storm water permitting program

The NH Natural Heritage database has been checked by staff of the NH Natural Heritage Bureau and/or the NH Nongame and Endangered Species Program for records of rare species and exemplary natural communities near the area mapped below. The species considered include those listed as Threatened or Endangered by either the state of New Hampshire or the federal government.

It was determined that, although there was a NHB record (e.g., rare wildlife, plant, and/or natural community) present in the vicinity, we do not expect that it will be impacted by the proposed project. This determination was made based on the project information submitted via the NHB Datacheck Tool on 6/20/2011, and can not be used for any other project.



MAP OF PROJECT BOUNDARIES FOR: NHB11-1286



From: Samuel Despins
To: Jennifer Pisani
Subject: FW: NHB Species Check
Date: Wednesday, March 07, 2012 3:32:05 PM
Attachments: [image001.png](#)

Thanks,
Sam

Samuel P. Despins
Engineer II
GZA GeoEnvironmental, Inc.
380 Harvey Road
Manchester, NH 03103
603-232-8721
603-767-4318 (cell)
603-624-9463 (fax)
samuel.despins@gza.com

PBD Logo_Smaller_Final



From: Melissa L. Coppola [mailto:Melissa.Coppola@dred.state.nh.us]
Sent: Wednesday, March 07, 2012 8:57 AM
To: Samuel Despins
Subject: RE: NHB Species Check

The nearby wildlife species that triggered further review initially are not federally-listed species.

Melissa

Melissa Coppola
Environmental Information Specialist
Division of Forest & Lands- Natural Heritage Bureau
PO Box 1856
Concord, NH 03302-1856
603-271-2215 ext. 323
www.nhnaturalheritage.org

The Nature of New Hampshire: Natural Communities of the Granite State
NH Natural Heritage's new guide to the state's natural communities.
Now available for order through the University Press of New England!

From: Samuel Despins [mailto:Samuel.Despins@gza.com]
Sent: Tuesday, March 06, 2012 11:11 AM
To: Melissa L. Coppola
Subject: NHB Species Check

Ms. Coppola,

I am inquiring about a NH Natural Heritage Bureau (NHB) review I submitted on behalf of Ronald Breton on 6/20/2011. As stated in the attached NHB response, it was determined that there was NHB record of rare wildlife, plant and/or natural community present in the vicinity of the site. However, are any of these records federally endangered species? If so, will you please provide me with which species are located within this area?

Please feel free to call me using the information below if you have any questions.

NHB File ID: NHB11-1286
Location: 253 Abby Road
Manchester, NH

Thanks,
Sam

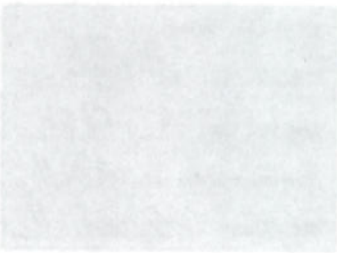
Samuel P. Despins
Engineer II
GZA GeoEnvironmental, Inc.
380 Harvey Road
Manchester, NH 03103
603-232-8721
603-361-4307 (cell)
603-624-9463 (fax)
samuel.despins@gza.com

PBD Logo_Smaller_Final



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For information about GZA GeoEnvironmental, Inc. and its services, please visit our website at www.gza.com.



Please mail the completed form and required materials to:
 New Hampshire Division of Historical Resources
 State Historic Preservation Office
 Attention: Review & Compliance
 10 Pillsbury Street, Concord, NH 03301-2470

RECEIVED
 JUN 1 2011

**Request for Project Review by the
 New Hampshire Division of Historical Resources**

- This project is funded by the American Recovery and Reinvestment Act of 2009
- This is additional information regarding an IHR Review #
- This is a new submission

Project Title: Pharmacy Medical Review Project Location: Manchester, NH (Agency providing funds, services, or permits)	Project Number: 2011-001 Project Date: 06/01/2011 Project Status: Pending
ATTACHMENT 3 PART 7(B) – NATIONAL HISTORIC PRESERVATION ACT REQUIREMENTS	
Applicant Name: Pharmacy Medical Review Street Address: 248 Abby Road City: Manchester State: NH Zip: 03103-1000	
Name/Company: Ronald A. Bester, P.E. / OSA Environmental Mailing Address: 280 Harvey Road City: Manchester State: NH Zip: 03103-1000 Phone Number: 603-222-8701	

Please refer to the Request for Project Review manual for questions on completing this form. Submit one copy of this project review form for each project for which review is requested. Review is requested by the applicant and the project review process will not be initiated until the review is requested. Project review forms will be sent back to the applicant within 90 days. Review requests that are not complete will be returned to the applicant. For more information, please contact the Division of Historical Resources (DHR) at 603-222-8701. Please refer to the form for additional information on completing our review. All items and supporting documentation submitted with a review request, including photographs and preliminary maps, are retained by the DHR as part of its review process. Items to be kept confidential should be clearly identified. For questions regarding the DHR review process, please visit our website at www.nh.gov/dhr or contact the RAC Specialist at 603-222-8701.

Please mail the completed form and required material to:

New Hampshire Division of Historical Resources
State Historic Preservation Office
Attention: Review & Compliance
19 Pillsbury Street, Concord, NH 03301-3570

RECEIVED
JUN 17 2011

DHR Use Only	3038
R&C#	
Log In Date	6, 17, 11
Response Date	6, 23, 11
Sent Date	6, 27, 11

Request for Project Review by the New Hampshire Division of Historical Resources

- This Project is funded by the American Recovery and Reinvestment Act of 2009
 This is a new submittal This is additional information relating to DHR Review #:

GENERAL PROJECT INFORMATION			
Project Title: Symmetry Medical Polyvac Manchester Storm Water Permitting MSGP 2008			
Project Location: Manchester, NH 253 Abby Road			
Tax Map & Lot #: 5645/299 (book/page)			
NH State Plane - Feet Geographic Coordinates: Easting: 1050551		Northing: 257678	WGS84 datum
(see RPR Manual and R&C FAQ's for help accessing this data)			
Lead Federal Agency: Environmental Protection Agency (EPA) (Agency providing funds, licenses, or permits)			
Permit or Job Reference #: NPDES Storm Water Multi-Sector General Permit (MSGP)			
State Agency and Contact (if applicable): NOT APPLICABLE			
Permit or Job Reference #: N/A			
APPLICANT INFORMATION			
Applicant Name: Symmetry Medical Polyvac			
Street Address: 253 Abby Road Phone Number: 603-647-7822			
City: Manchester State: NH Zip: 03103-3300 Email: ray.ferland@symmetrymedical.com			
CONTACT PERSON TO RECEIVE RESPONSE			
Name/Company: Ronald A. Breton, P.E. / GZA GeoEnvironmental			
Mailing Address: 380 Harvey Road		Phone Number: 603-232-8744	
City: Manchester State: NH Zip: 03103-3347 Email: ron.breton@gza.com			

Please refer to the Request for Project Review manual for direction on completing this form. Submit one copy of this project review form for each project for which review is requested. ^{Thank You} Include a self-addressed stamped envelope to expedite review response. Project submissions will not be accepted via facsimile or e-mail. This form is required. Review request form must be complete for review to begin. Incomplete forms will be sent back to the applicant without comment. Please be aware that this form may only initiate consultation. For some projects, the Division of Historical Resources (DHR) may require additional information to complete our review. All items and supporting documentation submitted with a review request, including photographs and publications, must be retained by the DHR as part of its review records. Items to be kept confidential should be clearly identified. For questions regarding the DHR review process, please visit our website at: www.nh.gov/nhdhr/review or contact the R&C Specialist at 603.271.3558.

PROJECT BOUNDARIES AND DESCRIPTION

PROJECTS CANNOT BE PROCESSED WITHOUT THIS INFORMATION

REQUIRED

- Attach the relevant portion of a 7.5' USGS Map (photocopied or computer-generated) *indicating the defined project boundary.*
- Attach a detailed written description of the proposed project. Include: (1) a narrative description of the proposed project; (2) site plan; (3) photos and description of the proposed work if the project involves rehabilitation, demolition, additions, or alterations to existing buildings or structures; and (4) a photocopy of the relevant portion of a soils map (if accessible) for ground-disturbing projects.

Architecture

Are there any buildings or structures within the project area? Yes No

If yes, submit all of the following information:

Approximate age(s): 14

- Photographs of *each* building located within the project area along with a photo key. Include streetscape images if applicable. (Digital photographs are accepted. All photographs must be clear, crisp and focused)
- DHR file review conducted on: **NOT APPLICABLE** Provide file review results in project narrative.

To obtain coverage under Federal Storm Water Permitting Program (40 CFR 122.26)

Please note that as part of the review process, the DHR may request an architectural survey or other additional information.

Archaeology

Does the proposed undertaking involve ground-disturbing activity? Yes No

If yes, submit all of the following information:

- Project specific map and/or preliminary site plan that fully describes the project boundaries and areas of proposed excavation.
- Description of current and previous land use and disturbances.
- Any available information concerning known or suspected archaeological resources within the project area.

Please note that as part of the review process, the DHR may request an archaeological survey or other additional information.

DHR COMMENT

This Space for Division of Historical Resources Use Only

- No Potential to cause Effects Additional information is needed in order to complete our review
- No Adverse Effect No Historic Properties Affected Adverse Effect

Comments: _____

If plans change or resources are discovered in the course of this project, you must contact the Division of Historical Resources as required by federal law and regulation.

Authorized Signature: E.H. Muzzey

Date: 6/23/11