APPENDIX 5
Suggested Notice of Intent Format

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 1
FIVE POST OFFICE SQUARE SUITE 100
BOSTON, MASSACHUSETTS 02109-3912

Request for General Permit Authorization to Discharge Noncontact cooling Water
Notice of Intent (NOI) to be covered by the General Permit

Noncontact Cooling Water General Permit (NCCWGP)
NPDES General Permits No. MAG250000 and NHG250000

A. Facility Information

1. Indicated applicable General Permit for discharge: MAG250000 ☒ NHG250000 ☐

2. Facility Information/Location:
   Facility Name Hazen Paper Company
   Street/PO Box 295 Park St City Housatonic
   State Massachusetts Zip Code 01236
   Latitude 42° 14' 26" Longitude 073° 21' 26"
   Type of Business _____
   SIC Codes(s) _____

3. Facility Mailing address (if different from Location Address):
   Facility Name Hazen Paper Company
   Street/PO Box P.O. Box 189 City Holyoke
   State Massachusetts Zip Code 01040

4. Facility Owner:
   Name John H Hazen
   E-mail jhh@hazen.com
   Street/PO Box P.O Box 189 City Holyoke
   State Massachusetts Zip Code 01040
   Contact Person Gail Calvanese Tel 413-538-8204
   Owner is (check one): Federal ____ State ____ Tribal ____ Private X
   Other (describe) _____

5. Facility Operator (if different from above):
   Legal Name _____
   E-mail _____
   Street/PO Box _____ City _____
   State _____ Zip Code _____
   Contact Person _____ Tel _____

6. Current permit coverage: yes☒ no☐
   a) Has a prior NPDES permit (individual or general permit coverage) been granted for the discharge that is listed on the NOI? yes☒ no☐ If Yes, permit number MAG250973
   b) Is the facility covered by an individual NPDES permit for other discharges? yes☐ no☒
      If yes, Permit Number: _____

c) Is there a pending NPDES application on file with EPA for this discharge? yes☐ no☒
If yes, date of submittal: _____ and permit number, if available _____

7. Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water.
Map attached? ☒

B. Discharge Information (attach additional sheets as needed):

1. Name of receiving water into which discharge will occur: Housatonic River
Freshwater ☒ Marine Water ☐
State Water Quality Classification Class 5
Type of Receiving Water Body (e.g., stream, river, lake, reservoir, estuary, etc.) River

2. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing to flow, treatment units, outfalls, and receiving water(s). **Line drawing or flow diagram attached?** ☒

3. Describe the discharge activities for which the owner/applicant is seeking coverage (e.g., building cooling, process line cooling, etc.) Non-contact cooling water through process machinery

4. Number of Outfalls 1 Latitude and Longitude to the nearest second for each Outfall. See EPA's siting tool at http:/www.epa.gov/tri/reporting/siting_tool. Attach additional pages if necessary.

Outfall # Latitude 42° 14" 24' Longitude 73° 21' 28"
Outfall # Latitude _____ Longitude _____
Outfall # Latitude _____ Longitude _____

5. For each Outfall provide the following discharge information:

Outfall # 1
a) Maximum Daily Flow 1 MGD Average Monthly Flow .477 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83 °F Average Monthly Temperature 57.2 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

Outfall # _____
a) Maximum Daily Flow _____ MGD Average Monthly Flow _____ MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature _____ °F Average Monthly Temperature _____ °F
c) Maximum Monthly pH _____ s.u. Minimum Monthly pH _____ s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☐ seasonal ☐

Outfall # _____
a) Maximum Daily Flow _____ MGD Average Monthly Flow _____ MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature _____ °F Average Monthly Temperature _____ °F
c) Maximum Monthly pH _____ s.u. Minimum Monthly pH _____ s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☐ seasonal ☐

6. Is the source of the NCCW potable water? yes☐ no☒
If yes, EPA will calculate a Total Residual Chlorine effluent limit for your facility.

7. Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 45 MGD
Attach any calculation sheets used to support stream flow and/or dilution calculations.

8. **For facilities that discharge to Massachusetts surface waters:**
a) Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment B of the General Permit. Calculation attached? ☒
b) Does the discharge occur in an Area of Critical Environmental Concern (ACEC)? yes☐ no☒
If yes, provide the name of ACEC _____
Note: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.

C. Chemical Additives

1. Are any non-toxic neutralization and/or dechlorination chemicals used in the discharge(s)? yes☐ no☒

2. If yes, attach a listing of each chemical used. Include the chemical name and manufacturer; maximum and average daily quantity used on a monthly basis, as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC_{50} in percent for typically acceptable aquatic organism).

3. Was the listing submitted with the facility's 2008 NCCWGP NOI? yes☐ no☒

D. NCCW Source Water Information

1.State the source of the NCCW (e.g., municipal water supply, private well, surface water withdrawal, etc.).
Source Private Wells Name of Source Water North + South Wells

2. Is the source water registered/permitted under MA Water Management Act or NHDES User Registration Rule (ENV WQ 2202)? yes☒ no☐ If yes, registration number 1-02-113.03 + 9P2-1-02-113.1

3. If the source water is groundwater (non-municipal well water), see Appendix 9 of the General Permit and submit effluent (and receiving water hardness) test results, as required in Part 5.4 of the General Permit.
Test results attached? ☒

4. Does the facility use both a primary and backup source of NCCW? yes☐ no☒ If yes, **attach information** that identifies and explains the primary and backup sources of NCCW and how often the backup supply was used in the past three years.

E. Best Technology Available for Cooling Water Intake Structures (CWISs)

If the facility's discharge is covered by this General Permit and the facility **withdraws non-contact cooling water from a surface water**, you are subject to the BTA requirements at Part 4.2 of the General Permit.

1. Are you subject to the BTA requirements of the General Permit? yes☐ no☒
a) If no, explain no CWIS's, Source is well water and skip to F.
b) If yes, was the facility-specific BTA description submitted with the facility's 2008 NCCW GP NOI? yes☐ no☐
c) If yes, does that description accurately describe the facility current operations and practices? yes☐ no☐

2. If the facility is subject to the General Permit's BTA requirements and is requesting coverage under the NCCWGP for the first time, or if you answered "No" to question E.1.c. above, attach the facility-specific BTA description as required in Part 4.2 of the General Permit. For additional information and guidance, see Section IV of the Fact Sheet.

Include in your description:

a) 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.
b) 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.
c) The attributes of the current CWIS.
d) The design measures of the CWIS.
e) The operation measures of the CWIS.
f) The historical occurrence of impinged fish for the past five years.
g) If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system.
h) Other components to reduce impingement and/or entrainment of aquatic life.

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

a) The design capacity of the of the CWIS _____MGD
b) Maximum monthly average intake of the CWIS during the previous five years _____MGD
c) The month in which this flow reported in 3.b. occurred _____
d) The maximum through-screen design intake velocity _____feet/second (fps)

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

a) The source water's annual mean flow in MGD as available from USGS or other appropriate source _____ MGD
b) 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.
c) The source water's 7Q10 _____ MGD
d) The design intake flow as a percent of the source water's 7Q10 _____%

5. Provide a map showing the location of each cooling water intake structure; NCCW Outfall(s) and CWIS features referred to in the BTA description. **Map attached?** ☐

F. Endangered Species Act Eligibility Information

Using the instructions in Appendix 2 of the NCCW GP, which of the following criteria apply to your facility? USFWS Criteria: A ☒ B ☐ C ☐

1. If you selected USFWS criteria B, has consultation with the U.S. Fish and Wildlife Service been completed?
yes☐ no☐

2. If consultation with US Fish & Wildlife Service and/or NOAA Fisheries Service was completed, was a written concurrence finding that the discharge is "not likely to adversely affect" listed species or critical habitat received?
yes☐ no☐

3. Attach documentation of ESA eligibility for USFWS as required at Part 3.4 and Appendix 2 of the General Permit.
Documentation attached? yes

4. Please indicate if your facility **directly intakes water for non-contact cooling** from any of the following waterbodies:
   - ☐ Merrimack River
   - ☐ Connecticut River
   - ☐ Piscataqua River
   - ☐ Taunton River

EPA will consult with the National Marine Fisheries Service on cooling water intakes covered under this permit in areas (in the above waterbodies) of the endangered Shortnose Sturgeon and Atlantic Sturgeon.

G. National Historic Properties Act Eligibility

1. 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☐

2. Have any State or Tribal Historic Preservation Officers been consulted in this determination? yes☐ no☑
   If yes, attach the results of the consultation(s).

3. Which of the three National Historic Preservation Act scenarios listed in Appendix 3, Section C have you met?
   ☐ 1 ☒ 2 ☐ 3

H. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any analytical data used to support the application. Attach any certification(s) required by the General Permit.

I. Signature Requirements

The NOI must be signed by the operator in accordance with the signatory requirements of 40 CFR § 122.22 (see below) including the following certification:

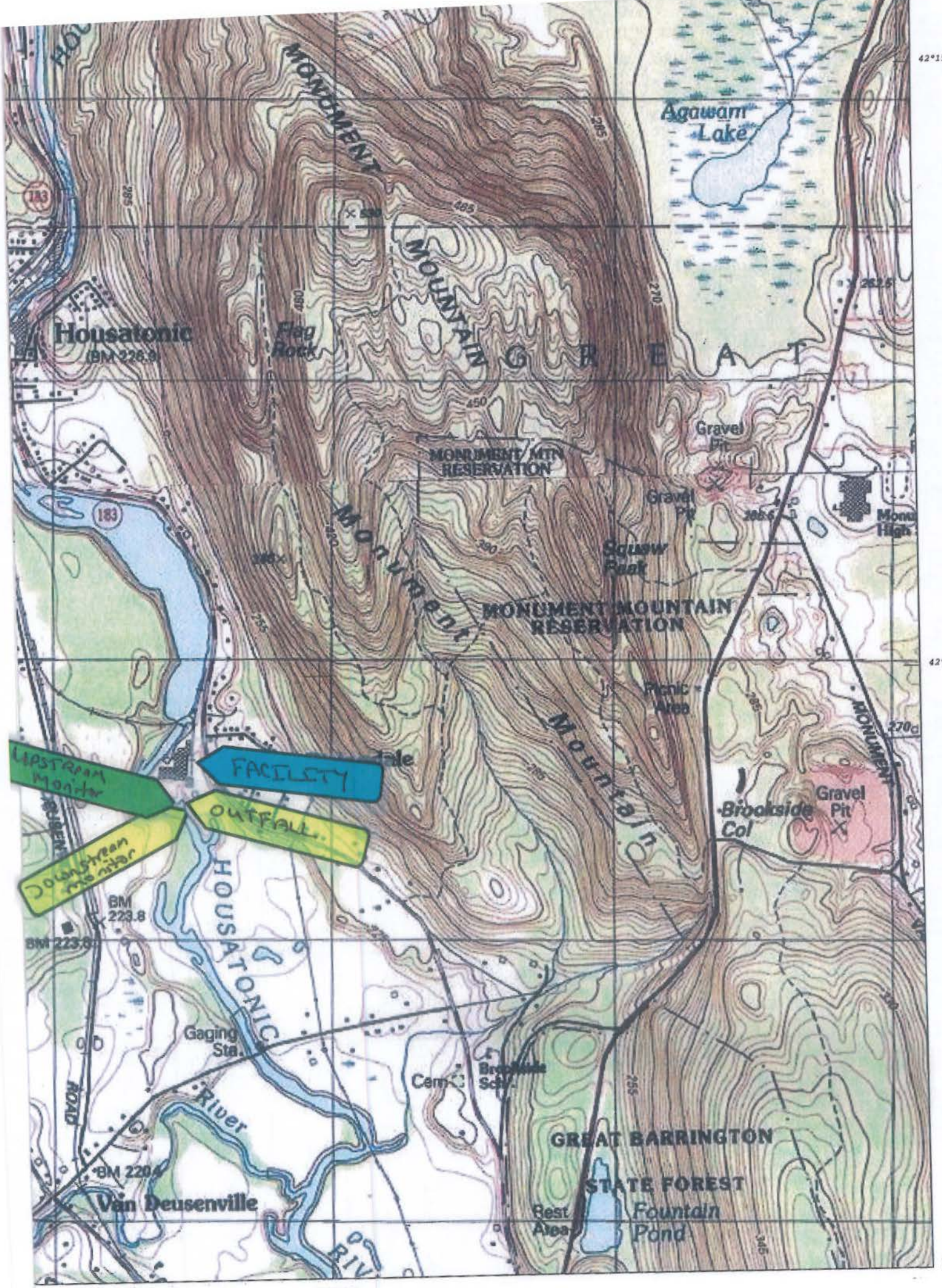
> I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or 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.

Signature  Date 12/11/14

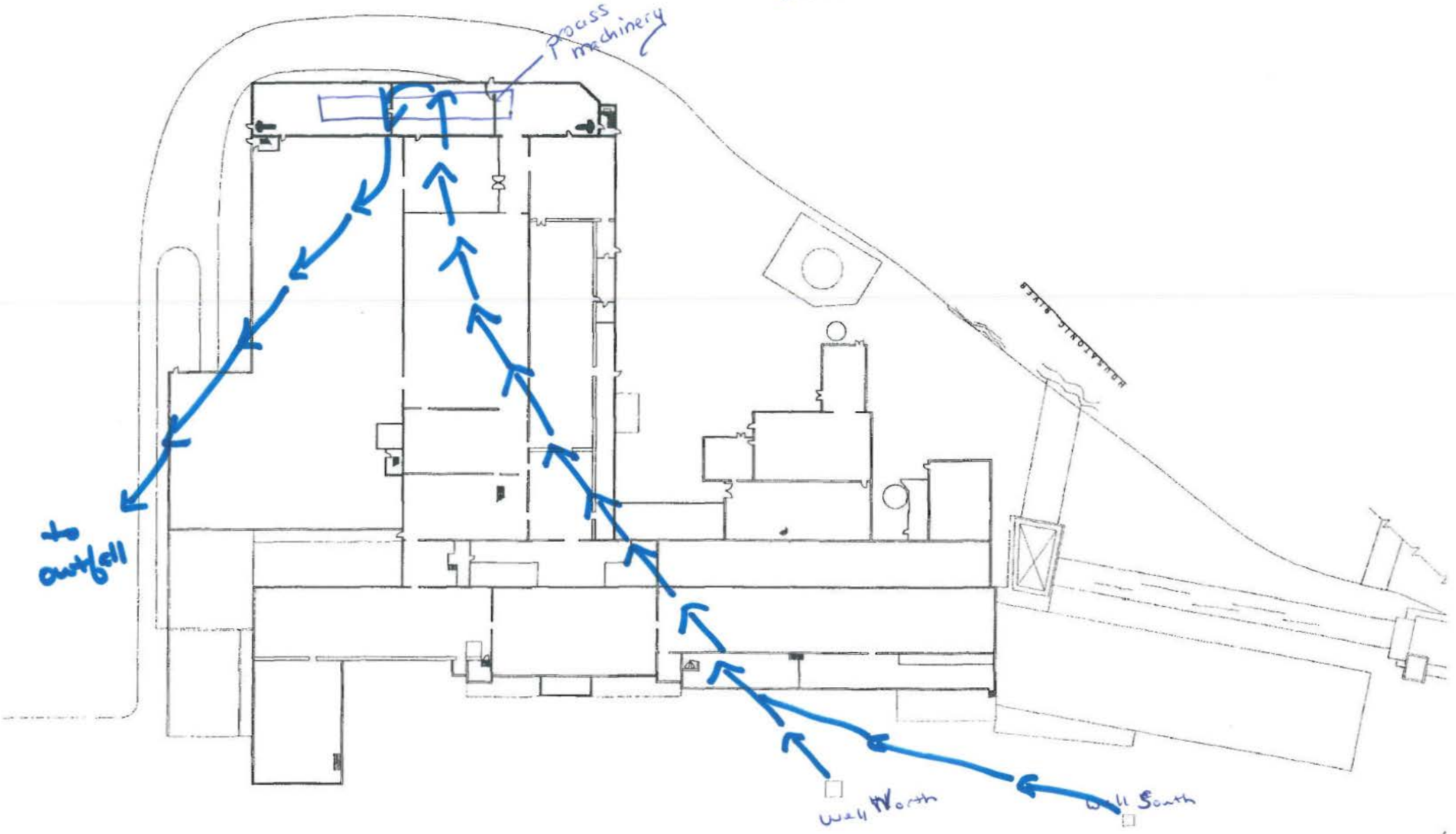
Printed Name and Title President & CEO

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.


42°15
Agawam Lake
MONUMENT MOUNTAIN
G R E A T
Housatonic
(BM 226.9)
Flag Rock
MONUMENT MTN RESERVATION
Gravel Pit
Squaw Peak
MONUMENT MOUNTAIN RESERVATION
42°14'3
Picnic Area
Brookside Col
Gravel Pit
UPSTREAM Monitor
FACILITY
OUTFALL
DOWNSTREAM MONITOR
HOUSATONIC
BM 223.8
Gaging Sta.
River
ROAD
BM 220.4
Van Deusenville
GREAT BARRINGTON
STATE FOREST
Best Area
Fountain Pond
42°13'28
-73°21'6"

Hazen Paper Company
Housatonic
Water Flow



Hazen paper Company- Housatonic
Surface Water Temperature Rise Calculations

Outfalls #1
well water as source

max reported effluent ^{o} F	66.3
Ma Cold Water Fishery upstream measured temp ^{o} F	55
max flow MGD	1
7Q10 for Conn River MGD	45

$$T_F = \frac{m_p T_p + m_r T_r}{m_p + m_r}$$

$$= \frac{(1*66.3) + (45*55)}{1 + 45}$$

$$= \frac{66.3 + 2475}{46}$$

$$= \frac{2541.3}{46}$$

$$= 55.246\ ^{o}F$$

$$\Delta T_r = T_F - T_r$$

$$= 55.246 - 55$$

$$= 0.246\ ^{o}F$$

Client Sample ID: Hazen Paper-Housatonic
Date Collected: 10/28/14 11:05
Date Received: 10/28/14 12:25

Lab Sample ID: 480-70264-1
Matrix: Water

Method: 200.7 Rev 4.4 - Metals (ICP) - Total Recoverable

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Iron	ND		0.050		mg/L		10/30/14 09:00	10/31/14 21:04	1

Method: 200.8 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Uranium	ND		1.0	0.23	ug/L		11/26/14 13:48	12/01/14 20:30	2

Method: 200.8 - Metals (ICP/MS) - Total Recoverable

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Antimony	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:14	1
Arsenic	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:14	1
Cadmium	ND		0.50		ug/L		10/30/14 11:33	10/31/14 22:14	1
Chromium	ND		1.5		ug/L		10/30/14 11:33	10/31/14 22:14	1
Copper	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:14	1
Lead	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:14	1
Nickel	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:14	1
Silver	ND		0.50	0.014	ug/L		11/06/14 11:14	11/14/14 07:54	1
Zinc	22.5		10.0		ug/L		10/30/14 11:33	10/31/14 22:14	1

Method: 245.1 - Mercury (CVAA)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	ND		0.00020		mg/L		10/30/14 09:20	10/31/14 14:54	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Hardness as calcium carbonate	172		4.0	1.1	mg/L			11/14/14 04:30	1
Chloride	5.6		1.0	0.46	mg/L			11/24/14 14:29	1

Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium (hexavalent)	ND		0.0050		mg/L			10/28/14 15:30	1
pH	7.85	HF	0.100		SU			10/28/14 16:04	1

Method: 900.0 - Gross Alpha and Gross Beta Radioactivity

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Gross Alpha	0.450	U	1.11	1.11	2.00	pCi/L	11/06/14 10:04	11/10/14 07:29	1

Method: 903.0 - Radium-226 (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-226	0.0597	U	0.100	0.100	0.173	pCi/L	10/31/14 13:11	11/25/14 07:26	1

Carrier	*%Yield*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Ba Carrier	*109*		*40 - 110*	*10/31/14 13:11*	*11/25/14 07:26*	*1*

Method: 904.0 - Radium-228 (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-228	-0.0376	U	0.203	0.203	0.369	pCi/L	10/31/14 13:24	11/24/14 11:50	1

Client Sample ID: Hazen Paper-Housatonic

Lab Sample ID: 480-70264-1
Matrix: Water

Date Collected: 10/28/14 11:05
Date Received: 10/28/14 12:25

Carrier	%Yield	Qualifier	Limits	Prepared	Analyzed	Dil Fac
Ba Carrier	109		40 - 110	10/31/14 13:24	11/24/14 11:50	1
Y Carrier	88.6		40 - 110	10/31/14 13:24	11/24/14 11:50	1

Client Sample ID: Hazen Paper-North Plant

Lab Sample ID: 480-70264-2
Matrix: Water

Date Collected: 10/28/14 09:25
Date Received: 10/28/14 12:25

Method: 200.7 Rev 4.4 - Metals (ICP) - Total Recoverable

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Iron	ND		0.050		mg/L		10/30/14 09:00	10/31/14 21:12	1

Method: 200.8 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Uranium	ND		1.0	0.23	ug/L		11/26/14 13:48	12/01/14 20:57	2

Method: 200.8 - Metals (ICP/MS) - Total Recoverable

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Antimony	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:20	1
Arsenic	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:20	1
Cadmium	ND		0.50		ug/L		10/30/14 11:33	10/31/14 22:20	1
Chromium	ND		1.5		ug/L		10/30/14 11:33	10/31/14 22:20	1
Copper	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:20	1
Lead	ND		1.0		ug/L		10/30/14 11:33	10/31/14 22:20	1
Nickel	2.0		1.0		ug/L		10/30/14 11:33	10/31/14 22:20	1
Silver	ND		0.50	0.014	ug/L		11/06/14 11:14	11/14/14 08:00	1
Zinc	22.5		10.0		ug/L		10/30/14 11:33	10/31/14 22:20	1

Method: 245.1 - Mercury (CVAA)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	ND		0.00020		mg/L		10/30/14 09:20	10/31/14 14:52	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Hardness as calcium carbonate	316		4.0	1.1	mg/L			11/14/14 04:30	1
Chloride	16.4		1.0	0.46	mg/L			11/24/14 14:29	1

Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium (hexavalent)	ND		0.0050		mg/L			10/28/14 15:30	1
pH	8.08	HF	0.100		SU			10/28/14 16:09	1

Method: 900.0 - Gross Alpha and Gross Beta Radioactivity

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Gross Alpha	1.45	U	1.73	1.73	2.84	pCi/L	11/06/14 10:04	11/10/14 07:24	1

Method: 903.0 - Radium-226 (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-226	0.228		0.142	0.143	0.205	pCi/L	10/31/14 13:11	11/25/14 07:27	1

Client Sample ID: Hazen Paper-South Plant

Lab Sample ID: 480-70264-3
Matrix: Water

Date Collected: 10/28/14 09:13
Date Received: 10/28/14 12:25

Method: 900.0 - Gross Alpha and Gross Beta Radioactivity

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Gross Alpha	0.203	U G	2.54	2.54	4.87	pCi/L	11/06/14 10:04	11/10/14 07:24	1

Method: 903.0 - Radium-226 (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-226	0.164	U	0.121	0.121	0.178	pCi/L	10/31/14 13:11	11/25/14 07:27	1

Carrier	*%Yield*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Ba Carrier	*96.8*		*40 - 110*	*10/31/14 13:11*	*11/25/14 07:27*	*1*

Method: 904.0 - Radium-228 (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-228	-0.101	U	0.203	0.204	0.381	pCi/L	10/31/14 13:24	11/24/14 11:55	1

Carrier	*%Yield*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Ba Carrier	*96.8*		*40 - 110*	*10/31/14 13:24*	*11/24/14 11:55*	*1*
Y Carrier	*91.2*		*40 - 110*	*10/31/14 13:24*	*11/24/14 11:55*	*1*

Client Sample ID: Hazen Paper-Housatonic River

Lab Sample ID: 480-70264-4
Matrix: Water

Date Collected: 10/28/14 11:21
Date Received: 10/28/14 12:25

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Hardness as calcium carbonate	98.0		4.0	1.1	mg/L			11/14/14 04:30	1

Client Sample ID: Hazen Paper-Conn River

Lab Sample ID: 480-70264-5
Matrix: Water

Date Collected: 10/28/14 08:55
Date Received: 10/28/14 12:25

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Hardness as calcium carbonate	36.0		4.0	1.1	mg/L			11/14/14 04:30	1

United States Department of the Interior

FISH AND WILDLIFE SERVICE
New England Ecological Services Field Office
70 COMMERCIAL STREET, SUITE 300
CONCORD, NH 3301
PHONE: (603)223-2541 FAX: (603)223-0104
URL: www.fws.gov/newengland

Consultation Tracking Number: 05E1NE00-2015-SLI-0034 October 10, 2014
Project Name: Hazen-Housatonic

Subject: List of threatened and endangered species that may occur in your proposed project location, and/or may be affected by your proposed project.

To Whom It May Concern:

The enclosed species list identifies threatened, endangered, proposed and candidate species, as well as proposed and final designated critical habitat, that may occur within the boundary of your proposed project and/or may be affected by your proposed project. The species list fulfills the requirements of the U.S. Fish and Wildlife Service (Service) under section 7(c) of the Endangered Species Act (Act) of 1973, as amended (16 U.S.C. 1531 *et seq.*).

New information based on updated surveys, changes in the abundance and distribution of species, changed habitat conditions, or other factors could change this list. Please feel free to contact us if you need more current information or assistance regarding the potential impacts to federally proposed, listed, and candidate species and federally designated and proposed critical habitat. Please note that under 50 CFR 402.12(e) of the regulations implementing section 7 of the Act, the accuracy of this species list should be verified after 90 days. This verification can be completed formally or informally as desired. The Service recommends that verification be completed by visiting the ECOS-IPaC website at regular intervals during project planning and implementation for updates to species lists and information. An updated list may be requested through the ECOS-IPaC system by completing the same process used to receive the enclosed list.

The purpose of the Act is to provide a means whereby threatened and endangered species and the ecosystems upon which they depend may be conserved. Under sections 7(a)(1) and 7(a)(2) of the Act and its implementing regulations (50 CFR 402 *et seq.*), Federal agencies are required to utilize their authorities to carry out programs for the conservation of threatened and endangered species and to determine whether projects may affect threatened and endangered species and/or designated critical habitat.

A Biological Assessment is required for construction projects (or other undertakings having

similar physical impacts) that are major Federal actions significantly affecting the quality of the human environment as defined in the National Environmental Policy Act (42 U.S.C. 4332(2) (c)). For projects other than major construction activities, the Service suggests that a biological evaluation similar to a Biological Assessment be prepared to determine whether the project may affect listed or proposed species and/or designated or proposed critical habitat. Recommended contents of a Biological Assessment are described at 50 CFR 402.12.

If a Federal agency determines, based on the Biological Assessment or biological evaluation, that listed species and/or designated critical habitat may be affected by the proposed project, the agency is required to consult with the Service pursuant to 50 CFR 402. In addition, the Service recommends that candidate species, proposed species and proposed critical habitat be addressed within the consultation. More information on the regulations and procedures for section 7 consultation, including the role of permit or license applicants, can be found in the "Endangered Species Consultation Handbook" at:

http://www.fws.gov/endangered/esa-library/pdf/TOC-GLOS.PDF

Please be aware that bald and golden eagles are protected under the Bald and Golden Eagle Protection Act (16 U.S.C. 668 *et seq.*), and projects affecting these species may require development of an eagle conservation plan (http://www.fws.gov/windenergy/eagle_guidance.html). Additionally, wind energy projects should follow the wind energy guidelines (http://www.fws.gov/windenergy/) for minimizing impacts to migratory birds and bats.

Guidance for minimizing impacts to migratory birds for projects including communications towers (e.g., cellular, digital television, radio, and emergency broadcast) can be found at: http://www.fws.gov/migratorybirds/CurrentBirdIssues/Hazards/towers/towers.htm; http://www.towerkill.com; and http://www.fws.gov/migratorybirds/CurrentBirdIssues/Hazards/towers/comtow.html.

We appreciate your concern for threatened and endangered species. The Service encourages Federal agencies to include conservation of threatened and endangered species into their project planning to further the purposes of the Act. Please include the Consultation Tracking Number in the header of this letter with any request for consultation or correspondence about your project that you submit to our office.

Attachment

United States Department of Interior
Fish and Wildlife Service

Project name: Hazen-Housatonic

Official Species List

Provided by:

New England Ecological Services Field Office
70 COMMERCIAL STREET, SUITE 300
CONCORD, NH 3301
(603) 223-2541
http://www.fws.gov/newengland

Consultation Tracking Number: 05E1NE00-2015-SLI-0034
Project Type: ** Other **
Project Description: NPDES Permit renewal to discharge non-contact cooling water to the Housatonic River. Water is from the artesian wells tat is pumped through the cooling rolls and discharged to the river.

United States Department of Interior
Fish and Wildlife Service

Project name: Hazen-Housatonic

Project Location Map:

Project Coordinates: MULTIPOLYGON (((-73.3586268 42.2397502, -73.358628 42.2397502, -73.3586357 42.2397515, -73.3586423 42.2397556, -73.3586469 42.2397619, -73.3586487 42.2397695, -73.3586474 42.2397772, -73.3586433 42.2397838, -73.358637 42.2397884, -73.3586294 42.2397902, -73.3580447 42.2398103, -73.3580372 42.2398091, -73.3580307 42.2398052, -73.3580261 42.2397992, -73.3580241 42.2397919, -73.3580026 42.2395176, -73.3580037 42.2395093, -73.358008 42.2395022, -73.3580149 42.2394975, -73.3580231 42.239496, -73.3585488 42.2395118, -73.358557 42.2395138, -73.3585636 42.2395191, -73.3585675 42.2395266, -73.3586265 42.2397455, -73.3586268 42.2397502), (-73.3585867 42.2397516, -73.3585328 42.2395513, -73.3580442 42.2395367, -73.3580624 42.2397697, -73.3585867 42.2397516)))

Project Counties: Berkshire, MA

United States Department of Interior
Fish and Wildlife Service

Project name: Hazen-Housatonic

Endangered Species Act Species List

There are a total of 0 threatened or endangered species on your species list. Species on this list should be considered in an effects analysis for your project and could include species that exist in another geographic area. For example, certain fish may appear on the species list because a project could affect downstream species. Critical habitats listed under the **Has Critical Habitat** column may or may not lie within your project area. See the **Critical habitats within your project area** section further below for critical habitat that lies within your project. Please contact the designated FWS office if you have questions.

There are no listed species identified for the vicinity of your project.

Critical habitats that lie within your project area

There are no critical habitats within your project area.