



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: Blackstone River

Freshwater  Marine Water

State Water Quality Classification Class B

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 used to cool reactors in emergency only.

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](http://www.epa.gov/tri/reporting/siting_tool). Attach additional pages if necessary.

Outfall #	Latitude: 42.1881	Longitude: -71.7474
Outfall #	Latitude _____	Longitude _____
Outfall #	Latitude _____	Longitude _____

5. For each Outfall provide the following discharge information:

Outfall # 1

- a) Maximum Daily Flow: 025 MGD                      Average Monthly Flow .025 MGD  
**NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.**
- b) Maximum Daily Temperature 67°F                      Average Monthly Temperature 55°F
- c) Maximum Monthly pH 7.9 s.u.                      Minimum Monthly pH 6.8 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 \_\_\_\_\_ 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<sub>50</sub> 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: Municipal Water      Name of Source Water \_\_\_\_\_

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 \_\_\_\_\_

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.

**The primary source of non-contact cooling water is municipal water fed through a closed loop cooling system with no surface water discharge. The only time non-contact cooling water is discharged is when the primary source is not available and cooling is needed for the reaction process to avoid an incident. In the last three years, this emergency source has been used 5 times.**

**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 \_\_\_\_\_ 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.

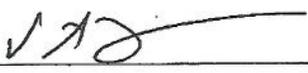


**I. Signature Requirements**

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 02/02/2015

Printed Name and Title Vincent Almanza Vice President - Operations

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.



Lewcott d/b/a Barrday Composite Solution  
MAG250969

QR 0.025 MGD  
Qr 63 MGD

	Seasonal	Net Change
Winter Change Temperature	55-40 Degrees	15 F
Calculation	$(0.025/63)*15$	0.0060
Summer Change Temperature	70-67 Degrees	3 F
Calculation	$(.025/63)*3$	0.0060

Temperatures are estimated

DF at 25,000 gpd  
(.025+63/.025) 2520 Average and Max should be the same

TRC 11ug/l\*2520 27720 ug/l  
19ug/l\*2520 47880 ug/l  
\*but toxics policy limited to 1mg/l

7Q10 Values

$$P = 100 * (m / (n + 1))$$

where

$P$  is the exceedance probability.

$m$  is the ranking, from highest to lowest, of all daily mean flows for the specified period of record, and

$n$  is the total number of daily mean flows.

The flow rate of the Blackstone River (7Q10 value) is 63 million gallons per day (MGD). The maximum recorded flow rate of the NCCW from the facility is 1 MGD. The change in temperature of the NCCW at the facility is approximately 11 degrees F. The input of these values into the above equation results in a  $\Delta$ tr value of  $1.75 \times 10^{-1}$  degree F. This data remains the same as was outlined in our 2008 NOI.

