

April 23, 2024

U.S. EPA, Region 1
NCCW GP Processing
Mail Code: OEP 06-4
5 Post Office Square, Suite 100
Boston, Massachusetts 02109-3912

RE: Notice of Intent
New Hampshire General Permit Number NHG250465
Non-Contact Cooling Water

Dear Sir or Madam:

In accordance with the 2024 NPDES Non-Contact Cooling Water General Permit that was issued on April 18, 2024, enclosed please find our completed Notice of Intent for the Non-Contact Cooling Water General Permit in New Hampshire.

Please contact me at (585) 538-2314 if you have any questions or require additional information.

Very truly yours,

JCI Jones Chemicals, Inc.

A handwritten signature in blue ink, appearing to read 'Timothy J. Gaffney', is written over a faint, larger version of the signature.

Timothy J. Gaffney
Executive Vice President

TJG:tg

Enclosure

Cc New Hampshire Department of Environmental Services
Water Division, Wastewater Engineering Bureau
29 Hazen Drive, P.O. Box 95
Concord, New Hampshire 03302-0095

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 NHG250465
- 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: 10/25/2019 and permit number, if available Administrative Continuation Request Form

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

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

1. Name of receiving water into which discharge will occur: Merrimack 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

4. Number of Outfalls 1 Latitude and Longitude to the nearest second for each Outfall. See EPA's siting tool at <https://www.epa.gov/toxics-release-inventory-tri-program/tri-data-and-tools>. Attach additional pages if necessary.

Outfall #	Latitude <u>42° 51' 42"</u>	Longitude <u>-71° 29' 27"</u>
Outfall #	Latitude _____	Longitude _____
Outfall #	Latitude _____	Longitude _____

5. For each Outfall provide the following discharge information:

Outfall # 1

- a) Maximum Daily Flow 0.288 MGD Average Monthly Flow 0.025 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
- b) Maximum Daily Temperature 70 °F Average Monthly Temperature 58 °F
- c) Maximum Monthly pH 8.0 s.u. Minimum Monthly pH 7.0 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 412 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 _____
- c) Does the discharge occur to an Outstanding Resource Water (ORW)? yes no
 If yes, enclose antidegradation waiver approval provided by MassDEP.

Note: See 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 list of each chemical used and 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 LC₅₀ in percent for typically acceptable aquatic organism).
- 3. Was this list submitted with the facility's 2014 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 On-Site Wells Name of Source Water Groundwater

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 NHDES Water User ID 20156

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 describes the primary and backup sources of NCCW and how often any backup supply was used in the past five years.

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

If the facility's non-contact cooling water discharge is covered by this General Permit and the facility **withdraws water from a surface water**, it is 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 Does not withdraw from surface waters. and skip to F.
- b) If yes, submit a facility-specific BTA description that accurately describes the facility's operations and practices, including, but not limited to, the measures described in Part 5.5 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 4.2.1 general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrates; or the required alternative monitoring plan frequency and/or protocol.
- b) The attributes of the current CWIS.
- c) The design measures of the CWIS.
- d) The operational measures of the CWIS.
- e) The historical occurrence of impinged fish for the past five years.
- f) If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system.
- g) Other components to reduce impingement and/or entrainment of aquatic life.

2. 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 and year in which this flow reported in 2.b. occurred _____
- d) The maximum through-screen design intake velocity _____feet/second (fps)

3. 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 _____%

4. 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

If your facility is listed in Table A as one of the 37 facilities covered under the 2014 NCCW GP, check this box.
Your ESA consultation responsibilities have been satisfied by EPA. Proceed to Part G.

If your facility is not included as one of the 37 facilities covered under the 2014 NCCW GP, complete this Part.

Using the instructions in Appendix 2, Parts B(1) and B(2) of the NCCW GP, which of the following criteria apply to your facility?

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 fines and imprisonment for knowing violations.

Signature Timothy J. Gaffney Digitally signed by Timothy J. Gaffney
DN: cn=Timothy J. Gaffney, o=JCI Jones Chemicals, Inc., E=tjgaffney@jchem.com, C=US
Reason: I am the author of this document
Location:
Date: 2024-04-23 09:55:06 Date 04/23/2024
Printed Name and Title Timothy J. Gaffney, Executive Vice President

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.



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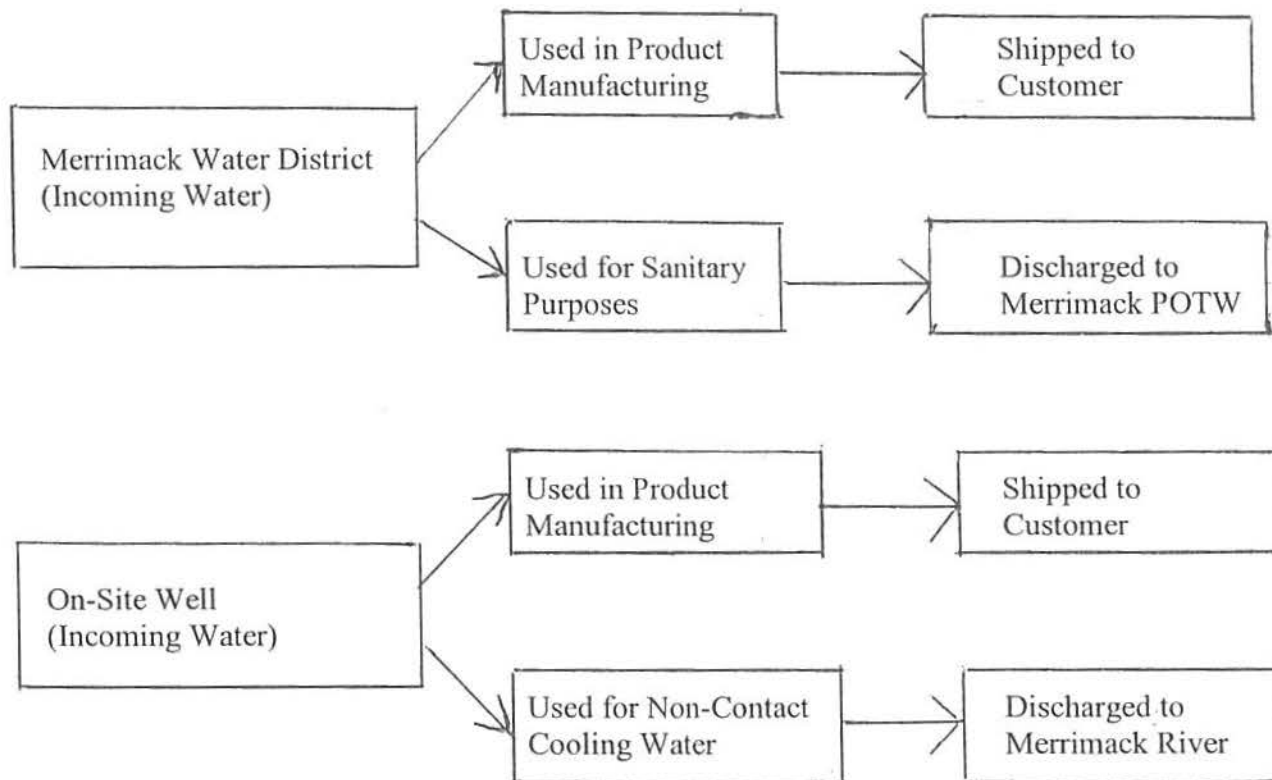
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 Billings, MT 59101

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 877.587.9004
 406.294.9411

*Facility and Outfall
 Noted in Red.*

JCI JONES CHEMICALS, INC.
MERRIMACK, NH
NPDES PERMIT NO: NHG250465
WATER FLOW DIAGRAM



Friday, January 26, 2024

Kevin Ballantine
Jones Chemical, Inc.
40 Railroad Ave
Merrimack NH 03054

Project Name:

Lab ID: 24010113

Project #:

Date Received: 1/12/2024

Project Location:

Control #: 128232

Dear Kevin Ballantine

Enclosed please find the laboratory results applicable only to the above referenced samples as received by the Chemserve sample custodian. Samples must be accompanied by a chain of custody document that serves as the legal record of work ordered. Sample conditions upon receipt at the laboratory are recorded on the Sample Comment Summary attached.

All analyses adhere to quality standards established relevant accreditation programs and corresponding methodologies, including those related to hold times, sample containers and preservation, and handling techniques, unless otherwise stated within the report. ChemServe has a written QA/QC Procedure Manual that outlines these standards, and is available for reference upon request. Samples subcontracted for analysis are submitted to appropriately accredited laboratories and reported as such.

Residual chlorine, sulfite and pH are intended to be performed as an immediate field analysis. If these analyses are requested to be performed in the laboratory, the data is qualified for hold time exceedance.

EPA 624.1 or 524.2: Acrolein and 2-chloroethylvinyl ether require an additional analysis with an un-preserved sample. If unpreserved vials are not submitted, these compounds will only be reported as estimated results.

I certify that I have reviewed the above referenced analytical data, and I have found this report to comply with the procedures outlined within relevant accreditation programs as appropriate. Chemserve claims accreditation for only the analyses listed on certified parameter lists attached or located at <https://chemservelab.com/lab-documentation/>. Other testing may be reported as unaccredited work based on client requirements.



Dr. Jamie Fitzgerald PhD
President/Laboratory Director



Certificate Number 1008



317 Elm Street
 Milford, NH 03055
 (603) 673-5440
 Sales@chemservelab.com

Jones Chemical, Inc.
 Kevin Ballantine
 40 Railroad Ave
 Merrimack NH 03054

Control #: 128232
 Project Number:
 Project Name:
 Project Location:

Analytical Results
Lab ID: 24010113
Date: 1/26/2024

Sample	Client Sample Identity	Start Date/Time Sampled:	Matrix
24010113-001	40 Rail Road Ave	1/12/2024 10:00:00 AM	Wastewater
Composite Start Date and Time		Composite End Date and Time	
1/12/2024 10:00:00 AM			

Parameter	Method	Result	Qualifier	Date/Time Analyzed	RDL	Analyst
Antimony	EPA 200.7	< 0.100 mg/L		1/19/2024	0.1	PaulW
Arsenic	EPA 200.7	< 0.100 mg/L		1/19/2024	0.1	PaulW
Cadmium	EPA 200.7	< 0.0100 mg/L		1/19/2024	0.01	PaulW
Chromium	EPA 200.7	< 0.010 mg/L		1/19/2024	0.01	PaulW
Copper	EPA 200.7	< 0.0100 mg/L		1/19/2024	0.01	PaulW
Hot Block Digestion	EPA 200.7			1/18/2024	0	SamD
Iron	EPA 200.7	0.226 mg/L		1/19/2024	0.05	PaulW
Lead	EPA 200.7	< 0.0100 mg/L		1/19/2024	0.01	PaulW
Nickel	EPA 200.7	< 0.010 mg/L		1/19/2024	0.01	PaulW
Silver	EPA 200.7	< 0.0100 mg/L		1/19/2024	0.01	PaulW
Zinc	EPA 200.7	0.245 mg/L		1/19/2024	0.01	PaulW
Uranium	EPA 200.8	36.4 mg/L		1/25/2024	0.03	PaulW
Mercury	EPA 245.1	< 0.0002 mg/L		1/19/2024	0.0002	JamieF
Chloride	EPA 300.0	161 mg/L		1/25/2024	1	PaulW
Hardness by calculation	SM 2340B	182 mg/L		1/25/2024	0.5	PaulW
Hexavalent Chromium	SM 3500-CrD	< 0.02 mg/L		1/12/2024 4:20:00 PM	0.02	LauraB
pH	SM 4500-H-B	7.42 units		1/12/2024 4:30:00 PM	0	JessicaP
Subcontract Analysis	Subcontracted				0	