APPENDIX 5
Suggested Notice of Intent (NOI) Form

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 1

Request for General Permit Authorization to Discharge Noncontact Cooling Water to be covered by the Noncontact Cooling Water General Permit (NCCWGP) NPDES General Permits No. MAG250000 and NHG250000

A. Facility Information

1. Indicate applicable General Permit:

MAG250000 ☐
NHG250000 ☒

2. Facility Information/Location:

Facility Name Owens Corning Roofing and Asphalt, LLC
Street/PO Box 61 Pine Road City Brentwood
State New Hampshire Zip Code 03833
Latitude 43° 00' 04" Longitude 71° 00' 43"

Type of Business Manufacturing Facility
SIC Code(s) 2952

3. Facility Mailing address (if different from Location Address):

Facility Name _____
Street/PO Box _____ City _____
State _____ Zip Code _____

4. Facility Owner:

Name Owens Corning Roofing and Asphalt, LLC
E-mail _____
Street/PO Box One Owens Coring Parkways City Toledo
State Ohio Zip Code 43659

Contact Person _____ Tel _____
Owner is (check one): Federal ____ State ____ Tribal ____ Private X
Other (describe) _____

5. Facility Operator (if different from above):

Legal Name Owens Corning Roofing and Asphalt, LLC
E-mail _____
Street/PO Box 61 Pine Road City Brentwood Zip Code 03833
State NH Contact _____ Telephone _____

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 NHG250503

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.

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

1. Name of receiving water into which discharge will occur: Drainage Swale to the Little 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.) Production Line Cooling

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 # 1 Latitude 43° 00' 8.2" Longitude 71° 00' 40.5"
Outfall # Latitude _____ Longitude _____
Outfall # Latitude _____ Longitude _____

5. For each Outfall provide the following discharge information:

Outfall # 1
a) Maximum Daily Flow 144,000 MGD Average Monthly Flow 67,000 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 69 °F Average Monthly Temperature 58 °F
c) Maximum Monthly pH 7.6 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 N/A 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 LC_{50} 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 Three onsite groundwater 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 20739-S01

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 Source water is not surface water 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?

United States Fish and Wildlife Service (USFWS) Criteria: A ☐ B ☐ C ☐

National Oceanic and Atmospheric Administration Fisheries Service (NOAA Fisheries) Criteria: A☐ B☐ C☐

1. If you selected USFWS criterion B, has consultation with the USFWS been completed? yes☐ no☐
   If you selected NOAA Fisheries criterion B, has consultation with NOAA Fisheries been completed?
   yes☐ no☐

2. If consultation with USFWS 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?
   USFWS yes☐ no☐ N/A☐ NOAA Fisheries yes☐ no☐ N/A☐

3. Attach documentation of ESA eligibility for USFWS and NOAA Fisheries as required at Appendix 2, Part C. of the General Permit. **Documentation attached?** USFWS☐ NOAA Fisheries ☐

4. Please indicate if your facility **directly intakes water for non-contact cooling from, or discharges any NCCW effluent to,** any of the following waterbodies:

   ☐ Merrimack River
   ☐ Connecticut River
   ☐ Westfield River
   ☐ Deerfield River
   ☐ Piscataqua River
   ☐ Salmon Falls River
   ☐ Cocheco River
   ☐ Taunton River

   EPA will consult with NOAA Fisheries on any cooling water intakes or discharges covered under this permit in areas (in the above waterbodies) that overlap with the presence of shortnose sturgeon (endangered) and Atlantic sturgeon (threatened/endangered).

   Please indicate if your facility **directly intakes water for non-contact cooling** from, **or discharges non-contact cooling water effluent to**, the Connecticut River Watershed. EPA will consult with the U.S Fish and Wildlife Service on cooling water intakes and discharges covered under this permit in areas of the Connecticut River Watershed that overlap with the presence of the dwarf wedgemussel (endangered).
   yes☐ no☐

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 has the facility 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 fines and imprisonment for knowing violations.

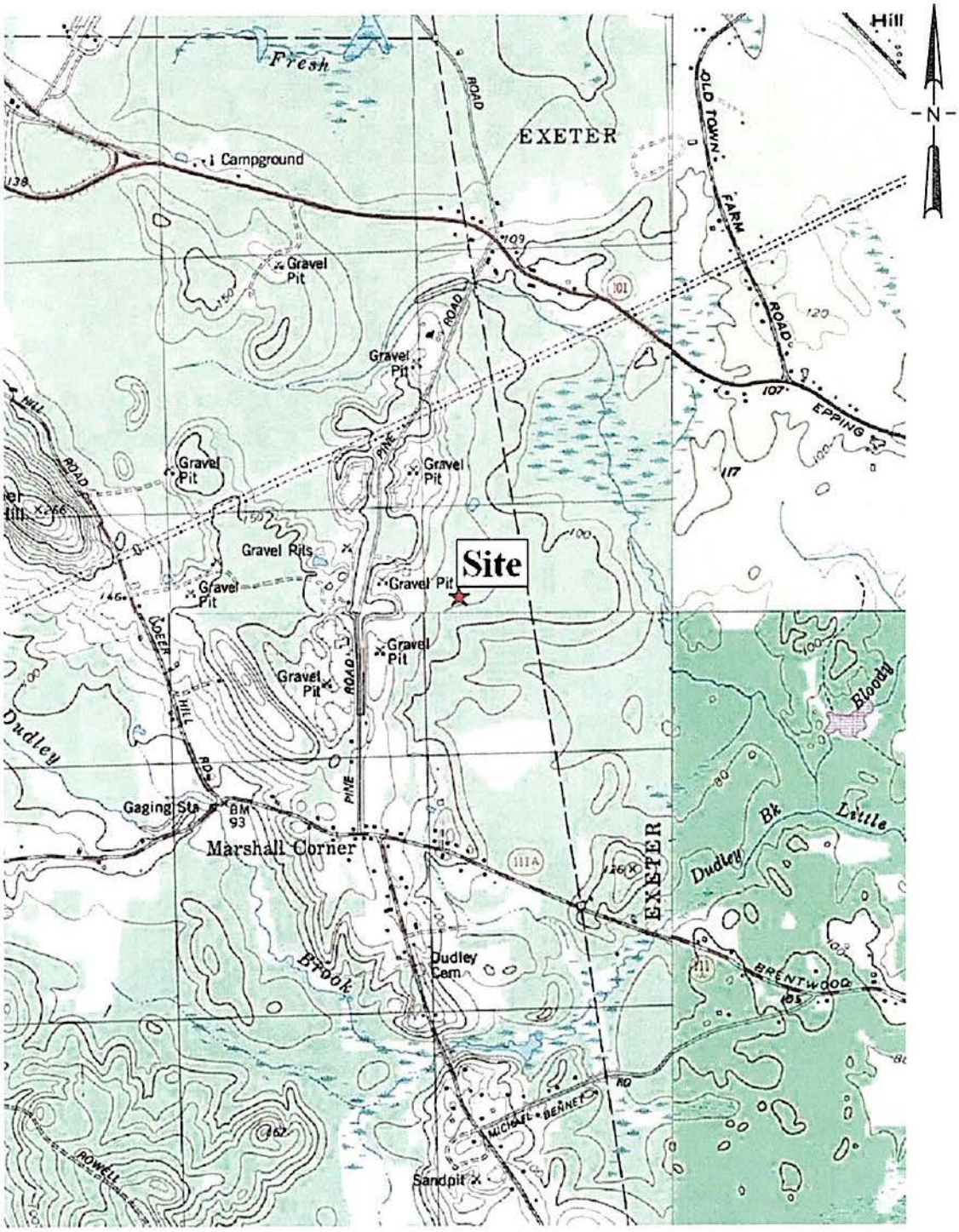
Signature Daniel A. Waldoch Date 11/11/2024

Printed Name and Title Daniel A. Waldoch Site Leader

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.

Figures



SOURCE:

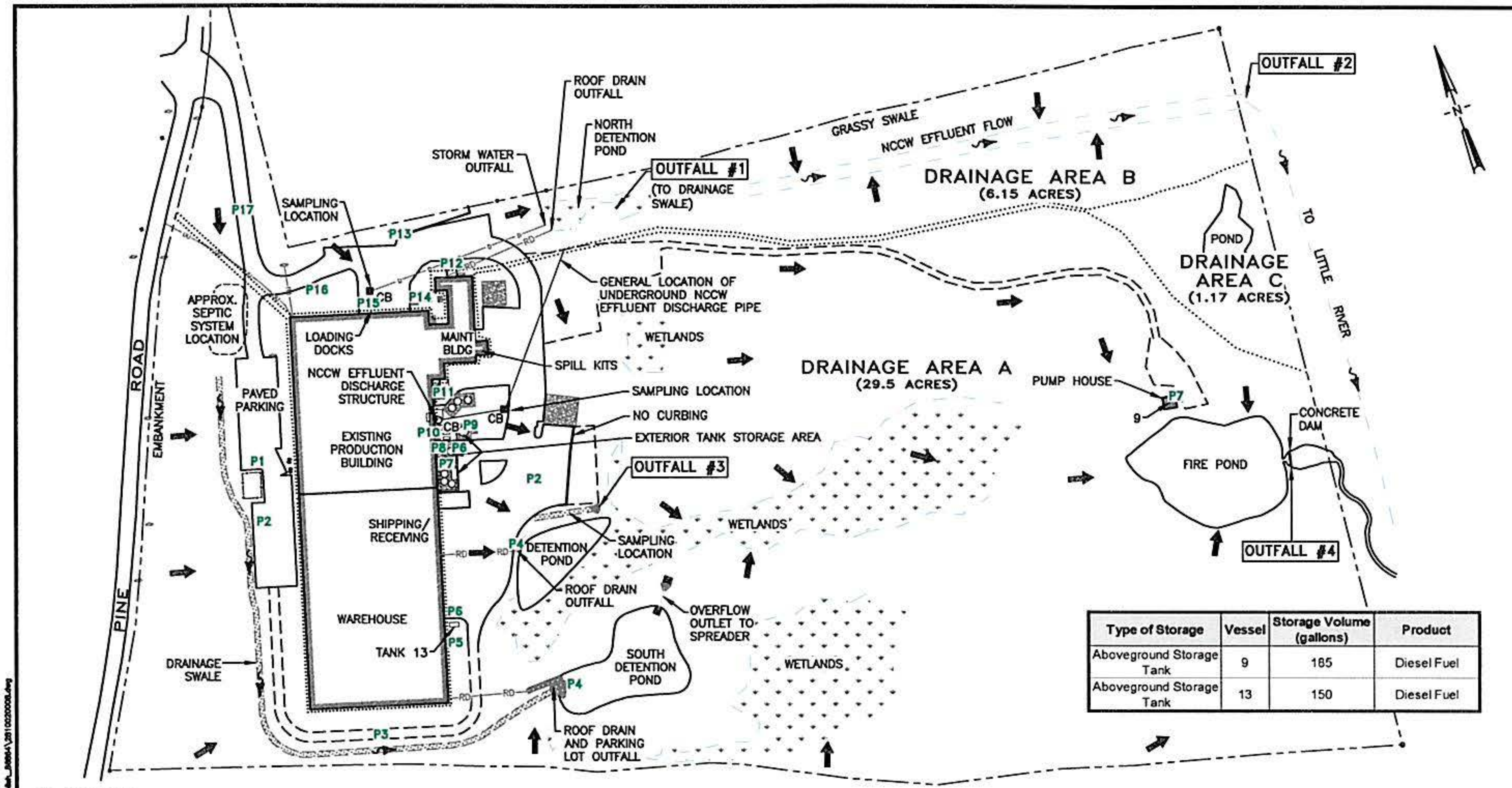
USGS KINGSTON, NH QUADRANGLE

0 2000 4000

APPROX. SCALE IN FEET

CLIENT: OWENS CORNING ROOFING AND ASPHALT, LLC				verdantas
PROJECT: NCCW GENERAL PERMIT UPDATES				
TITLE: SITE LOCUS				
DESIGNED: DFG	DRAWN: STM	CHECKED: DFG	APPROVED: SLP	
SCALE: 1" = 2000'	DATE: 09/17/24	FILE NO.: 2810-LOCUS	PROJECT NO.: 2810-016	FIGURE NO.: 1

PLOT DATE: 1-27-15
FILE: C:\Users\STMcKee\Desktop\2810-LOCUS.dwg



Type of Storage	Vessel	Storage Volume (gallons)	Product
Aboveground Storage Tank	9	165	Diesel Fuel
Aboveground Storage Tank	13	150	Diesel Fuel

LEGEND

Symbol	Meaning
— — —	PROPERTY BOUNDARY
—D—D—	STORM WATER DRAIN LINE
—RD—	ROOF DRAIN
- - - -	EDGE OF WETLANDS
—UU—UU—	UNDERGROUND UTILITY
—x—x—	FENCE
➡	GENERAL DIRECTION OF STORM WATER RUNOFF FLOW
▬	EXISTING BUILDING FOOTPRINT
▭	PARKING LOT SWALE
....	APPROXIMATE BOUNDARY OF DRAINAGE AREAS
———	EDGE OF PAVEMENT
— — —	EDGE OF GRAVEL
P3	POTENTIAL POLLUTANT SOURCE

NOTES:

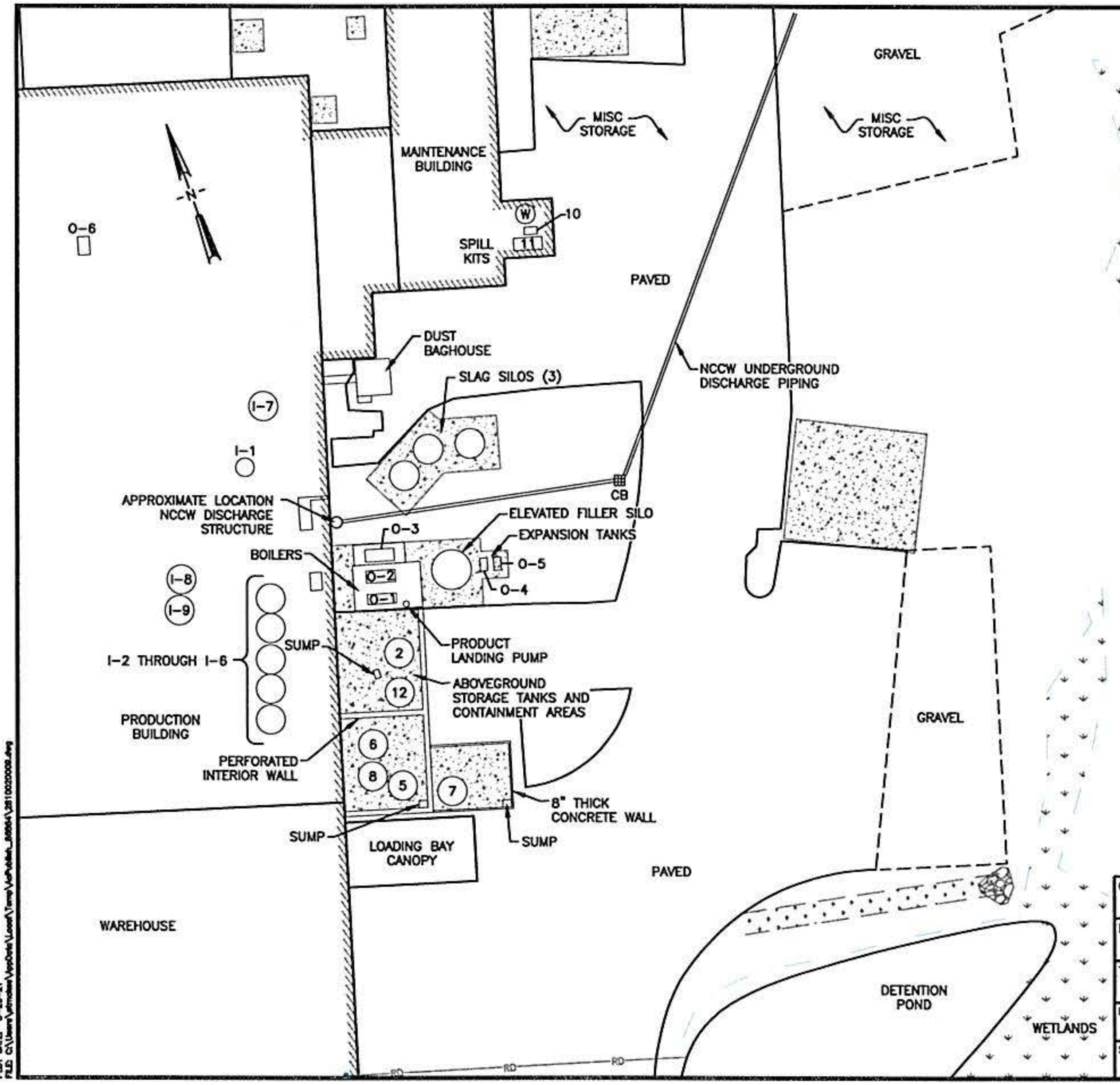
1. THIS FIGURE WAS BASED UPON A GRADING AND SITE PLAN CREATED BY MILLENNIUM ENGINEERING, INC. DATED DECEMBER 21, 2006. LOCATIONS OF SITE FEATURES ARE APPROXIMATE.
2. NCCW = NON-CONTACT COOLING WATER

0 150 300
APPROX. SCALE IN FEET

CLIENT:	OWENS CORNING ROOFING AND ASPHALT, LLC.			
PROJECT:	SWPPP			
TITLE:	FACILITY SITE PLAN			
DESIGNED: MED	DRAWN: STM	CHECKED: MED	APPROVED: SLP	
SCALE: 1" = 150'	DATE: 04/23/21	FILE NO.: 2810020008	PROJECT NO.: 2810-029	FIGURE NO.: 2

GeoInsight
Practical in Nature

PLOT DATE: 5-19-21



LEGEND

- RD — APPROXIMATE LOCATION OF ROOF DRAIN
- EDGE OF WETLANDS
- EXISTING BUILDING FOOTPRINT

Type of Storage	Vessel	Storage Volume (gallons)	Product
	2	30,000	Asphalt
	12	30,000	Asphalt
	5	10,275	Batch Oil
	6	15,000	Asphalt
	7	30,000	Asphalt
	8	20,000	Asphalt
	9	185	Diesel Fuel
	10	185	Waste Oil
	13	150	Diesel Fuel
Containers	11	55 each (550)	Lubrication Oil
Oil-Filled Operational Equipment	O-1	180	Heat transfer oil
	O-2	180	Heat transfer oil
	O-3	180	Heat transfer oil
	O-4	400	Condensate and oil (expansion/day tank)
	O-5	500	Condensate and oil (expansion/day tank)
	O-6	75	Hydraulic Oil
Process Aboveground	I-1	1,000	Blended Asphalt
	I-2 through I-9	5000 each (40,000)	Blended Asphalt

NOTES:

1. THIS FIGURE WAS BASED UPON A GRADING AND SITE PLAN CREATED BY MILLENNIUM ENGINEERING, INC. DATED DECEMBER 21, 2006. LOCATIONS OF SITE FEATURES ARE APPROXIMATE.
2. NCCW = NON-CONTACT COOLING WATER

0 40 80
APPROX. SCALE IN FEET

CLIENT:	OWENS CORNING ROOFING AND ASPHALT, LLC.
PROJECT:	SWPPP
TITLE:	DETAILED FACILITY SITE PLAN

DESIGNED:	DRAWN:	CHECKED:	APPROVED:
MED	STM	MED	SLP

SCALE:	DATE:	FILE NO.:	PROJECT NO.:	FIGURE NO.:
1" = 40'	05/20/21	2810020009	2810-029	3

GeoInsight
Practical in Nature

Groundwater Effluent Test Results

RL Resource Laboratories, LLC

Laboratory Report

Luke Sanborn
GeoInsight, Inc.
25 Sundial Avenue
Suite 515 West
Manchester, NH 03103

PO Number: None
LabID: 15291
Date Received: 9/22/08

Project: 2810-001 NEI

Attached please find results for the analysis of the samples received on the date referenced above.

Unless otherwise noted in the attached report, the analyses performed met the requirements of Resource Laboratories, LLC Quality Assurance Plan. The Standard Operating Procedures (SOP) are based upon USEPA SW-846, USEPA Methods for Chemical Analysis of Water and Wastewater, Standard Methods for the Examination of Water and Wastewater and other recognized methodologies. The results contained in this report pertain only to the samples as indicated on the chain of custody.

Resource Laboratories, LLC maintains certification with the agencies listed below.

We appreciate the opportunity to provide laboratory services. If you have any questions regarding the enclosed report, please contact the laboratory and we will be glad to assist you.

Sincerely,
Resource Laboratories, LLC

(for) 9/26/08

Susan Sylvester
Principal, General Manager

Date

Total number of pages 3

Resource Laboratories, LLC Certifications

New Hampshire	1732	Massachusetts	M-NH902
Maine	NH903		

Project ID: 2810-001 NEI
Lab ID: 15291

Lab Number: 15291-001
Sample ID: NCCW-Eff (092208)
Matrix: Water
Sampled: 9/22/08 8:10

Parameter	Result	Quant Limit	Units	Instr Dil'n Factor	Analyst	Prep Date	Analysis Batch	Analysis Date	Analysis Time	Reference
Antimony	< 0.006	0.006	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Arsenic	**0.009**	0.008	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Cadmium	< 0.005	0.005	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Chromium	< 0.05	0.05	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Copper	< 0.05	0.05	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Iron	**0.13**	0.05	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Mercury	< 0.0009	0.0009	mg/L	1	BJS		0802575	9/23/08		E245.1
Nickel	< 0.05	0.05	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Silver	< 0.007	0.007	mg/L	1	BJS		1701	9/22/08	19:33	E200.7
Zinc	< 0.05	0.05	mg/L	1	BJS		1701	9/22/08	19:33	E200.7

Lab Number: 15291-001
Sample ID: NCCW-Eff (092208)
Matrix: Water
Sampled: 9/22/08 8:10

Parameter	Result	Quant Limit	Units	Instr Dil'n Factor	Analyst	Prep Date	Analysis Batch	Analysis Date	Analysis Time	Reference
Chloride	**22**	0.5	mg/L	1	JLZ		0802590	9/23/08	16:12	E300.0A
Chromium, Hexavalent	< 0.01	0.01	mg/L	1	APA		0802582	9/24/08		SM3500CrB

RL Resource Laboratories, LLC
124 Heritage Avenue • Portsmouth, NH 03801
Phone: 603-436-2001 • Fax: 603-430-2100

CHAIN-OF-CUSTODY RECORD AND ANALYSIS REQUEST

15291

Company Name: GeoInsight
Company Address: NH Office
Report To: Luke Sanborn
Phone #: 603.314.0820 Fax #:
Invoice To:

Project Name: NEI
Project #: 2810-001
Project Location: (NH) MA ME VT Other
Protocol: RCRA SDWA (NPDES) MCP NHDES OTHER
Reporting Limits: QAPP GW-1 S-1 EPA DW Other
Quote #
PO #

ANALYSIS REQUEST

☐ VOC 8260 ☐ VOC 8260 NHDES ☐ VOC 8260 MADEP
☐ VOC 624 ☐ VOC BTEX ☐ MBE, only
☐ VPH MADEP ☐ MEGRO ☐ GRO 8015
☐ VOC 5242 ☐ VOC 5242 NH List
☐ TPH ☐ DRO 8015 ☐ MEDRO ☐ EPH MADEP ☐ TPH Fingerprint
☐ 8270PAH ☐ 8270ABN ☐ 625 ☐ EDB 504.1
☐ 8082 PCB ☐ 8081 Pesticides ☐ 608 Pest/PCB
☐ O&G 1664 ☐ Mineral O&G SM5520F
☐ pH ☐ BOD ☐ Conductivity ☐ Turbidity
☐ TSS ☐ TDS ☐ TS ☐ Alkalinity
☐ RCRA Metals ☐ Priority Pollutant Metals ☐ IAL Metals
☐ Total Metals-list
☐ Dissolved Metals-list
☐ Ammonia ☐ COD ☐ TKN ☐ TN ☐ TON
☐ T-Phosphorus ☐ Phenol
☐ Cyanide ☐ Sulfide ☐ Nitrate + Nitrite ☐ Ortho P
☐ Nitrate ☐ Nitrite ☒ Chloride ☐ Sulfate ☐ Bromide ☐ Fluoride
☐ Corrosivity ☐ Reactive CN ☐ Reactive S- ☐ Ignitibility/FP
☐ TCLP Metals ☐ TCLP VOC ☐ TCLP SVOC ☐ TCLP Pesticide
Subcontract: ☐ TOC ☐ Grain Size ☐ TCLP Herbicides
(2) Cr VI (1) Total Metals Sb, As, Cd, Cr Total, Cu, Fe, Hg, Ni, Ag, Zn.
Grab (G) or Composite (C)

Lab Sample ID (Lab Use Only)	Field ID	# CONTAINERS	Matrix: WATER	SOLID	OTHER	Preservation Method: HCl	HNO_3	H_2SO_4	NaOH	MeOH	OTHER (Specify)	Sampling: DATE	TIME	SAMPLER*
15291-01	NCCW-Eff(092208)	3	X				(1)				(2)	092208	0810	LMK

* See www.reslabs.com for sample acceptance policy and current accreditation lists.

SPECIAL INSTRUCTIONS
(1) Metals sample is for total recoverable, and was not field filtered.
(2) Preservative is a "buffer." for Cr VI analysis.

TAT REQUESTED
Priority (24 hr)** ☐
Expedited (48 hr)** ☒
Standard (10 Business Days) ☐
**Date Needed

REPORTING INSTRUCTIONS ☐ NO HARD COPY REQUIRED ☐ FAX ☐ EXCEL SPREADSHEET
☒ PDF (e-mail address) ☐ OTHER (specify)

RECEIVED ON ICE ☑ YES ☐ NO
TEMPERATURE 5 °C

CUSTODY RECORD

	Date	Time		Date	Time
Relinquished by Sampler:	09.22.08	0930	Received by: Cold Storage (YMS)	09.22.08	0930
Relinquished by:	09.22.08	09:55	Received by:		
Relinquished by:			Received by Laboratory: Way Bill#:	9/22/08	0955