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 Sinclair Manufacturing Company
   Street/PO Box 12 S Worcester St City Norton
   State MA Zip Code 02766
   Latitude -71°-13'-13" W Longitude-41°-57'-01" W

   Type of Business Metal Product Fabrication
   SIC Code(s) 3679 & 3451

3. Facility Mailing address (if different from Location Address):
   Facility Name Sinclair Manufacturing Company
   Street/PO Box PO Box 398 City Chartley
   State MA Zip Code 02712

4. Facility Owner:
   Name Sinclair Manufacturing Company
   E-mail jjauch@sinclairmfg.com
   Street/PO Box PO Box 398 City Chartley
   State MA Zip Code 02712

   Contact Person James Jauch Tel 508-222-7440
   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 _____ Zip Code _____
   State _____ 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 MAG250030

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: Chartley Brook
Freshwater ▬ Marine Water ☐; State Water Quality Classification Class _____
Type of Receiving Water Body (e.g., stream, river, lake, reservoir, estuary, etc.) _____

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 71°-13'-13" W Longitude 41°-57'-01" W
Outfall # Latitude _____ Longitude _____
Outfall # Latitude _____ Longitude _____

5. For each Outfall provide the following discharge information:

Outfall # 1

a) Maximum Daily Flow .002 MGD Average Monthly Flow .06 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 76 °F Average Monthly Temperature 76 °F
c) Maximum Monthly pH 7 s.u. Minimum Monthly pH 7 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 0.258 MGD
Attach any calculation sheets used to support stream flow and/or dilution calculations.
USGS Hydrologic Characteristics Report for the Taunton and Ten Mile River Basins Report. (0.4cfs x 0.646=0.258 MGD)

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 Municipal water supply Name of Source Water Town of Norton

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 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 Town Water Supply 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:

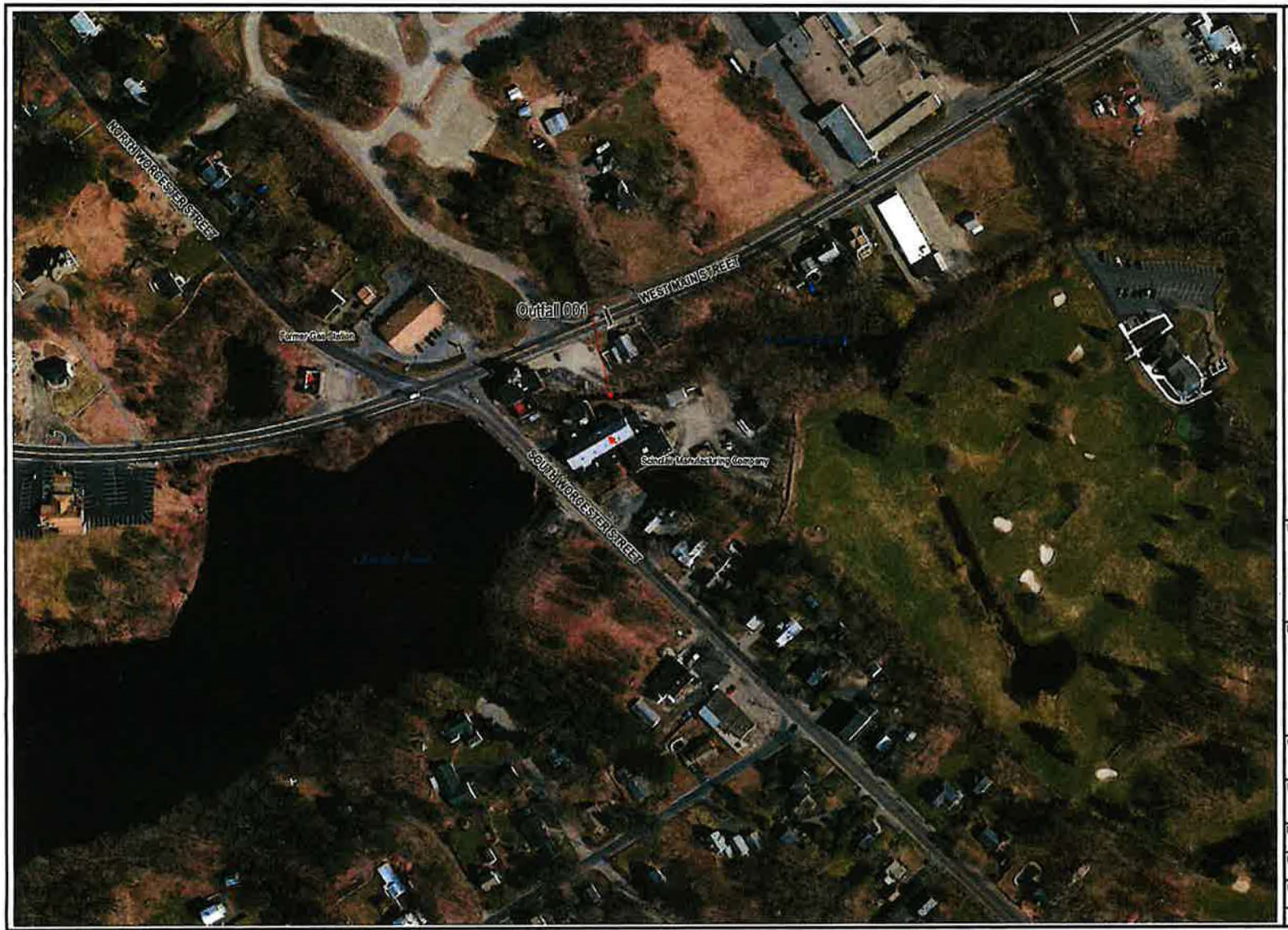
> I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or 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 _____ Date 4/24/23

Printed Name and Title James Jauch General Manager

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.



LEGEND

0 25 50 100
Feet
Approximate Scale: 1 inch = 170 feet

PREPARED BY:

Resource Controls
Engineering | Environmental Solutions

DRAWING DESCRIPTION:

AERIAL SITE VIEW

CLIENT:

Sinclair Manufacturing Company

LOCATION:

12 SOUTH WORCESTER STREET
NORTON, MASSACHUSETTS

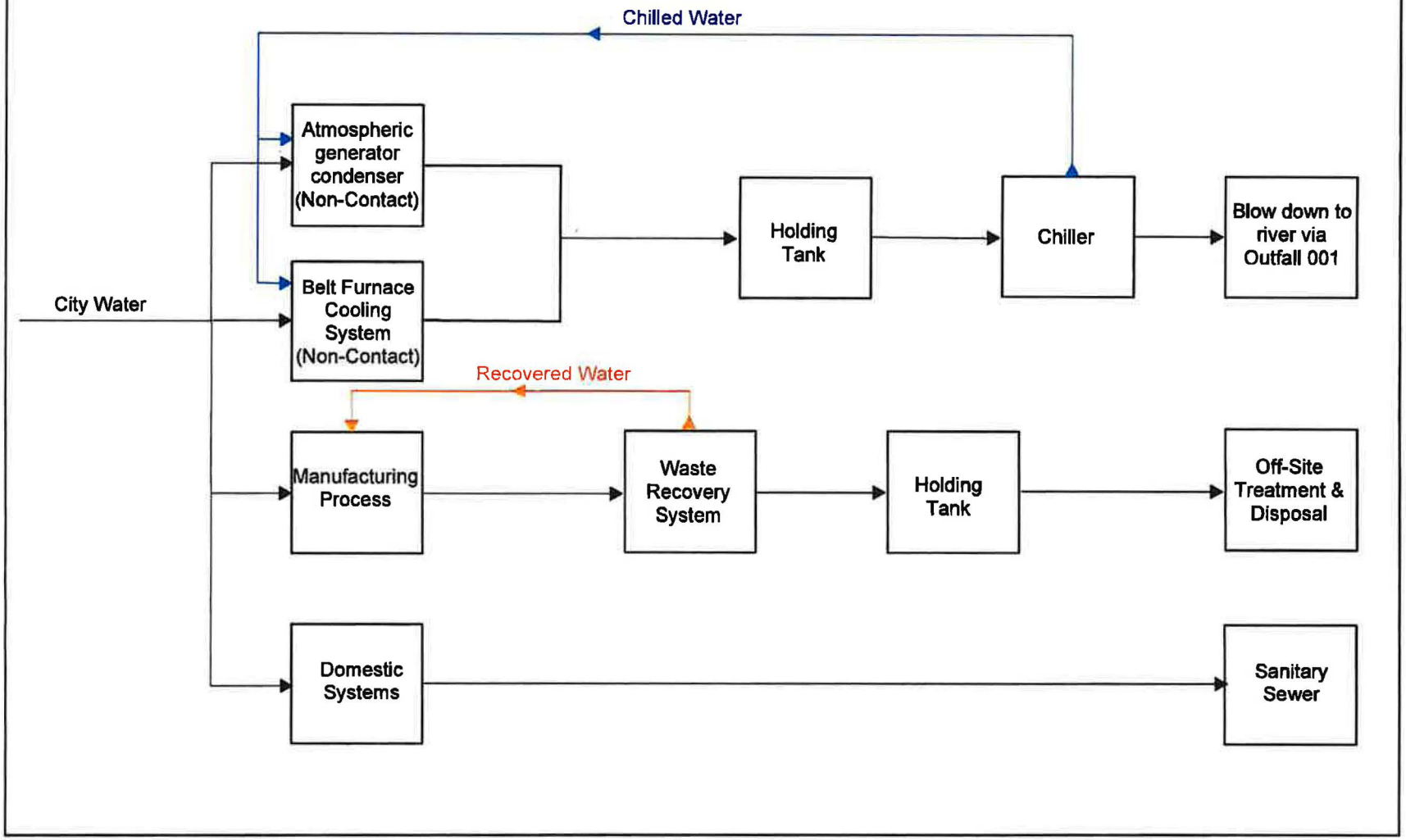
DESIGNED BY:	CHECKED BY:	APPROVED BY:
BPC	BAE	BAE

DRAWING DATE:	SHEET NUMBER:
10/22/2014	1 of 1

PROJECT NUMBER:	DRAWING NAME:
Proposal	SITE PLAN

FIGURE 1

Path: P:\2007\284.00 Sinclair, Worcester St, Charity\Graphics\GIS\Aerial_Map.mxd



Resource Controls
Engineering Environmental Solutions

WATER SUPPLY FLOW SCHEMATIC

SINCLAIR MANUFACTURING CO.
P.O. BOX 398
CHARTLEY, MASSACHUSETTS 02712

DRAWN BY	PROJECT	PRINT DATE	FIGURE
BPC	7288	11/21/2014	2

Path: P:\7000\7288.00 Sinclair, Worcester St, Chartley\Graphics\GIS\Water Schematic.mxd

Source: Office of Geographic and Environmental Information (MassGIS), Commonwealth of Massachusetts Executive Office of Environmental Affairs
Critical Areas of Environmental Concern Datalayer

Resource Controls
Engineering & Environmental Solutions

AREAS OF CRITICAL ENVIRONMENTAL CONCERN

12 WORCESTER STREET
NORTON, MASSACHUSETTS

DRAWN BY	PROJECT	PRINT DATE	FIGURE
BPC	7288	11/21/2014	3

Path: P:\7000\7288.00 Sinclair, Worcester St, Chartley\Graphics\GIS\ACEC.mxd

MAG250030 9/24/08

APPENDIX 5

Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General Permit

1. General facility information. Please provide the following information about the facility.

a) Name of facility: Sinclair Manufacturing Company		**Type of Business:** Manufacturer of Electronic Components
Facility Location Address : 12 So. Worcester Street Chartley, MA 02712 **longitude:** 41° 57' 01" N **latitude:** 71° 13' 36"W	**Facility SIC codes:** 3679 3451	**Facility Mailing Address (if not location address)** P.O. Box 398 Chartley, MA 02712
b) Name of facility owner: Sinclair Manufacturing Company		**Email address of owner:** dlemieux@sinclairmfg.com
Owner's Tel #: 508-222-7440 **Owner's Fax #** 508-226-0517		**Owner is (check one): 1. Federal** ____ **2. State** ____ **3.Tribal** ____ **4. Private** X **4. Other** ____ **(Describe)**
Address of owner (if different from facility address) Same		

Legal name of Operator, if not owner: same

Operator Contact Name: David M. LeMieux

Operator Tel Number: 508-222-7440 **Fax Number:** 508-226-0517

Operator's email: dlemieux@sinclairmfg.com

Operator Address (if different from owner)

same

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? Yes

e) Check Yes or No for the following:

1. **Has a prior NPDES permit been granted for the discharge? Yes** X **No** ____ **If Yes, Permit Number:** MAG250030
2. **Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes** ____ **No** X
3. **Is the facility covered by an individual NPDES permit? Yes** ____ **No** X **If Yes, Permit Number** ____
4. **Is there a pending application on file with EPA for this discharge? Yes** ____ **No** X **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: Chartley Brook
State Water Quality Classification: Class B Freshwater: X Marine Water: _____

b) Describe the discharge activities for which the owner/applicant is seeking coverage: Non-contact cooling water

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: X

d) Number of outfalls 1

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 8700 GPD Average Flow 8545 GPD

f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 83 Average Temp. 79.5

g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.0 Min pH 7.0

h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes X No _____ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.

i) Is the discharge continuous? Yes X 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) --
If (P), number of days or months per year of the discharge -- and the specific months of discharge --;
If (I), number of days/year there is a discharge --

j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 41° 57' 01" N lat. 71° 13' 36" W; 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 0.12 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 X
If yes, provide the name of the ACEC: _____

3. NCCW Source Water Information. Please provide information about the NCCW source water, using separate sheets as necessary:

a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater): Source: Municipal Water supply Name of Source Water: Town of Norton Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes_____ No_____ If yes, registration number: _____	b) If source water is surface water: N/A i) Is it a freshwater river or stream Yes_____ No_____ ii) Is it a lake? _____ reservoir?_____ iii) Is it tidal river? _____ estuary? _____ ocean?_____ c) Is the source water groundwater? Yes _____ No X If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit. d) Does the facility use both a primary and backup source of noncontact cooling water? Yes _____ No X 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.

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 X If No, explain: Town water supply

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/npdes/nccwgp.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.

Include in your description: N/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
_____ 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. N/A
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: N/A
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 N/A

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 LC_{50} in percent for aquatic organism(s)).

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_X_
b) Has any consultation with the federal services been completed? Yes___ No_X_
c) Is consultation underway? Yes____ No_X_
d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): N/A
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 _X_
b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No _X_ 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 o3) have you met? C.1

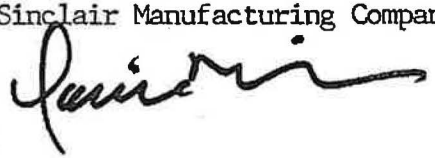
8. Supplemental Information: Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit

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.

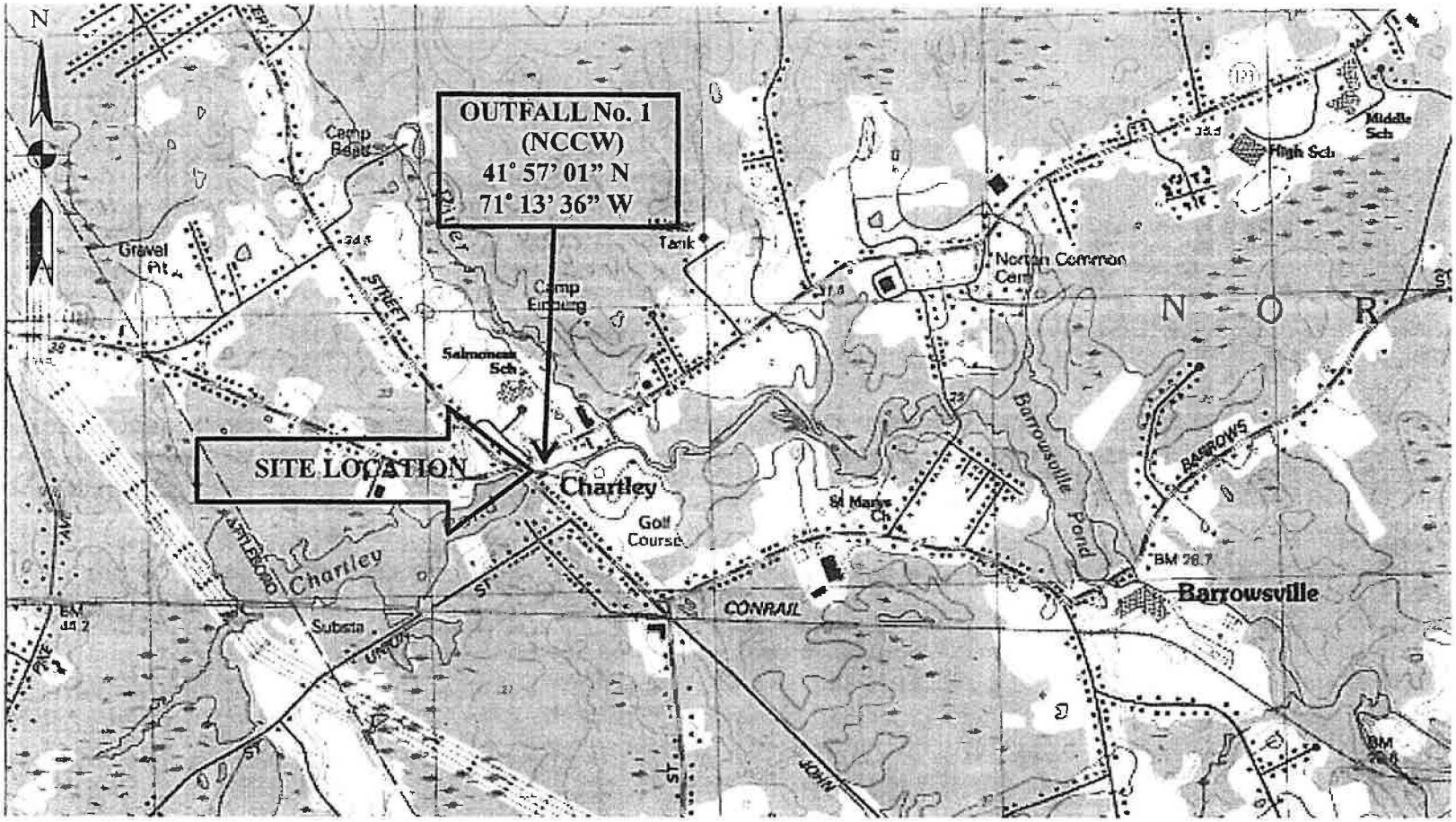
Facility Name: Sinclair Manufacturing Company

Operator signature: 

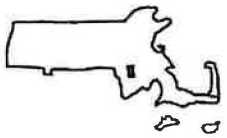
Title: President

Date: 9/18/08

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.



MASSACHUSETTS



QUADRANGLE LOCATION

0 1000 2000

APPROXIMATE SCALE (FEET)

Source:
USGS 7.5 Minute Series
Taunton, MA Quadrangle

ANKIEWICZ
ENVIRONMENTAL SERVICES
51 Powow Street, Amesbury, MA 01913
Phone: (978) 388-8278 Fax 978-388-0817
E-mail: ankiewicz.ues@verizon.net

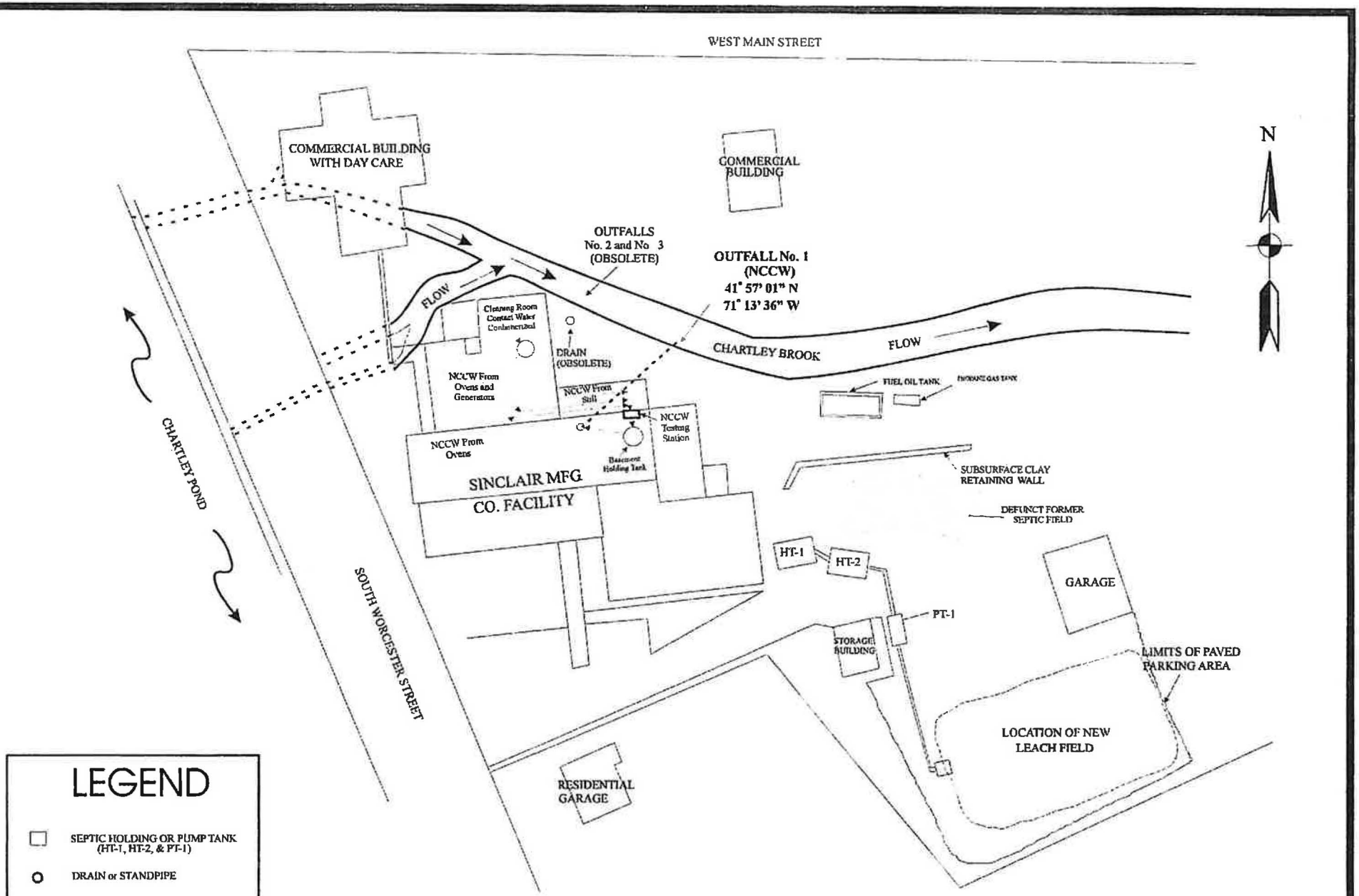
Client: Sinclair Manufacturing Co.

Site Address: 12 South Worcester St.
Chartley, MA

Title: SITE LOCUS MAP

Project	Drawn	Approved	Figure No.
NCCW Permit (September 2008)	JHA	JHA	1

Approx. Scale	Date	File No.	Project No.
1:24,000	09-05-08	Locus - 0808	05010-03



ANKIEWICZ ENVIRONMENTAL SERVICES
51 Powow Street, Amesbury, MA 01913
Phone: (978) 388-8278 Fax:978-388-0817
E-mail: ankiewicz.aes@verizon.net

TITLE: NCCW - SITE PLAN		CLIENT: SINCLAIR MANUFACTURING CO.	
PROJECT NO.: 05010-03	DRAWN: JHA	LOCATION: 12 South Worcester Street Chartley, MA	FIGURE: 2
SCALE: AS SHOWN	DATE: 09-05-08	PROJECT: NCCW Permit Application (September 2008)	

Table 1

Receiving Water Temperatures Engineering Calculations
and
Calculated Dilution Factor
Sinclair Manufacturing, 12 South Worcester Street, Chartley, MA
NPDES Permit Number MAG250030
(September 2008)

Criteria	Units	Symbol	Value	Source
Effluent Temp.	degrees F	Tp	79.5	Avg. effluent temperature based on the last 24-monhts of monitoring data
Chartley Brook Min. Temp.	degrees F	Tb	40	Estimated winter months minimum temperature per MassDEP discussions
delta Tp	degrees F	delta Tp	39.5	delta Tp = Tp - Tb
Mass of River	mgpd	mr	0.08	7Q10 per MassDEP
Mass of Effluent (avg)	mgpd	mp	0.00845	Avg. daily NCCW effluent flow based on 39 months of monitoring data.
Mass of Effluent (max)	mgpd	mp:max	0.0087	Avg. daily NCCW effluent flow based on 39 months of monitoring data.
Potential Change in Chartley Brook Temp.	**degrees F**	**delta Tr**	**4.2**	**delta Tr = mp/mr x delta Tp**
Dilution Factor	**n/a**	**DF**	**10.2**	**DF = (mr + mp:max)/mp:max**

Table 2

FEDERALLY LISTED ENDANGERED AND THREATENED SPECIES
IN MASSACHUSETTS

Only Plymouth County has federally-designated Critical Habitat in Massachusetts. The following are federally-listed species by county:

Common Name	Species	Status	County/General Distribution
Shortnose sturgeon[1]	*Acipenser brevirostrum*	E	Atlantic coastal waters and Connecticut and Merrimack Rivers
Eastern cougar	*Felis concolor couguar*	E	Entire state/historic
Indiana bat	*Myotis sodalis*	E	Berkshire/historic
Bald eagle	*Haliaeetus leucocephalus*	D[2]	Barnstable, Berkshire, Essex, Franklin, Hampden, Hampshire, Plymouth, Worcester
Piping plover	*Charadrius melodus*	T	**Nesting**: Barnstable, Essex, Plymouth, Dukes, Nantucket, Bristol (coastal beaches only) **Migratory:** Atlantic Coast
Roseate tern	*Sterna dougallii dougallii*	E	**Nesting**: Barnstable, Plymouth, Dukes (coastal islands) **Migratory:** Atlantic Coast
Bog turtle	*Clemmys muhlenbergii*	T	Berkshire
Dwarf wedgemussel	*Alasmidonta heterodon*	E	Hampshire, Franklin (Connecticut River watershed)
Puritan tiger beetle	*Cicindela puritana*	T	Hampshire (Connecticut River floodplain)
Northeastern beach tiger beetle	*Cicindela dorsalis dorsalis*	T	Barnstable, Duke (coastal beaches only)
American burying beetle	*Nicrophorus americanus*	E	Dukes, Nantucket (Penikese & Nantucket Isl.) reintroduced populations
Small whorled pogonia	*Isotria medeoloides*	T	Hampshire, Essex, Hampden, Worcester, Middlesex
Sandplain gerardia	*Agalinus acuta*	E	Barnstable, Duke
Northeastern bulrush	*Scirpus ancistrochaetus*	E	Franklin

[1] Principal responsibility for this species is vested with the National Marine Fisheries Service.
[2] Delisted. Protected under the Bald and Golden Eagle Protection Act and the Migratory Bird Treaty Act.

Table 3

Index by State and City
National Register Information System 09/17/2008 13:20:45

No filter Include filter in navigation

Row	STATE	COUNTY	RESOURCE NAME	ADDRESS	CITY	LISTED	MULTIPLE
1	MA	Bristol	**Clarke, Pitt, House**	42 Mansfield Ave.	Norton	1976-07-13	
2	MA	Bristol	**Norton Center Historic District**	MA 123	Norton	1977-12-23	
3	MA	Bristol	**Old Bay Road**	From Easton Town Line to Taunton Town Line	Norton	1974-11-08	

First Page Next Page Refresh Export