



CHESHIRE COUNTY FACILITIES
201 RIVER ROAD
WESTMORELAND NH 03467

(603) 399-7300
FAX (603) 399-7357

October 6, 2011

To whom it may concern,

The discharge effluent from the Cheshire County Complex meets the applicable requirements of the general permit. The Cheshire County Complex requests coverage under the general permit, as required under the NHG580000 general permit, part II. A discharging to freshwaters.

The only upgrade made to the wastewater facility is that the lagoons have been covered by an insulated lemna cover.

A handwritten signature in cursive script, appearing to read "Robert A. Riendeau".

Robert Riendeau
Chief Water/Wastewater operator
Cheshire County



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region 1
5 Post Office Square, Suite 100
BOSTON, MA 02109-3912

RECEIVED
MAR 25 2010
DES-WEB

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

March 19, 2010

Mr. Jack Wozmak, Cheshire County Administrator
201 River Road
Westmoreland, New Hampshire 03467

Re: Publicly Owned Treatment Works General NPDES Permit No. NHG580391-
Cheshire County Complex

Dear Mr. Wozmak:

This letter acknowledges your submittal of a Notice of Intent (NOI), dated February 12, 2010, for coverage under the Publicly Owned Treatment Works General NPDES Permit (POTW GP) No. NHG580391. Your NOI has been received and reviewed by this office. The information submitted appears to be complete and will be kept at our offices until such a time as the POTW GP is reissued. Since you submitted a timely and complete NOI, coverage of the discharge from your facility under the current POTW GP is administratively continued until a new permit is issued, in accordance with the Administrative Procedure Act (5 U.S.C. 558(c)) and 40 CFR §122.6. Please be advised that upon reissuance of the POTW GP, an NOI for coverage will need to be submitted in accordance with the notification requirements of that permit.

Please note that should you make any change to you processes that you believe may affect your coverage under the final permit, please contact Meridith Timony of my staff at (617) 918-1533 to discuss those changes.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Pitt".

Brian Pitt, Acting Chief
NPDES Municipal Permits Branch
Office of Ecosystem Protection

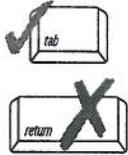
**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



**For Coverage Under the NPDES General Permit
for Publicly Owned Treatment Works (POTWs) and
Other Treatment Works Treating Domestic Sewage
With Dilution Factors Greater than Fifty**

Instructions

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent (NOI) constitutes notice that the entity named at item A1. of this form intends to be covered by the NPDES General Permit for POTWs and Other Treatment Works Treating Domestic Sewage (TWTDS) issued by EPA, in the location identified at item A1. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item A1. has read, understands and meets the eligibility conditions of Part III.K. of the NPDES General Permit for POTWs and Other TWTDS, agrees to comply with all applicable terms and conditions of the permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on this Notice of Intent form must be completed. A facility that fails to submit an NOI and/or receive written notification of permit coverage from EPA-New England is not authorized to discharge under this general permit. Please read the permit and make sure you comply with all requirements, including the requirement to contact the NH Department of Environmental Services (DES) prior to filling out this NOI. (Please contact Dan Dudley, (603) 271-0671, or Susan Willoughby (603) 271-3307 at DES.) The NOI instructions applicable to New Hampshire facilities begin on page 40 of the general permit.**

Part A. Basic Application Information

A1. Facility Information:

Cheshire County Complex		NH0100391
Facility Name		NPDES Permit Number
Mailing Address		
201 River Road Westmoreland	399-7300	
Contact and Title	Telephone	abassett@co.cheshire.nh.us
Rob Riendeau		
Facility Address 201 River Road Westmoreland 03467		

A2. Applicant Information (if different than above)

Applicant Name		
Mailing Address		
Contact and Title	Telephone	E-mail (if available)

Is the applicant the owner or operator (or both) of the POTW? Owner Operator Both

A3. Facility Status: Major Minor

A4. Flow Information:

Permitted Design Flow .04 mgd Any planned increase? Yes No

Average Daily Flow based on the most recent 24 months:

Actual Time Period 1/2010-
12/2010 Average Daily Flow .030 mgd

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A5. Collection System Information:

Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each other.

- Separate sanitary sewer 100 %
 Combined storm and sanitary sewer _____ %

A6. Outfall Information:

Provide the latitude and longitude coordinates for each outfall.

Outfall Number	Latitude	Longitude
<u>Cheshire County Complex</u>	<u>42° 58' 32" N</u>	<u>72° 27' 59" W</u>

Does this outfall have a periodic discharge? Yes No

If yes, time period during which discharge occurs: _____ days/year

A7. Receiving Water Information:

Connecticut River
Name

A8. Treatment Facility Information:

Type of Wastewater Treatment Facility (Check only one)

Sand Filter Lagoon Others

Type of Disinfection: Chlorination Ultraviolet Light

Current sludge use and disposal practice:

Land Application Incineration* Surface Disposal

Other Describe: Outside service discarded sludge

(*Note: Facilities incinerating their sludge are ineligible to receive coverage under this General Permit.)

A9. Topographic Map (For facilities with a design flow greater than or equal to 0.1 MGD)

Attach to this application a topographic map of the area showing the location of the treatment plant and all of the outfalls.

A10. Process Flow Diagram (For facilities with a design flow greater than or equal to 0.1 MGD)

Provide a diagram or schematic showing the processes of the treatment plant from the headworks to the outfall(s) and including any bypass piping.

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Part B. Applicable Limits Information

B1. Type of Receiving Water (Check One):

Freshwater – Permit Part II.A. is applicable.

Marine Waters – Permit Part II.B. is applicable.

Dischargers to freshwater must answer “N/A” to questions B4 through B6 below

Dischargers to marine waters must answer “N/A” to questions B7 through B8 below

B2. 7Q10 (freshwater only) 1040 cfs (Contact DES for this information)

B3. Dilution Factor: 15126 (Contact DES for this information)

B4. Do you discharge to marine waters used for swimming purposes? (Contact DES for this information)

Yes Limits for Enterococci are found in Part II.B. of the general permit

No Reporting for Enterococci are found in Part II.B. of the general permit

N/A

B5. Choose one set of bacteria limits for the protection of the shellfishing use:

Total Coliform - Limits for Total Coliform are found in Part II.B. of the general permit

Fecal Coliform - Limits for Fecal Coliform are found in Part II.B. of the general permit

N/A

B6. Chlorine limits for discharges to marine waters (From Table C in Part II.B. of the permit)

Monthly Average Limit from Table C for dilution factor of _____ (Question B3) = _____ mg/l

Maximum Daily Limit from Table C for dilution factor of _____ (Question B3) = _____ mg/l

N/A

B7. Chlorine limits for discharges to freshwaters (From Table C in Part II.A. of the permit)

Monthly Average Limit from Table C for dilution factor of >91:1 (Question B3) = 1.0 mg/l

Maximum Daily Limit from Table C for dilution factor of >91:1 (Question B3) = 1.0 mg/l

N/A

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B8. Do you discharge upstream of a freshwater designated beach? (**Contact DES for this information**)

- Yes Escherichia coli limits for bathing beach waters are found in Part II.A. of the general permit.
 No Escherichia coli limits for non-bathing beach waters are found in Part II.A. of the general permit.
 N/A

B9. Choose one set of biochemical oxygen demand limits.

- BOD₅ CBOD₅ (Concentration limits are found in Parts II.A. and II.B. of the general permit)

B10. Monthly Average Mass TSS and BOD₅ (or CBOD₅) limits

Mass TSS limit = 30 mg/l x 8.34 x permitted design flow .04 mgd (Question A4) = 10 lbs/day

AND

Mass BOD₅ limit = 30 mg/l x 8.34 x permitted design flow .04 mgd (Question A4) = 10 lbs/day

OR

Mass CBOD₅ limit = 25 mg/l x 8.34 x permitted design flow _____ mgd (Question A4) = _____ lbs/day

B11. Weekly Average Mass TSS and BOD₅ (or CBOD₅) limits

Mass TSS limit = 45 mg/l x 8.34 x permitted design flow .04 mgd (Question A4) = 15 lbs/day

AND

Mass BOD₅ limit = 45 mg/l x 8.34 x permitted design flow .04 mgd (Question A4) = 15 lbs/day

OR

Mass CBOD₅ limit = 40 mg/l x 8.34 x permitted design flow _____ mgd (Question A4) = _____ lbs/day

B12. Maximum Daily Mass TSS and BOD₅ (or CBOD₅) limits

Mass TSS limit = 50 mg/l x 8.34 x permitted design flow .04 mgd (Question A4) = 16.7 lbs/day

AND

Mass BOD₅ limit = 50 mg/l x 8.34 x permitted design flow .04 mgd (Question A4) = 16.7 lbs/day

OR

Mass CBOD₅ limit = 45 mg/l x 8.34 x permitted design flow _____ mgd (Question A4) = _____ lbs/day

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Part C. Effluent Testing for All Applicants

All applicants must provide effluent testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one sample collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the past year must be included.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	# of Samples
pH* (Minimum)	6.6	s.u.			
pH* (Maximum)	8.2	s.u.			
Temperature (Winter)	34	Deg F	41	Deg F	6
Temperature (Summer)	73	Deg F	70	Deg F	5

* For pH please report a minimum and a maximum daily value

POLLUTANT	Max. Daily Value Discharge		Average Daily Value			Analytical Method	ML/MDL
	Conc.	Units	Conc.	Units	# of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS							
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	29	mg/l	18	mg/l	12	
	CBOD5		mg/l		mg/l		
BACTERIA (Report all that are applicable)	Fecal Coliform		cts/100ml		cts/100ml		
	Total Coliform		cts/100ml		cts/100ml		
	E. Coli	0	cts/100ml	50	cts/100ml	12	
	Enterococci		cts/100ml		cts/100ml		
TOTAL SUSPENDED SOLIDS (TSS)	25	mg/l	14	mg/l	12		

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Part D. Effluent Testing for Applicants with Design Q \geq 0.1 mgd Only

If the treatment works has a design flow greater than or equal to 0.1 mgd then provide effluent testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one sample collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the past two years must be included.

POLLUTANT	Max. Daily Value		Average Daily Value			Analytical Method	ML/MDL
	Conc.	Units	Conc.	Units	# of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS							
AMMONIA (as N)		mg/l		mg/l			
CHLORINE (TOTAL RESIDUAL, TRC)		mg/l		mg/l			
DISSOLVED OXYGEN		mg/l		mg/l			
TOTAL KJELDAHL NITROGEN (TKN)		mg/l		mg/l			
NITRATE PLUS NITRITE		mg/l		mg/l			
OIL and GREASE		mg/l		mg/l			
TOTAL PHOSPHORUS		mg/l		mg/l			
TOTAL DISSOLVED SOLIDS (TDS)		mg/l		mg/l			
OTHER*							

*Report any additional parameters requested by EPA or DES here

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Part E. Effluent Testing for Applicants with Design Q \geq 1.0 mgd Only

E1. Parameters in Table 2 of Appendix J of 40 CFR 122

If the treatment works has a design flow greater than or equal to 1.0 mgd then provide effluent testing data for the parameters in Table 2 of Appendix J of 40 CFR 122. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one pollutant scan collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the last two years must be included.

Attach the results from your contract laboratory to this Notice of Intent and include the following:

POLLUTANT	MAXIMUM DAILY VALUE				AVERAGE DAILY VALUE					ANALYTICAL METHOD	ML/MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples			

E2. Whole Effluent Toxicity Test Results

If the treatment works has a design flow greater than or equal to 1.0 mgd then provide the results of at least one multiple species (minimum of two species) acute whole effluent toxicity test performed on a sample of the effluent collected within the last two years. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136. If you have already submitted the information requested in this part you do not need to submit it again but you must provide the date it was submitted and a brief summary of the results (LC50 endpoints).

Attach the results from your contract laboratory to this Notice of Intent and include the following:

- a. Description of sample collection procedures (grab or 24-hour composite), site description;
- b. Names of individuals collecting and transporting samples, times and dates of sample collection and analysis on chain of custody; and
- c. General description of tests: age of test organisms, origin, dates and results of standard toxicant tests; light and temperature regime; other information on test conditions if different than procedures recommended. Reference toxicity test data must be included.
- d. Raw data and bench sheets.
- e. All chemical/physical data generated. (Include minimum detection levels and minimum quantification levels).
- f. Provide a description of dechlorination procedures (as applicable).
- g. Any other observations or test conditions affecting test outcome.
- h. Statistical tests used to calculate endpoints.

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Part F. Eligibility

F1. Any facility seeking coverage under this general permit must certify in its NOI that each discharge for which it is seeking coverage meets one or more of the National Historic Preservation Act (NHPA) eligibility criteria in Attachment C to the permit

Does each discharge meet one or more of the NHPA eligibility criteria? Yes No

Attach all documentation necessary to support the eligibility demonstration.

Was the State Historic Preservation Officer or Tribal Historic Preservation Officer involved in the determination of eligibility? Yes No

F2. For coverage under this general permit, a facility with a discharge outside the areas identified in Part III.K.4.b and currently covered under an individual NPDES permit can meet the ESA eligibility criteria by providing the individual NPDES permit number and certifying that the discharge is not in proximity to a dwarf wedgemussel or shortnose sturgeon population. Does your facility meet these criteria? Yes No

Attach any documentation to support this determination.

Any other facility seeking coverage under this general permit, including facilities discharging or proposing to discharge into the areas identified in Part III.K.4.b, must certify in this NOI that each discharge for which it is seeking coverage meets one or more of the Endangered Species Act eligibility criteria in Attachment D to the permit.

Have the Endangered Species Act eligibility criteria been met? Yes No

Attach all documentation necessary to support the eligibility demonstration.

Part G. Certification

The Notice of Intent must be signed in accordance with the signatory requirements of 40 CFR§122.22, including the following certification (*Original Signature Required*):

I certify under penalty of law that 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name and Official Title

Signature

Date Signed

Telephone Number

H. Federal and State Addresses

This Notice of Intent must be sent to the U.S. Environmental Protection Agency with a copy to the New Hampshire Department of Environmental Services at the addresses listed below. Applications are due at least 180 days before the expiration date of the existing NPDES permit.

1. U.S. EPA - New England, Region I
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, Massachusetts 02114-2023
2. N.H. Department of Environmental Services
Water Division, Wastewater Engineering Bureau
Permits and Compliance Section
29 Hazen Drive – PO Box 95
Concord, New Hampshire 03302-0095



NEW HAMPSHIRE DIVISION OF HISTORICAL RESOURCES

State of New Hampshire, Department of Cultural Resources
19 Pillsbury Street, Concord, NH 03301-3570
TDD Access: Relay NH 1-800-735-2964
www.nh.gov/nhdhr

603-271-3483
603-271-3558
FAX 603-271-3433
preservation@nhdhr.state.nh.us

STATE OF NEW HAMPSHIRE Inter-Department Communication

DATE: November 28, 2005

FROM: Edna Feighner, Review and Compliance Coordinator
Division of Historical Resources

SUBJECT: Multiple Municipal Wastewater Treatment Facilities
NPDES General Permit Review-Cheshire County Home

TO: Susan A. Willoughby
Wasterwater Engineering Bureau

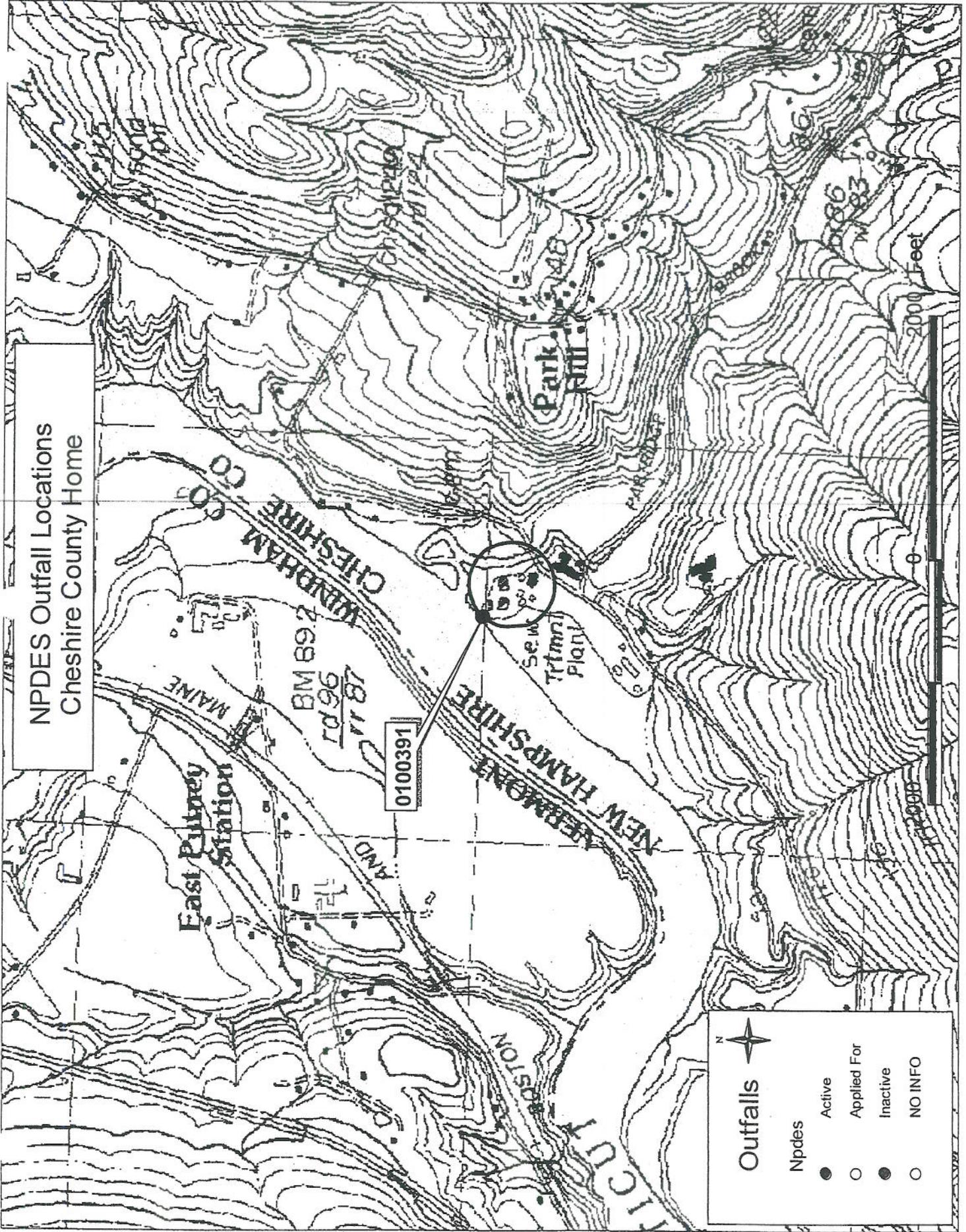
CC: J. McConaha, SHPO

This is a response to your request with regard to comments concerning cultural resources potentially affected by the activities proposed by these facilities.

After reviewing our sites files and records, it has been determined that this area does appear to be archaeologically or historically sensitive. The DHR does have concerns with regard to future project implementation if there are proposed improvements that would include ground disturbing activities.

At this time, because there will be no construction as a result of the NPDES General Permit, the Division has no objections to the permit coverage to continue an existing discharge.





NHDES – REQUEST FOR REVIEW BY DIVISION OF HISTORICAL RESOURCES

Date: November 22, 2005

Applicant: CHESHIRE COUNTY HOME WASTEWATER TREATMENT FACILITY

Project: National Pollutant Discharge Elimination System – General Permit for Publicly Operated Treatment Works

Requested Response Date: November 30, 2005

This request is forwarded to the NH Division of Historical Resources for review and comment. Under the Clean Water Act, the United States Environmental Protection Agency (EPA) requires consultation in accordance with the National Register of Historical Places, to ensure that all actions are in agreement with the national policies relating to the preservation of historical and cultural properties and resources. The review should focus on the project's impacts pertinent to this Act.

The EPA recent issued a National Pollutant Discharge Elimination System (NPDES) General Permit for Publicly Operated Treatment Works (POTW General permit). The New Hampshire Department of Environmental Services (NHDES) is responsible for approving permit coverage for individual municipal POTWs. Cheshire County Home WWTF is to be covered under the POTW General permit is currently permitted to discharge treated wastewater to surface water bodies of the State. **Continued permit coverage under the POTW General permit does not involve any new construction or land disturbance.**

The NHDES is requesting a collective review and approval of permit coverage for the facilities listed in Attachment A. A location map for each facility is also provided in Attachment A.

FOR MORE INFORMATION CONTACT:

Susan A. Willoughby, P.E. (603) 271-3307

Daniel D. Dudley, P.E. (603) 271-0671

COMMENTS: Please check one. Additional comments should be included on a separate sheet.

CONCUR *see attached*

CONCUR WITH CONDITIONS (Indicate major reservations about the project and the specific substantive changes or modifications desired.)

DO NOT CONCUR (Summarize the major legitimate reasons for recommended disapproval, including documentation or references to plans, statutes, etc.)

Reviewer's Signature: Edna Feyhoo Date: 11/28/05

Reviewer's Name: Edna Feyhoo Title: Review & Compliance

Cheshire County Home Outfall

Latitude: 42 deg., 58 min., 32 sec.

Longitude: 72 deg., 27 min., 59 sec.

