

NOTICE OF INTENT TO DISCHARGE (NOI)

A. Existing Permit Information

A.1	Is the facility currently covered under an NPDES permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Permit number (if yes):
A.2	For facilities with existing coverage, what was the date of authorization for permit coverage?	

B. Facility Information

B.1	Facility Address	Facility Name			
		Location address (street)			
		City	State	ZIP code	
		Mailing address (street or P.O. Box), if different from Location address			
		City	State	ZIP code	
B.2	Facility Owner	Legal Name of the Facility Owner			
		Contact Person	Email		
				Tel. #	
B.3	Facility Operator	Operator Name (if different from Facility Owner)			
		Contact Person	Email		
				Tel. #	

C. Discharge Information

C.1	Identify the source of the water being discharged. Include a source water name if applicable: <input type="checkbox"/> Surface water <input type="checkbox"/> Groundwater <input type="checkbox"/> Other (describe):
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C.2	<p>Indicate the frequency of the discharge:</p> <ul style="list-style-type: none"><input type="checkbox"/> Continuous (Daily)<input type="checkbox"/> Intermittent (greater than or equal to one day per month or twelve days per year)<input type="checkbox"/> Infrequent (less than one day per month or twelve days per year)<input type="checkbox"/> Emergency <p>If the discharge is continuous, indicate the number of discharge events per day:</p> <p>If the discharge is not continuous or emergency, describe the frequency of the discharge:</p>
C.3	<p>Describe the processes that generate the discharge (e.g., filter backwashing, lagoon dredging, etc.)?</p>
C.4	<p>For emergency discharges, describe the circumstances/events that would cause the discharge to occur?</p>
C.5	<p>Wastewater Treatment. What, if any, treatment occurs to the wastewater (e.g., lagoon settling, baffles, filter presses, dechlorination, etc.)?</p> <ul style="list-style-type: none">- If lagoons are used at the facility, include a description of the number and size of the lagoons. Are the lagoons lined or unlined?- Include a description of the length of the backwash cycle where relevant.

C.6	Process Flow Diagram. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing flow to the discharge, treatment units (e.g. lagoons), outfalls, and receiving water(s). Clearly indicate the outfall sampling location.	Diagram Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.7	Dilution. Has a facility-specific dilution study been performed or requested?	Study or Request Letter Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.8	Compliance Schedule. Is a compliance schedule being requested to meet an effluent limitation or permit condition? A letter detailing the request must be attached. See Special Condition IV.C of the Permit for further guidance.	Request Letter Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

D. Effluent Characteristic

D.1	List any chemicals or additives used at the facility (e.g., coagulants, pH adjustment, corrosion control, etc.).	Reason for Use
D.2	Are aluminum compounds or polymers used as coagulants at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.3	Are iron-containing coagulants used at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.4	Does the facility's discharge contain residual chlorine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.5	Does the facility provide treatment to remove arsenic from the raw water source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.6	Does the facility's discharge contain phosphorus chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D.7	Does the facility remove radium or other radioactive substances from raw water sources to comply with drinking water standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.8	Have any PFAS compounds been detected in the raw water, finished water, or in any of the residuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.9	If answered yes to D.8, provide a summary of recent PFAS data (last 5 years) including where it was detected and at what concentration(s). Is the summary attached to this NOI?	Study Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
D.10	Will PFAS compounds from your facility be discharged into or upstream of a drinking water treatment supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Outfall Information

Outfall Number	Latitude, Longitude	Describe the Proposed Sampling location(s) for effluent and ambient water (where applicable) and the method for measuring flow	Maximum Daily Flow (Gallons Per Day, GPD)

F. Receiving Water Information

F.1	Name of Receiving Water(s):	
F.2	Waterbody type: <input type="checkbox"/> Freshwater <input type="checkbox"/> Marine	
F.3	Waterbody Classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class SA <input type="checkbox"/> Class SB	
F.4	Is the receiving water listed in the State’s Integrated List of Waters (i.e., CWA Section 303(d))? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F.5	If the applicant answered yes to F.4, has the applicant identified the designated uses that are impaired, any pollutants indicated, and whether a final TMDL is available for any of the indicated pollutants in a separate attachment to the NOI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F.6	Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water.	Is Map attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

G. Endangered Species Act (ESA) Certification

Appendix E to the PWTF GP explains the certification requirements related to threatened and endangered species and designated critical habitat. Indicate under which criteria the discharge is eligible for coverage under the PWTF GP:	
G.1 ESA eligibility for species under jurisdiction of USFWS	<input type="checkbox"/> Criterion A: No endangered or threatened species or critical habitat are in proximity to the discharges or related activities or come in contact with the “action area.” See Appendix E for documentation requirements. Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Criterion B: Formal or informal consultation with the USFWS under Section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by USFWS on a finding that the discharges and related activities are “not likely to adversely affect” listed species or critical habitat. Has the operator completed consultation with USFWS and attached documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is consultation underway? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Criterion C: Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and designated critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the operator and affirmed by EPA, that the discharges and related activities will have “no effect” on any federally threatened or endangered species or designated critical habitat under the jurisdiction of the USFWS. Has the applicant attached documentation of the “no effect” finding? <input type="checkbox"/> Yes <input type="checkbox"/> No

G.2 ESA eligibility for species under jurisdiction of NOAA Fisheries	Is the facility located on: the Connecticut River between the Massachusetts/Connecticut state line and Turners Falls, MA; the Taunton River; the Merrimack River between Lawrence, MA and the Atlantic Ocean; the Piscataqua River including the Salmon Falls and Cochecho Rivers; or a marine water? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, was the applicant authorized to discharge from the facility under an individual permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If the discharge is to one of the named rivers above or to a marine water <i>and</i> the facility was not previously covered under an individual permit, has there been any previous formal or informal consultation with NOAA Fisheries? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the documentation of consultation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

H. National Historic Properties Act (NHPA) Eligibility

H.1	Indicate under which criterion the discharge(s) is eligible for coverage under the PWTFGP:
	<input type="checkbox"/> Criterion A: No historic properties are present.
	<input type="checkbox"/> Criterion B: Historic properties are present. The discharges and related activities do not have the potential to impact historic properties.
	<input type="checkbox"/> Criterion C: Historic properties are present. The discharges and related activities have the potential to impact or adversely impact historic properties.
H.2	If criteria B or C were selected, has the applicant attached supporting documentation for NHPA eligibility described in Appendix F, Part C of the PWTF GP? <input type="checkbox"/> Yes <input type="checkbox"/> No
H.3	If documentation is attached, does supporting documentation include a written agreement from the State Historic Preservation Officer, Tribal Historic Preservation Officer, or other tribal representative that outlines measures the operation will carry out to mitigate or prevent any adverse effects on historic properties? <input type="checkbox"/> Yes <input type="checkbox"/> No

I. Best Management Practices Plan

I.1	Does your facility have a complete and certified Best Management Practices (BMP) Plan consistent with the requirements of Part IV.A. of the PWTF GP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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J. Whole Effluent Toxicity Testing

J.1	Has your facility conducted five consecutive acute whole effluent toxicity tests and detected no toxicity (i.e., LC50 >= 100%)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are the laboratory reports attached to the NOI? <input type="checkbox"/> Yes <input type="checkbox"/> No
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K. Supplemental Information

K.1	Provide any supplemental information. Examples include a request for a compliance schedule, antidegradation review information for new or increased discharges, dilution factor project proposal, etc. Supplemental information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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L. Signature Requirements

1.	The NOI must be signed by the operator in accordance with the signatory requirements of 40 CFR § 122.22, including the following certification:	
	<i>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, 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.</i>	
2.	Notification provided to the appropriate State, including a copy of this NOI, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature:	Date:
	Print Name and Title:	