

TATA & HOWARD

INCORPORATED

December 2, 2009

US EPA, Region 1
PWTF GP Processing
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, MA 02114-2023

MAG 640073

DEC - 8 2009

Subject: NOI Surface Water Discharge under General Permit
Bomil Wells Water Treatment Facility (T&H No. 2000)
Transmittal No. W122735 (filed in March 2007)

To Whom It May Concern,

Please find enclosed the Notice of Intent for Surface Water Discharge from the Baldwin Pond Water Treatment Facility in Wayland, Massachusetts. We are requesting coverage of the discharge under the Massachusetts General Permit (No. MAG640000).

The water treatment facility construction will be completed and is due to go on line by the end of the year. The facility and discharge location are indicated on Figure 2, attached. As shown, the discharge will be directly into Baldwin Pond which will provide a dilution factor of 10 to 1. The dilution factor has been confirmed with Kathleen Keohane of the Massachusetts Department of Environmental Protection.

We appreciate your assistance on this project. Should you have any questions or comments regarding this request, please do not hesitate to contact our office.

Sincerely,
TATA & HOWARD, INC.



Jack O'Connell, P.E.
Senior Vice President

Enclosures

Cc: Kathleen Koehan, MassDEP Central Region
MassDEP, Division of Watershed Management

CONSULTING ENGINEERS

MAIN OFFICE
67 Forest Street, Marlborough, MA 01752
508-303-9400 Fax: 508-303-9500

OTHER OFFICES
Lakeville, MA • Meriden, CT • Nashua, NH • Goodyear, AZ
www.tataandhoward.com

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cc: KK / DEP ?

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NEW ENGLAND – REGION I
ONE CONGRESS STREET, SUITE 1100
BOSTON, MASSACHUSETTS 02114-2023

Request for General Permit Authorization to Discharge Wastewater
(Notice of Intent to be covered by the General Permit (NOI))

Potable Water Treatment Facility (PWTF)
NPDES General Permit No. MAG640000 and NHG640000

A. Facility Information

1. Facility Owner:

Name: Wayland DPW - Water Division
Street/P.O. Box: 41 Cochituate Road
State: MA
Contact Person: Donald Ouellette

e-mail: douellette@wayland.ma.us
City: Wayland
Zip Code: 01778
Telephone Number: 508-358-3696

2. Facility Operator (if different from above):

Name: Donald Millette
Street/P.O. Box: 41 Cochituate Road
State: MA
Contact Person: _____

e-mail (optional): _____
City: Wayland
Zip Code: 01778
Telephone Number: 508-358-3699

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):

Name: Baldwin Pond Water Treatment Facility
Street/P.O. Box: 101 Old Sudbury way
State: MA
Contact Person: Donald Ouellette
Facility Latitude: 42.37

e-mail (optional): _____
City: Wayland
Zip Code: 01778
Telephone Number: 508-358-3696
Facility Longitude: -71.37

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:

SIC Code(s): 4940/4941
Description(s): _____

5. Current Permitting Status (please check yes or no):

1. Has a prior NPDES permit been granted for the discharge? Yes (Permit No. _____) No
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes No
3. Is the facility covered by an individual NPDES permit? Yes (Permit No. _____) No
4. Is there a pending application on file with EPA for this discharge?
Yes (Date of Submittal: 3-3-07) No

B. Discharge Information

1. Name of Receiving Waterbody: Baldwin Pond-Sudbury River

2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc.): River

3. State Water Quality Classification: _____ Freshwater: X Marine Water: _____

4. Describe the discharge activities for which the owner/applicant is seeking coverage, including process discharges not specifically authorized in the PWTF GP which needs to be authorized for discharge (and which attain the effluent limit and other conditions of the general permit). This description should include all treatment methods used on the wastewater prior to discharge including lagoons, baffles, filter presses etc. if lagoons are used at the facility, please include the number and size of lagoons; the size and elevation of the entry pipe; the time of travel from the entry point of the discharge into the lagoon to the entry point to the receiving water; and the length of backwash cycle for any combination of number of filter. (attach extra sheets if necessary):

Spent cleaning and backwash water from WTF that has been neutralized and sent through sand beds for filtration prior to discharge.

5. Please provide a diagram depicting the treatment methods, outfalls and receiving water.

6. Number of outfalls: 1 Latitude and Longitude for each outfall (attach additional pages if necessary)

OUTFALL # 1 Latitude: 42.37 Longitude: -71.37

OUTFALL # _____ Latitude: _____ Longitude: _____

For each outfall:

7. What is the proposed sampling location(s) and proposed consistent times of the month for collecting samples:

Proposed grab sample taken at outfall prior to entering the surface body of water.

C. Effluent Characteristics

1. List here and attach information on any water additives used at the facility (Including chemical for pH adjustment, dechlorination, control of biological growth, and control of corrosion and scale in water pipes):

Potassium Hydroxide for pH adjustment, polyaluminum chloride for coagulation, ozone for oxidation, sodium hypochlorite for cleaning as well as for disinfection, citric acid for cleaning and backwashing, fluoride for corrective measures against teeth and bone decay, sodium bisulfite for neutralizing ozone and/or chlorine.

2. Please report here any known remediation activities or water-quality issues in the vicinity of the discharge.

None.

3. Are aluminum-containing coagulants used at this facility? Yes No

4. Does the discharge contain residual chlorine? Yes No

5. Does the facility provide treatment to remove arsenic from the raw water source? Yes No

6. Are phosphorus-containing chemicals added to the treated water at this facility? Yes No

7. All applicants must attach a separate sheet listing all laboratory results (minimum of five) for total recoverable aluminum (in micrograms per liter) taken within the last six months. Do not include dilution when recording your results. See Section 4.4.5 of General Permit for more information.

8. Please include the following effluent data for each outfall:

<u>Characteristic (report if measured)</u>	<u>Average Monthly</u>	<u>Maximum Daily</u>
Discharge Flow (gpd)	<u>40,000</u>	<u>60,000</u>
TSS (mg/l)	<u>ND</u>	<u>ND</u>
pH (s.u.)	<u>(min) 6.5</u>	<u>(max) 8.3</u>
Total Recoverable Aluminum (ug/l)	<u>50</u>	<u>200</u>
Total Residual Chlorine (ug/l)	<u>ND</u>	<u>ND</u>
Whole Effluent Toxicity (%)	<u>LC50 n/a</u>	<u>C-NOEC n/a</u>

9. If the discharge contains aluminum and/or residual chlorine, please provide the reported or calculated seven day – ten year low flow (7Q10) of the receiving water, the dilution factor, and attach any calculations used to support stream flow and dilution calculations (See Appendix VII for dilution calculations and additional information):

7Q10 n/a

Dilution Factor 0.1 cfs

D. Endangered Species act Eligibility

1. Using the instructions in Appendix I of the PWTF GP, under which criterion listed in Part II are you eligible for coverage under this general permit?

A B C D E F

2. If you selected D or F, has consultation with the federal services been completed? Yes No

3. If consultation with U.S. Fish and Wildlife Service and/or NOAA Fisheries Service was completed, was a written concurrence finding that the discharges is "not likely to adversely affect" listed species or critical habitat received? Yes No

4. Attach documentation of ESA eligibility as described below and required as Part 3.4.1 and Appendix I, Part III, Step 4 of the General Permit.

Criterion A - No federally-listed threatened or endangered species or federally-designated critical habitat are present: A copy of the most current county species list pages from the county(ies) where your site or facility and discharges are located. You must also include a statement on how you determined that no listed species or critical habitat are in proximity to your site or facility or discharge locations.

Criterion B - Section 7 consultation completed with the Service(s) on a prior subject: A copy of the USFWS's and/or NMFS's, as appropriate, biological opinion or concurrence on a finding of "unlikely to adversely effect" regarding the ESA Section 7 consultation.

Criterion C - Activities are covered by a Section 10 Permit: A copy of the USFWS's and/or the NMFS's, as appropriate, letter transmitting the ESA Section 10 authorization.

Criterion D - Concurrence from the Service(s) that the discharge is "not likely to adversely affect" federally-listed species or federally-designated critical habitat (not including the four species of concern identified in Section 1 of Appendix I): A copy of the USFWS's and/or the NMFS's, as appropriate, letter or memorandum concluding that the discharge is consistent with the general permit's "not likely to adversely affect" determination.

Criterion E - Activities are covered by certification of eligibility: A copy of the documents originally used by the other operator of your site or facility (or area including your site) to satisfy the documentation requirement of Criteria A, B, C, or D.

Criterion F - Concurrence from the Service(s) that the discharge is "not likely to adversely affect" species of concern, as identified in Section I of Appendix I: A copy of the USFWS and/or the NMFS, as appropriate, concurrence with the applicant's determination that the

discharge is "not likely to adversely affect" listed species.

E. National Historic Properties Act Eligibility

1. Using the instruction in Appendix III of the PWTF GP, under which criterion listed in Part III are you eligible for coverage under this general permit?

1 2 _____ 3 _____

2. Have any State or Tribal historic preservation officers been consulted in this determination?

Yes No If yes, attach the result of the consultation(s).

F. Certification

I certify that the discharge for which I am seeking coverage under the general permit consists solely of a surface water discharge from a potable water treatment facility. 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 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 a fine and imprisonment for knowing violations.

Signature:  Date: 12.2.9

Printed Name and Title: Jack O'Connell, P.E., Tata & Howard, Inc

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 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.

Note: Permits No. MAG640000 and NHG640000 may be found at www.epa.gov/region1/npdes/pwtfgp.html