



November 25, 2009

United States Environmental Protection Agency
New England – Region I
One Congress Street, Suite 1100
Boston, MA 02114-2023

RE: Notice of Intent
NPDES General Permit No. MAG640016 – Leominster Water Treatment Plant

Dear Sir or Madam:

Please find attached the Notice of Intent submitted for the City of Leominster
Massachusetts Notown Water Treatment Plant NPDES Permit No. MAG640016.

If you should have any questions or require additional information please feel free to
contact me.

Sincerely,

Veolia Water North America

A handwritten signature in black ink, appearing to read "Robert Chalifoux", written over a horizontal line.

Mr. Robert Chalifoux
Project Manager

cc: Kathleen Keohane, MA DEP
Patrick LaPointe, City of Leominster
Roger Brooks, City of Leominster

MAR 11 2010

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 City of Leominster e-mail plapointe@DPW.Leominster-MA.Gov
Street/PO Box 109 Gram Street City Leominster
State Massachusetts Zip Code 01453
Contact Person Patrick LaPoint Telephone Number (978) 534-7596

2. Facility Operator (if different from above):

Name Veolia Water North America LLC e-mail (optional) robert.chalifoux@veoliawaterma.com
Street/PO Box 436 Mechanic Street City Leominster
State Massachusetts Zip Code 01453
Contact Person Robert Chalifoux Telephone Number (978) 537-5720

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

Name Notown Water Treatment Plant e-mail (optional) _____
Street/PO Box 300 Route 2 East City Leominster
State Massachusetts Zip Code 01453
Contact Person Robert Chalifoux Telephone Number (978) 342-2648
Facility Latitude 42.5490 Facility Longitude -71.8029

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

SIC Code(s) 4941
Description(s) Municipal drinking water treatment plant.

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

1. Has a prior NPDES permit been granted for the discharge? Yes (Permit Number: MAG640016)
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 Number _____) No
4. Is there a pending application on file with EPA for this discharge? Yes (Date of submittal: _____)
No

B. Discharge Information

1. Name of Receiving Waterbody Monoosnock Brook
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Stream
3. State Water Quality Classification: B Freshwater: 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 need to be authorized for discharge (and which attain the

effluent limits 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 filters. (attach extra sheets if necessary):

Filter backwash water is discharged into a concrete settling basin with an average detention time of 15 hours. Solids are monitored and removed from this basin via truck and brought to a waste water treatment facility. The supernatant is decanted utilizing a variable elevation outlet and discharged to an external 300,000 gallon lagoon where typical detention time is 34 hours. Water entering the lagoon travels northeast by gravity and exits into a concrete chamber with an elevation 10" below the invert of the lagoon inlet pipe. Once in the chamber, the effluent water enters a discharge pipe and flows into the Monoosnock Brook. Adjusted detention times based on maximum flow are 7 hours for the settling basin and 15 hours for the exterior lagoon. A backwash cycles for 1 filter uses 26,800 gallons of water. On average 8 filters are washed per day. The maximum recorded washes in 1 day was 18 filters (this was used for the maximum flow calculation).

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 # Latitude 42.5496 Longitude -71.8019
 OUTFALL # Latitude _____ Longitude _____

For each outfall:

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

Samples collected at the termination of the lagoon discharge pipe leaving the lagoon. (see attached diagram)

Sample are collected every Wednesday starting at 8am and ending at 2pm.

C. Effluent Characteristics

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

Sodium Hypochlorite, Lime, Polymer, Polyaluminum Chloride, Sodium Hydroxide

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

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:

Characteristic (report if measured)	Average Monthly	Maximum Daily
Discharge Flow (gpd)	<u>214,400 gallons</u>	<u>482,400 gallons</u>
TSS (mg/l)	<u>8.2</u>	<u>21.0</u>
pH (s.u.)	(min) <u>6.5</u>	(max) <u>7.7</u>
Total Recoverable Aluminum (ug/l)	<u>500</u>	<u>1700</u>
Total Residual Chlorine (ug/l)	<u>40</u>	<u>70</u>

(continued on next page)

8. Continued

Characteristic (report if measured)

*Test conducted September 2005

Whole Effluent Toxicity (%) LC50 >100% and/or C-NOEC 100%

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 0.136 cfs Dilution Factor 1.6 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 criteria 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 discharge 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 at 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 for 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 project: A copy of the USFWS's and/or NMFS's, as appropriate, biological opinion or concurrence on a finding of "unlikely to adversely affect" 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 I 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

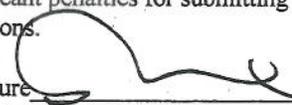
1. Using the instructions in Appendix III of the PWTF GP, under which criterion listed in Part III are you eligible for coverage under this general permit?

1 2 3

2. Have any State or Tribal historic preservation officers been consulted in this determination? Yes No
If yes, attach the results 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 fine and imprisonment for knowing violations.

Signature  Date 11-25-09
Printed Name and Title Robert Chalifoux Project 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 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

POINT OF DISCHARGE
INTO BROOK /
SAMPLING LOCATION

MONOSENOK
BROOK

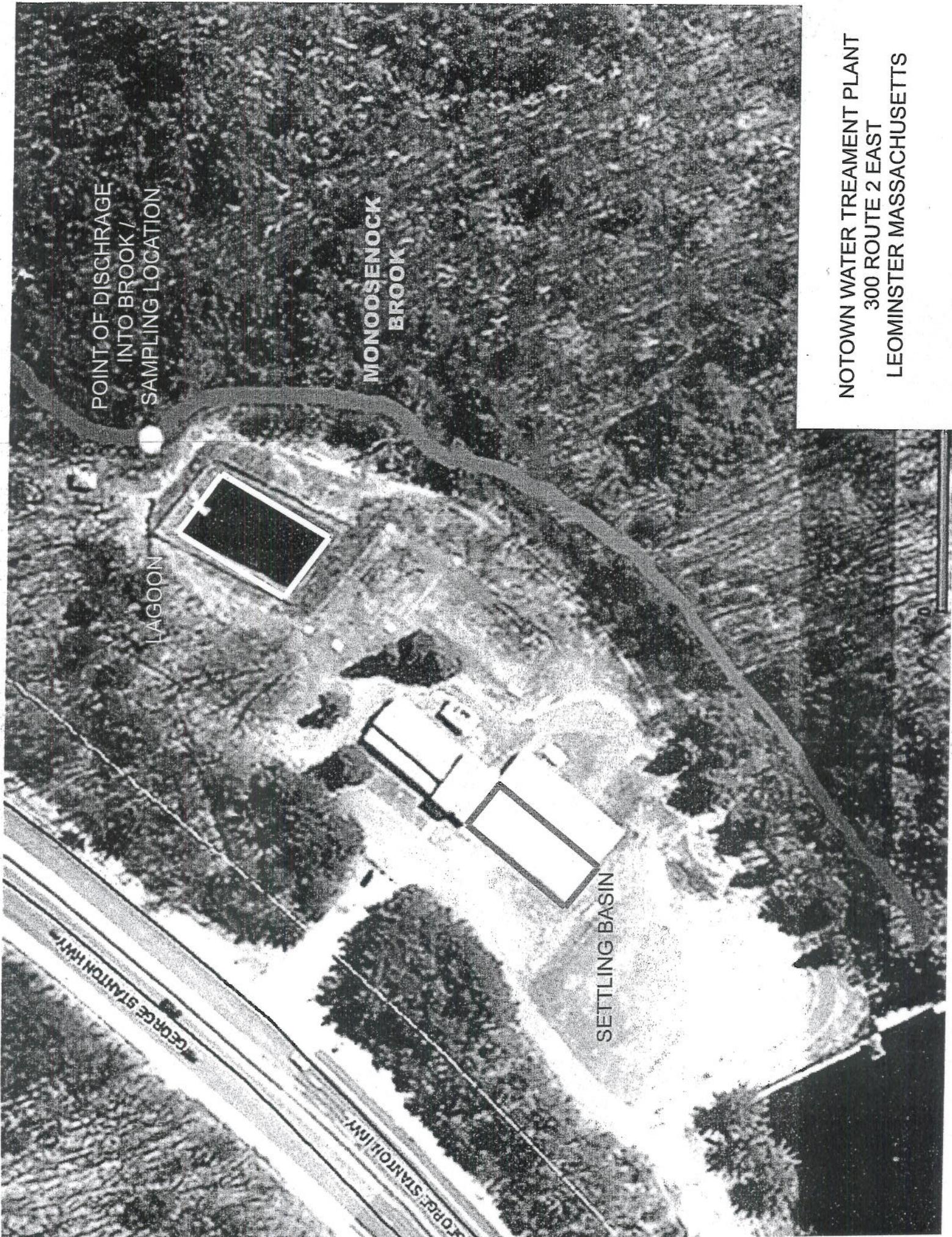
LAGOON

SETTLING BASIN

GEORGE STANTON HWY

GEORGE STANTON HWY

NOTOWN WATER TREATMENT PLANT
300 ROUTE 2 EAST
LEOMINSTER MASSACHUSETTS





Notown Water Treatment Plant
Lagoon Discharge

Aluminum Results (microgram per liter)

Year	Month	Result
2009	May	530
2009	June	250
2009	July	350
2009	August	210
2009	September	510
2009	October	70



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program

BRP WM 13

w068465
Transmittal Number

Request for General Permit Coverage Surface Water Discharge from a Water Treatment Facility

Date Received

A. Facility Information

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



1. Project owner:

City of Leominster

Name

109 Graham Street

Street/PO Box:

Ma

State

Matthew S. Marro

Contact Person

Leominster

City

01453

Zip Code

978-534-7588 x 517

Telephone Number

2. Project operator (if different from above):

Veolia Water

Name

436 Mechanic Street

Street/PO Box

Ma

State

Robert Chalifoux

Contact Person

Leominster

City

01453

Zip Code

978-537-5720

Telephone Number

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

NoTown Water Treatment Plant

Name

#300 Route 2 East

Street/PO Box

Leominster

City

Ma

State

01453

Zip

mmarro@DPW.leominster-ma.gov

Email address (optional)

-5345464

Telephone Number

Robert Chalifoux

Contact Person

4. Standard Industrial Codes (SIC) and Descriptions:

4941

Standard Industrial Code

Water Treatment Plant

Description



BRP WM 13

Request for General Permit Coverage Surface Water Discharge from a Water Treatment Facility

Date Received

B. Effluent Characteristics

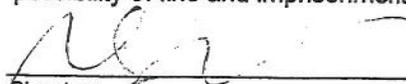
(Refer to general permit in Federal Register Volume 65, Number 221, November 15, 2000, page 69000-69013)

	Average Monthly	Maximum Daily
Flow, gpd [< 1 MGD]	<u>.12</u>	<u>.15</u>
TSS [avg. monthly use must be < 30 mg/l; max. daily < 50 mg/l]	<u>15</u>	<u>45</u>
Settleable Solids [avg. monthly must be < 0.1 mg/l; max. daily < 0.2 mg/l]	<u>$< .1$</u>	<u>.1</u>
pH (freshwater 6.5-8.3, saltwater 6.5-8.5)	<u>5.7</u>	<u>6.7</u>
Aluminum [report mg/l]	<u>N/A</u>	<u></u>
LC-50 & C-NOEC [if tests previously conducted]	<u>N/A</u>	<u></u>
Chlorine residual [report mg/l if chlorination used in process]	<u>.04 Mg/l</u>	<u>.10 Mg/l</u>

Receiving waterbody:
Monoosnc Brook

C. 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 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 persons or persons directly responsible for gathering the information, I certify that the information 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.


Signature

Matthew S. Marro Chemist/Environmental
Inspector

September 15, 2005
Date