

**APPENDIX IV
NOTICE OF INTENT INSTRUCTIONS
AND SUGGESTED FORMS**

I. Notice of Intent (NOI) Instructions

A. Required Information

In order to be covered by the Potable Water Treatment Facility General Permit (PWTF GP) applicants must submit a written NOI to EPA and the appropriate state agency. The NOI consists of either the suggested NOI form included in this Appendix or another form of official correspondence that contains all of the required information listed in the General Permit and the suggested NOI form.

B. Signature Requirements

The Notice of Intent must be signed and dated in accordance with the signatory requirements of 40 CFR Section 122.22, including the certification statement shown on the suggested NOI form.

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.

C. Submission of NOI to EPA

Signed and completed NOI forms and attachments must be submitted to EPA at the address included in Appendix VI. A copy of the NOI form and any additional state required forms must also be submitted to the appropriate state agency at the addresses included in Appendix VI. See Part 4.2 and Appendix VI of the PWTF GP for additional State requirements.

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 Town of Ipswich DPU Water Department e-mail thenry@town.ipswich.ma.us
Street/PO Box 272 High Street / PO Box 151 City Ipswich
State MA Zip Code 01938
Contact Person Timothy J. Henry, Utilities Director Telephone Number 978-356-6635 ext 109

2. Facility Operator (if different from above):

Name Joseph F. Ciccotelli e-mail (optional) jciccotelli@town.ipswich.ma.us
Street/PO Box 274 High Street / PO Box 151 City Ipswich
State MA Zip Code 01938
Contact Person Joseph F. Ciccotelli Telephone Number 978-356-6639

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

Name Town of Ipswich Water Treatment Facility e-mail (optional) _____
Street/PO Box 274 High Street / PO Box 151 City Ipswich
State MA Zip Code 01938
Contact Person Joseph F. Ciccotelli Telephone Number 978-356-6639
Facility Latitude 42.6966 Facility Longitude 70.8720

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

SIC Code(s) 4941
Description(s) (2) Water Supply

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

1. Has a prior NPDES permit been granted for the discharge? Yes (Permit Number: MAG 840025)
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 Bull Brook
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Stream
3. State Water Quality Classification: B Freshwater: Yes 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

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 Not Applicable and/or C-NOEC Not Applicable

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 Not Applicable cfs Dilution Factor Not Applicable 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 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 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 *Robert T. Markel* Date 12/16/09
Printed Name and Title Robert T. Markel / Town 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

NPDES#: MAG640025

DOW BROOK
RESERVOIR

Water Treatment Plant

Discharge to Bull Brook
Lat: 40 41 48.772 N
Long: 70 52 13.634 W

BULL BROOK
RESERVOIR





United States Department of the Interior



FISH AND WILDLIFE SERVICE
New England Field Office
70 Commercial Street, Suite 300
Concord, New Hampshire 03301-5087
<http://www.fws.gov/northeast/newenglandfieldoffice>

January 2, 2009

To Whom It May Concern:

This project was reviewed for the presence of federally-listed or proposed, threatened or endangered species or critical habitat per instructions provided on the U.S. Fish and Wildlife Service's New England Field Office website:

(<http://www.fws.gov/northeast/newenglandfieldoffice/EndangeredSpec-Consultation.htm>)

Based on the information currently available, no federally-listed or proposed, threatened or endangered species or critical habitat under the jurisdiction of the U.S. Fish and Wildlife Service (Service) are known to occur in the project area(s). Preparation of a Biological Assessment or further consultation with us under Section 7 of the Endangered Species Act is not required.

This concludes the review of listed species and critical habitat in the project location(s) and environs referenced above. No further Endangered Species Act coordination of this type is necessary for a period of one year from the date of this letter, unless additional information on listed or proposed species becomes available.

Thank you for your cooperation. Please contact Mr. Anthony Tur at 603-223-2541 if we can be of further assistance.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Tom R. Chapman".

Thomas R. Chapman
Supervisor
New England Field Office

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IPSWICH WATER TREATMENT PLANT
ADDRESS: WATER TREATMENT PLANT
IPSWICH, MA 01938

MAG640025
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MINOR

FACILITY: No Associated Facility Interest
LOCATION: External Outfall

BACKWASH DISCHARGE
External Outfall

No Discharge

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31

FROM

PARAMETER	QUANTITY OR LOADING	QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE			
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	7.81	0	02/31	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	6.52	8.3 MAXIMUM		Weekly	GRAB-4
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	0.9	0	02/31	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	30 MO AVG		Weekly	GRAB-4
Aluminum, total recoverable	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	0.003	0	02/31	GRAB
01104 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	Req. Mon. DAILY MX		Monthly	GRAB-4
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	0.096	.....	0	02/31	CALC.
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	DAILY MX	.....		Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	0.07	0	02/31	GRAB
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	Req. Mon. MO AV MN		Weekly	GRAB-4

X Robert T. Mackel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
978-386-6639	07 10 31
AREA CODE	YEAR
NUMBER	MO
	DAY

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 and accurate. I understand that any person who furnishes false information or who authorizes the submission of false information, including the possibility of fine and imprisonment for knowing violations.

ROBERT MACKEL / TOWN MANAGER
TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT - CLASS B WARM WATER



CERTIFICATE OF ANALYSIS

Ipswich Water Treatment Plant
Attn: Mr. Joseph Ciccotelli
274 High Street
P.O. Box 151
Ipswich, MA 01938

Date Received: 12/2/09
Date Reported: 12/9/09
P.O. #: 10220014
Work Order #: 0912-22163

DESCRIPTION: DEP SAMPLING - DRINKING WATER COMPLIANCE MONITORING

Subject sample(s) has/have been analyzed by our Warwick, R.I. laboratory with the attached results.

Reference: All parameters were analyzed by U.S. EPA approved methodologies.
The specific methodologies are listed in the methods column of the Certificate Of Analysis.

Data qualifiers (if present) are explained in full at the end of a given sample's analytical results.

Certification #: RI-033, MA-RI015, CT-PH-0508, ME-RI015
NH-253700 A & B, USDA S-41844

If you have any questions regarding this work, or if we may be of further assistance, please contact our customer service department.

Approved by

Data Reporting

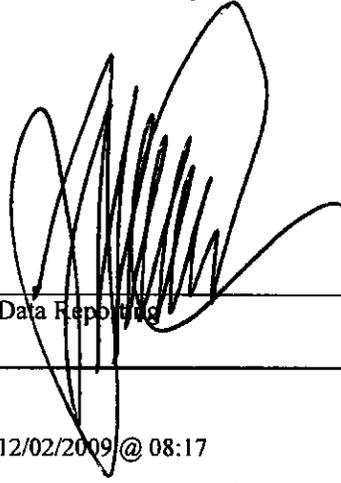
enc: Chain of Custody

R.I. Analytical Laboratories, Inc.
CERTIFICATE OF ANALYSIS

Ipswich Water Treatment Plant
Date Received: 12/2/09
Work Order #: 0912-22163

Approved by: _____

Data Reporting



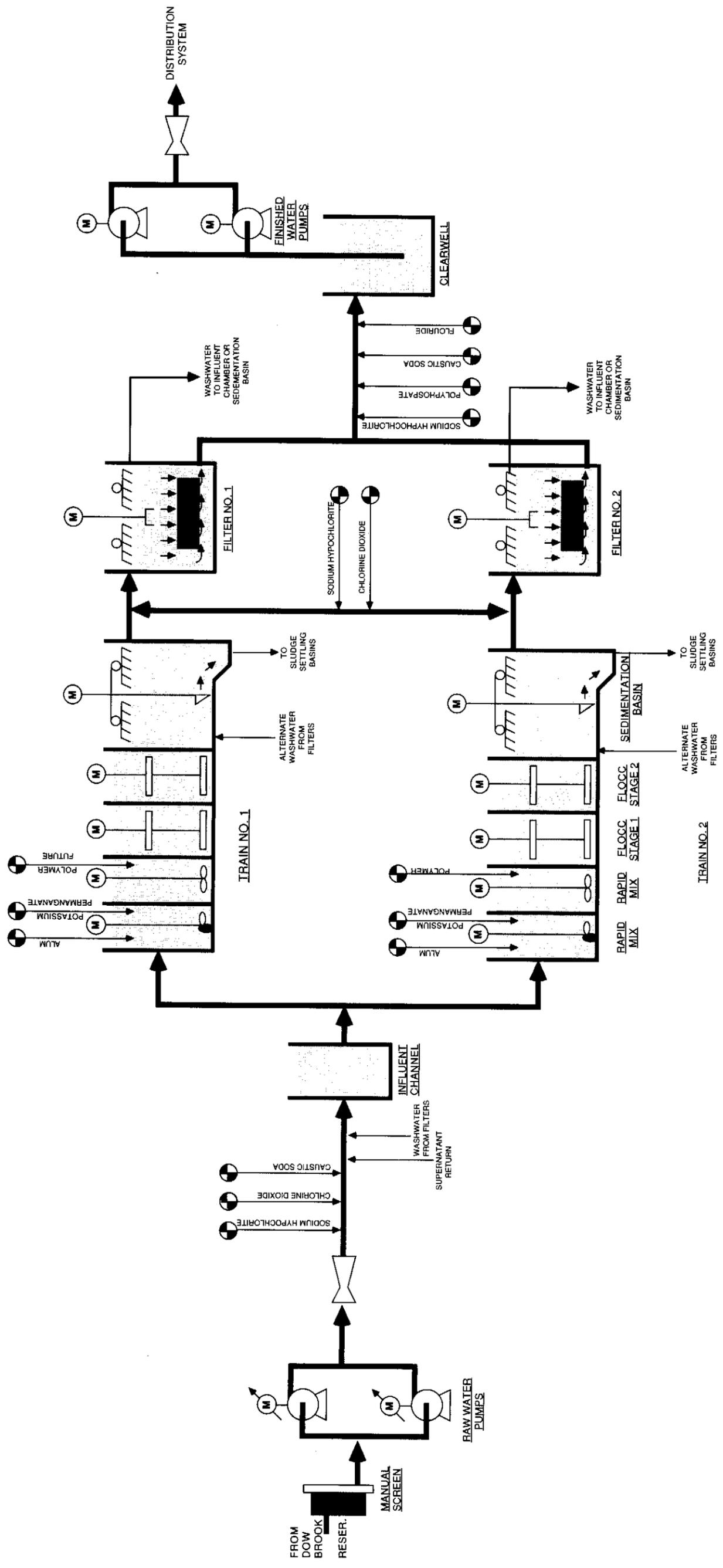
Sample # 001

SAMPLE DESCRIPTION: RAW WATER - DOW STATION

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 12/02/2009 @ 08:17

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE ANALYZED	ANALYST
Total Metals Analyzed by ICPMS						
Arsenic	<0.001	0.001	mg/l	EPA 200.8	12/9/09	VMY



IPSWICH, WATER TREATMENT PLANT

FIGURE 1-1
PROCESS FLOW DIAGRAM