

March 12, 2010

United States Environmental Protection Agency
New England-Region 1
One Congress Street, Suite 1100
Boston, MA 02114-2023

APR - 1 2010

RE: Notice of Intent
NPDES General Permit No. MAG 640066 – Holliston Water Treatment Plant

Dear Sir or Madam:

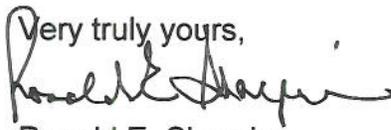
We received notice on March 2, 2010 that we had missed submitting a General Permit Notice of Intent that was due December 30, 2009. Unfortunately our Chief Operator, Gary Haines, who is the contact for this permit has been on medical disability leave since December and the submission was overlooked.

Please find attached the Notice of Intent for the Dopping Brook Water Treatment Plant in Holliston. The complete NOI package includes:

- Environmental Protection Agency (EPA) PWTF NPDES General Permit NOI form
- Site figures including a site locus, lagoon and discharge photo, and a schematic of the treatment process.

The NOI form provides an overview of the Dopping Brook WTP treatment process and related chemicals.

Should you have questions or need additional data, please contact me at 508-429-0603.

Very truly yours,

Ronald E. Sharpin
Water Superintendent

CC: Massachusetts Department of Environmental Protection

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 HOLLISTON WATER DEPT e-mail sharpinr@holliston.k12.ma.us
Street/PO Box 703 Washington Str City Holliston
State MA Zip Code 01746
Contact Person Ron Sharpin Telephone Number 508-429-0603
2. Facility Operator (if different from above):
Name _____ e-mail (optional) _____
Street/PO Box _____ City _____
State _____ Zip Code _____
Contact Person _____ Telephone Number _____
3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):
Name Dopping Brook WTP e-mail (optional) _____
Street/PO Box 1400 Mayflower land City Holliston
State MA Zip Code 01746
Contact Person Ron Sharpin Telephone Number 508-429-0603
Facility Latitude 41° 28' 11" Facility Longitude 42° 10' 32"
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: MAG640066)
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 Dopping Brook
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Stream
3. State Water Quality Classification: ~~2~~ 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):

The water treatment plant includes potassium hydroxide for pH adjustment, sodium fluoride, zinc orthophosphate for corrosion control, greensand filtration for manganese removal, polyaluminum chloride and cationic polymer for color removal, and sodium hypochlorite for disinfection. Backwash from the filters goes to one of two lagoons and ultimately to a wetland area and to the stream. The filters backwash once each day producing approximately 110,000 gpd. Each lagoon has a detention time of approximately 6 months. The effluent flows to a wetland area and to Tapping Brook.

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 | <u>71° 28' 11"</u> | Longitude | <u>42° 10' 32"</u> |
| 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. Samples collected the second Wednesday of each month.

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):
See # 4 sodium hypochlorite, polymer, coagulant, potassium hydroxide, fluoride, zinc orthophosphate

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>110,000</u>	<u>150,000</u>
TSS (mg/l)	<u>25</u>	<u>45</u>
pH (s.u.)	(min) <u>6.9</u>	(max) <u>7.4</u>
Total Recoverable Aluminum (ug/l)	<u>ND</u>	<u>ND</u>
Total Residual Chlorine (ug/l)	<u>ND</u>	<u>ND</u>

(continued on next page)

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 N/A and/or C-NOEC _____

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 _____ cfs Dilution Factor _____ 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 *Ronald E. Sharpin* Date 3-11-2010
Printed Name and Title RONALD E. SHARPIN Superintendent

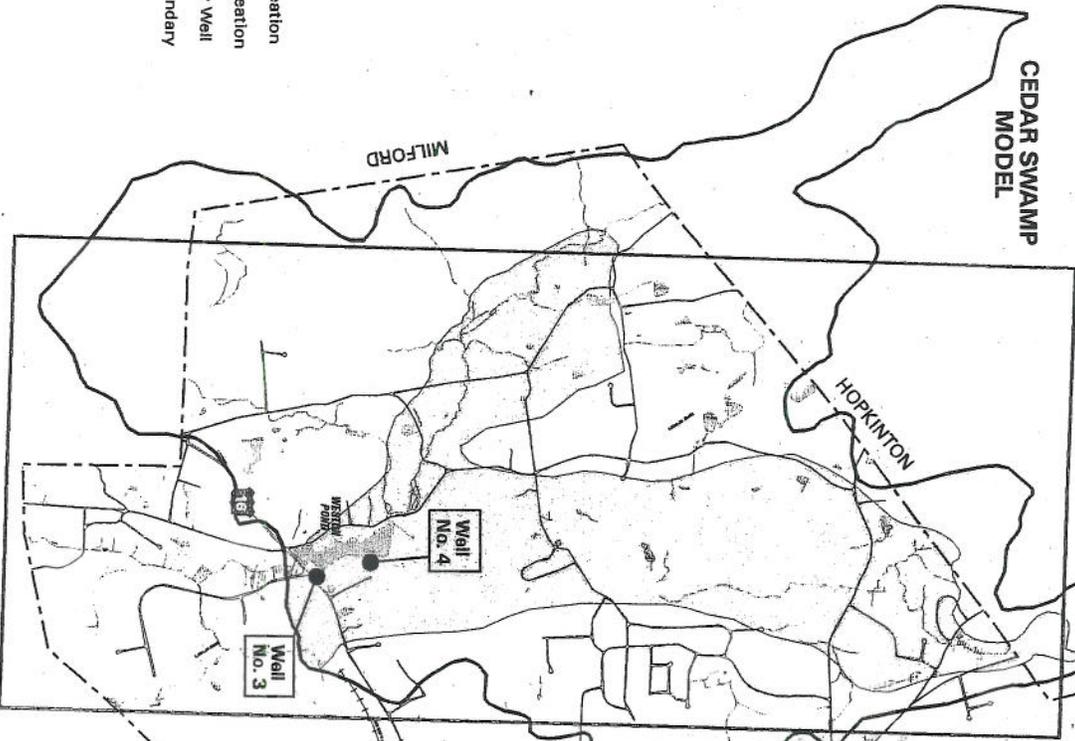
Federal regulations require this application to be signed as follows:

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



CEDAR SWAMP
MODEL



ASHLAND

Well No. 2

Well No. 6

SHERBORN

128

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MILLIS

BOGASTOW BRO
MODEL

APPROVED

Attorney General's Office

By: *[Signature]*

Date: *9-21-66*

Art. 35 Town Meeting Date *5-2-60*

Attest: Jac
Tom

[Signature]

*Dogging Brook
1078*

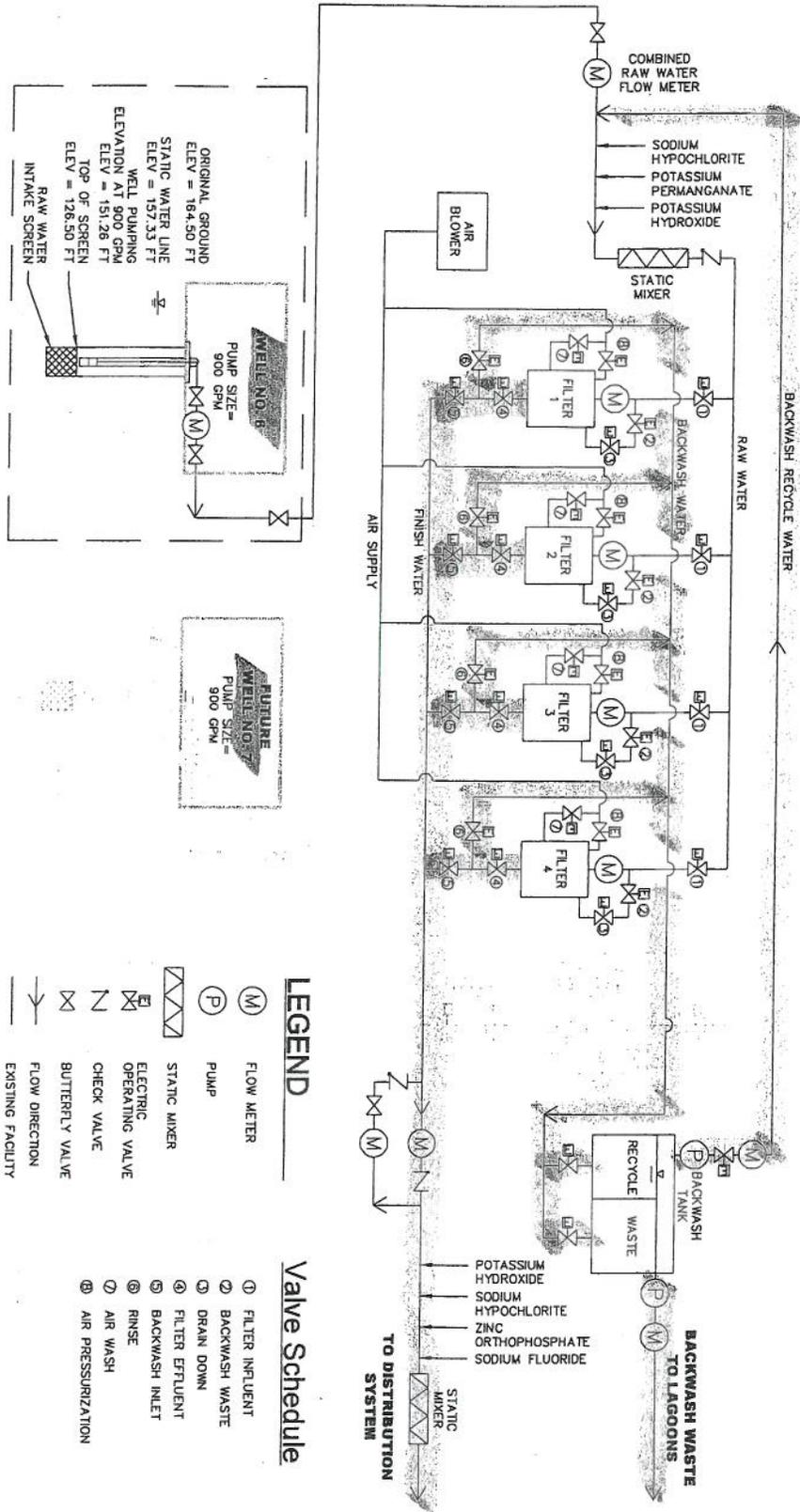
- Legend**
- Zone II Delineation
 - Zone III Delineation
 - Public Supply Well
 - Drainage Boundary

ZONE II and ZONE III DELINEATION

HOLLISTON, MASSACHUSETTS

SCALE: 1" = 3000'

March 1996



S E A Consultants Inc.
 Scientists/Engineers/Architects
 CHAMBERLAIN, MASSACHUSETTS CONCORD, NEW HAMPSHIRE
 ROCKY HILL, CONNECTICUT ALABAMA, MAINE
 BOSTON, MASSACHUSETTS

Scale	NOT TO SCALE	Client
Date	11/10/04	HOLLISTON, MASSACHUSETTS
Job No.	2003047	Project
Designed by	SVT	WATER TREATMENT PLANT
Drawn by	AMH	WELL NO. 4 AND WELL NO. 6
Checked by	SVT	FIGURE 1-1: GREENSAND FILTER
Approved by	SVT	AND PLANT SCHEMATIC - WELL NO. 6

INORGANIC ANALYSIS DATA SHEET

Laboratory: Premier Laboratory, Inc
 PL Report No: E809751
 Date Received: 9/11/2008

Customer: Town of Holliston
 Location: Holliston, MA
 Project: Special Samples

Parameter _____ Result _____ DL _____ Units _____ Completed _____ By Dilution _____

(1) Well #6 - Pilot Study
 Date Collected: 9/8/2008
 Metals by ICP/MS 200.8
 Matrix: Aqueous

Aluminum
 ND 0.010 mg/L 09/18/08 BS

Town of Holliston, MA
Water System Master Plan
Well No 6
Water Treatment Plant
Addition of New Clarifiers

