



Enter your transmittal number

X232454
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

A. Permit Information

1. Permit Code: BPP WM 13 7 or 8 character code from permit instructions
2. Name of Permit Category: NPDES General
3. Type of Project or Activity: Drinking Water Treatment Facility

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

B. Applicant Information - Firm or Individual

1. Name of Firm - Or, if party needing this approval is an individual enter name below: Town of North Andover Department Public Works
2. Last Name of Individual: Thibodeau 3. First Name of Individual: Bruce 4. MI: _____
5. Street Address: 384 Osgood St
6. City/Town: North Andover 7. State: MA 8. Zip Code: 01845 9. Telephone #: 9786889570 10. Ext. #: _____
11. Contact Person: Dennis L. Bedrosian 12. e-mail address (optional): dbedrosian@townofnorthandover.com

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

C. Facility, Site or Individual Requiring Approval

1. Name of Facility, Site Or Individual: North Andover Drinking Water Treatment Plant
2. Street Address: 420 Great Pond Road
3. City/Town: North Andover 4. State: MA 5. Zip Code: 01845 6. Telephone #: 9786889574 7. Ext. #: _____
8. DEP Facility Number (if Known): 198972 9. Federal I.D. Number (if Known): 046-001-245 10. BWSC Tracking # (if Known): _____

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual: _____
2. Address: _____
3. City/Town: _____ 4. State: _____ 5. Zip Code: _____ 6. Telephone #: _____ 7. Ext. #: _____
8. Contact Person: _____ 9. LSP Number (BWSC Permits only): _____

* Note: For BWSC Permits, enter the LSP.

E. Permit - Project Coordination

1. Is this project subject to MEPA review? yes no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit
EOEA File Number: _____

F. Amount Due

Special Provisions:

- 1. Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
- 2. Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
- 3. Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
- 4. Homeowner (according to 310 CMR 4.02).

APR 14 2010

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number: _____ Dollar Amount: _____ Date: _____

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 (P WTF)
NPDES General Permit No. MAG640000 and NHG640000

A. Facility Information

Mass DEP Transmittal
X232454

1. Facility Owner:

Name Town of North Andover e-mail _____
Street/PO Box _____ City _____
State _____ Zip Code _____
Contact Person _____ Telephone Number _____

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 North Andover Water Treatment Plant e-mail (optional) _____
Street/PO Box 420 Great Bend Rd City North Andover
State MA Zip Code 01845
Contact Person Dennis Bedrosian Telephone Number 978 688 9574
Facility Latitude 42° 41' 25.67 N Facility Longitude 71° 5' 50.29 W

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

SIC Code(s) 4941
Description(s) Public 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: MA0103217)
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 Lake Cochichewick
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Lake
3. State Water Quality Classification: A Freshwater: Marine Water:

4. Describe the discharge activities for which the owner/applicant is seeking coverage, including process discharges not specifically authorized in the P WTF 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):

See explanation sheet (B. Discharge info)

5. Please provide a diagram depicting the treatment methods, outfalls, and receiving water. (See Attachment A)

(See Attachment B)

6. Number of outfalls: 3 Latitude and Longitude for each outfall (attach additional pages if necessary)
 OUTFALL # 1 Latitude 42° 41' 26.29 N Longitude 71° 5' 53.27 W Back wash tank
 OUTFALL # 2 Latitude " " " " " Longitude " " " " " Sedimentation
 For each outfall: 3 42° 41' 27.48 N " 71° 5' 50.59 W Clearwell tank Overflow

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

C. Effluent Characteristics (See Explanation sheet C)

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): Ozone Gas, Aluminum Chloride, Sodium Hydroxide, Sodium Hypochlorite, Activated Carbon, Hydrofluosilicic Acid, Zinc Orthophosphate 1-1

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. (See Attachment C)

8. Please include the following effluent data for each outfall: Sampler from Settling Basins effluent test result represent a discharge to Lake Cochichewick if it were to occur.

Characteristic (report if measured)	Average Monthly	Maximum Daily
Discharge Flow (gpd)	<u>0</u>	<u>0</u>
TSS (mg/l)	_____	_____
pH (s.u.)	(min) _____	(max) _____
Total Recoverable Aluminum (ug/l)	_____	_____
Total Residual Chlorine (ug/l)	_____	_____

See explanations C8

(continued on next page)

8. Continued

Characteristic (report if measured)

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

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 10:1 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 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. *(See Attachment D)*

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 *Dennis L. Bedrosian* Date 4-2-10
Printed Name and Title Dennis L. Bedrosian Supt., North Andover Drinking Water Treatment

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