**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 Rutland e-mail dpw@townofrutland.org
   Street/PO Box 17 Pommogussett Road City Rutland
   State MA Zip Code 01543
   Contact Person Steven D. Cannell Telephone Number (508) 886-4105

2. Facility Operator (if different from above):
   Name Rutland Water Division e-mail (optional) wtp@townofrutland.org
   Street/PO Box 17 Pommogussett Road City Rutland
   State MA Zip Code 01543
   Contact Person Steven D. Cannell Telephone Number (508) 886-6098

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):
   Name Rutland Water Treatment Facility e-mail (optional) _____
   Street/PO Box 66 Wachusett Street City Rutland
   State MA Zip Code 01543
   Contact Person Steven D. Cannell Telephone Number (508) 886-6098
   Facility Latitude 42 00 08 Facility Longitude 71 59 28

JUN - 2 2010

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:
   SIC Code(s) 4941
   Description(s) Treat raw water with aluminum sulfate; filter out floc

5. Current Permitting Status (please check yes or no):
   1. Has a prior NPDES permit been granted for the discharge? Yes ✓ (Permit Number: MAG640033 ) 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 MAG640033 ) 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 Muschopauge Pond

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

3. State Water Quality Classification: _____ 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):

All backwash and clarifier flush water is sent to the two lagoons untreated. The size of the lagoons are 100' x 45' x 5'. The entry pipe is 12-inch in diameter and 4.5-inches off the bottom of lagoon. The time of travel is approximately 2 hours from discharge point to entry pipe of receiving water. Backwash cycle per filter (3) is ten minutes. Clarifier flush is 12 minutes per filter. We operate 9 hours per day. The wastewater then leaches into the soil.

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

6. Number of outfalls: 2 Latitude and Longitude for each outfall (attach additional pages if necessary)
   OUTFALL # Latitude 42 00 08 Longitude 41 59 28
   OUTFALL # Latitude 42 00 08 Longitude 71 59 28

For each outfall:

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

The sample is taken from each basin at the outlet only if we discharge to pond.

## 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 hydroxide, Polyorthophosphate.

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) | No discharge | |
| TSS (mg/l) | | |
| pH (s.u.) | (min) | (max) |
| Total Recoverable Aluminum (ug/l) | | |
| Total Residual Chlorine (ug/l) | | |

(continued on next page)

8. Continued

Characteristic (report if measured)

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 _____ 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

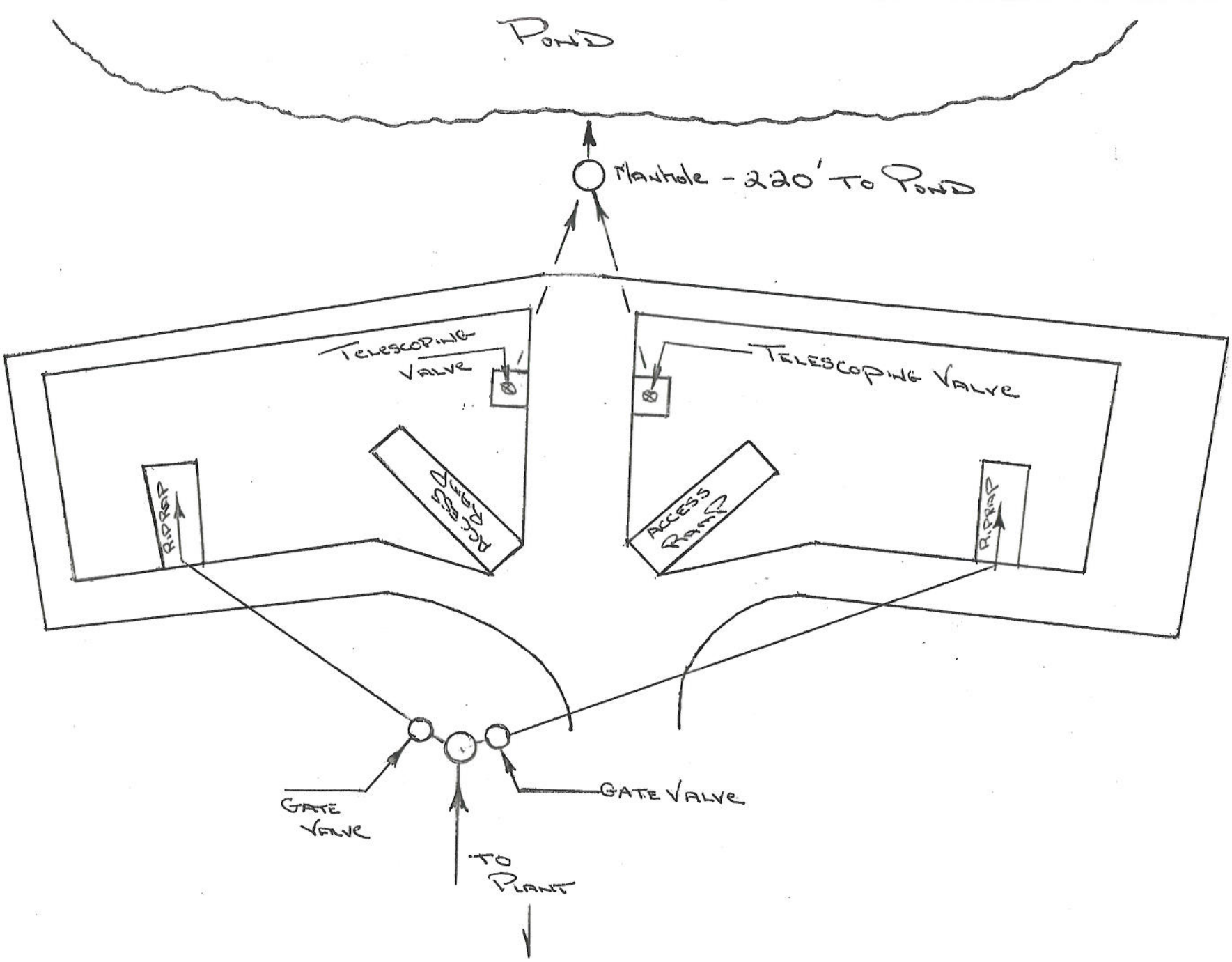
I certify that the discharge for which I am seeking coverage under the general permit consists solely of a surface water discharge from a potable water treatment facility. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance 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.

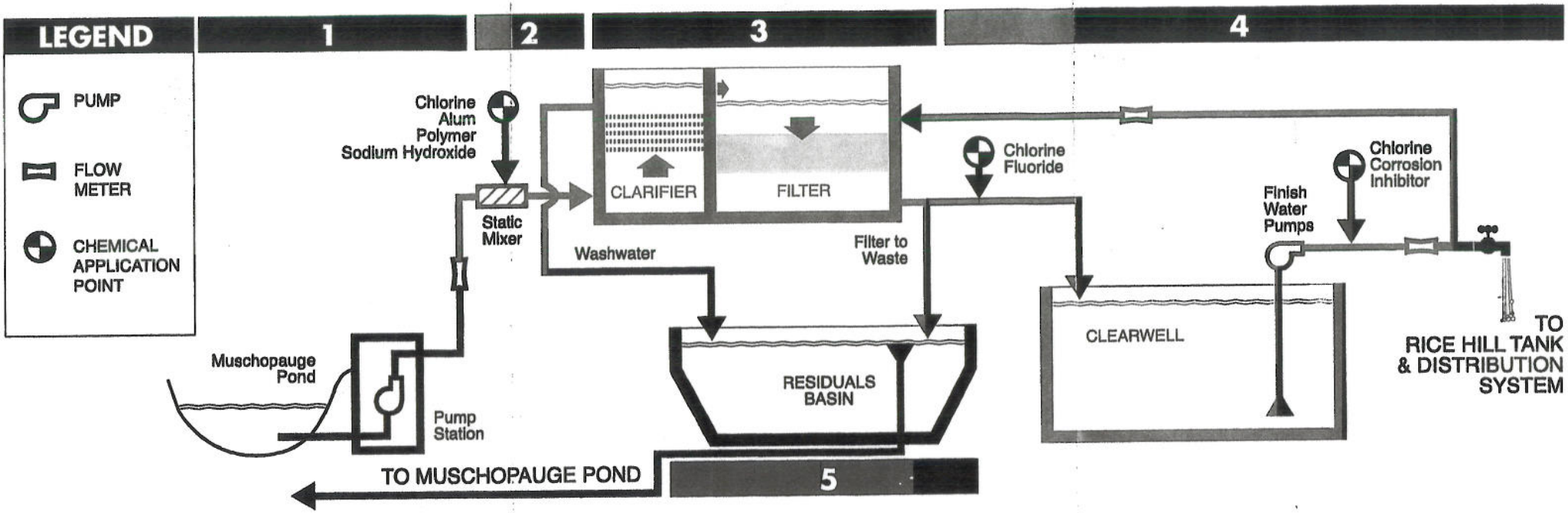
Signature  Date 05/27/10

Printed Name and Title Steven D. Cannell, Water Operator/Foreman

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


POND
Manhole - 220' TO POND
TELESCOPING VALVE
TELESCOPING VALVE
RIPRAP
ACCESS RAMP
ACCESS RAMP
RIPRAP
GATE VALVE
GATE VALVE
TO PLANT


LEGEND
PUMP
FLOW METER
CHEMICAL APPLICATION POINT
1
2
3
4
5
Chlorine
Alum
Polymer
Sodium Hydroxide
Static Mixer
CLARIFIER
FILTER
Washwater
Filter to Waste
Chlorine Fluoride
Chlorine Corrosion Inhibitor
Finish Water Pumps
CLEARWELL
TO RICE HILL TANK & DISTRIBUTION SYSTEM
RESIDUALS BASIN
Muschopauge Pond
Pump Station
TO MUSCHOPAUGE POND