Sean M. Reese  
Director of Public Works  
Town Hall  
703 Washington Street  
Holliston, MA 01746  

August 11, 2017  

United States Environmental Protection Agency  
New England Region 1  
5 Post Office Square, Suite 100  
Boston, MA 02109-3912  

Dear Sir or Madam,  

Please find attached the Notice of Intent for the Depping Brook Water Treatment Plant in Holliston, MA. 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 Depping Brook WTP treatment process and related chemicals.  

Respectfully Submitted,  

Sean M. Reese
B. **Filing with MassDEP** — As previously noted, only facilities in Massachusetts that were previously unpermitted and discharge to an Outstanding Resource Water (ORW) and High Quality Waters must submit an NOI to MassDEP. In such cases, a completed copy of the NOI must also be sent to:

Massachusetts Department of Environmental Protection  
Division of Watershed Management  
8 New Bond Street  
Worcester, MA 01606

C. **Filing with NH DES** — All applicants in New Hampshire must also provide a completed copy of their NOI to NH DES at the following address:

New Hampshire Department of Environmental Services  
Water Division, Wastewater Engineering Bureau  
29 Hazen Drive, P.O. Box 95  
Concord, New Hampshire 03302-0095

### III. Suggested Notice of Intent (NOI) Format

#### A. Facility Information

1. *Indicate applicable General Permit for discharge*  
   - MAG640000  
   - NHG640000

2. **Facility Data**
   - **Facility Name**: Dopping Brook Water Treatment Plant  
   - **Street/PO Box**: 1400 May Flower Lane  
   - **City**: Holliston  
   - **State**: MA  
   - **Zip Code**: 01746  
   - **Latitude**: 42° 16' 32"  
   - **Longitude**: 71° 28' 19"  
   - **SIC Code(s)**: 4941  
   - **Type of Business**: Municipal Drinking Water Treatment Plant

3. **Facility Mailing Address (if different from Location Address, above)**
   - **Facility Name**: Holliston Water Department  
   - **Street/PO Box**: 103 Washington St.  
   - **City**: Holliston  
   - **State**: MA  
   - **Zip Code**: 01746
4. **Facility Owner:**

   - **Legal Name:** Sean Reese
   - **Email:** Reeses@holliston.ma.us
   - **Street/PO Box:** 703 Washington St
   - **City:** Holliston
   - **State:** MA
   - **Zip Code:** 01740
   - **Contact Person:** Sean Reese
   - **Tel #:** 508-250-2350

   Owner is (check one): Federal ____ State **V** Tribal ____ Private ____

   Other (describe)

5. **Facility Operator (if different from above):**

   - **Legal Name:**
   - **Email:**
   - **Street/PO Box:**
   - **State:**
   - **Zip Code:**
   - **Contact Person:**
   - **Tel #:**

6. **Currently (Administratively) Covered Under the Expired PWTF General Permit? (Please check yes or no):**

   - Yes _X_  No 

   a) Has a prior NPDES permit (either individual or general permit coverage) been granted for the discharge that is listed on the NOI?  Yes _X_  No  If Yes, Permit Number: MAG640000

   b) Is the discharge a “new discharger” as defined by 40 CFR Section 122.22?  Yes  No _X_

   c) Is the facility covered by an individual NPDES permit for other discharges?  Yes  No _X_

   If yes, Permit Number: ______________________

   d) Is there a pending NPDES application (either individual or general permit) on file with EPA for this discharge?  Yes _X_  No 

   If yes, date of submittal: ___________ and Permit Number, if available ________________

7. **Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water.**

   **Map attached?**
B. **Discharge Information** (Attach additional sheets as needed):

1. **Name of receiving water into which discharge will occur:**
   - Dapping Brook

   Check Appropriate Box:
   - Freshwater
   - Marine Water

   State Water Quality Classification Class A

   Type of Receiving Water Body (e.g., stream, river, lake, reservoir, estuary, etc.) Brook

2. **Indicate the frequency of the discharge:**
   - Emergency Only
   - Infrequent (Once/Twice a Year)
   - Intermittent***
   - Continuous ✓
   - Other***

   ***If Intermittent (i.e., occurs sometimes but not regularly as in batch discharge), provide # of days per year the discharge occurs ________________

   ***If Other, explain ________________

3. 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 waters; and the length of backwash cycle for any combination of filters.)

   The water treatment plant includes sodium hydroxide for pH adjustment, zinc orthophosphate for corrosion control, green sand filtration for manganese removal, polyelelymon with carbon and cationic polyele for color removal, sodium hypochlorite for disinfection. Backwash from the filters goes into one of the lagoons then to a wetland area and then to the brook. The filters backwash every 48 hours. Averaging 3 backwashings a month. 90,000 gallons of backwash is released into lagoons. Each lagoon has a detention time of approximately 24 hours.

4. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing to flow, treatment units, outfalls, and receiving water(s).

   **Line drawing or flow diagram attached?**

5. Identify the source of the water being discharged:
   - Surface water
   - Groundwater ✓
   - Other (describe)

6. Number of Outfalls 1 Latitude and Longitude to the nearest second for each Outfall. Attach additional pages if necessary.
For each outfall, indicate the proposed sampling location(s) for both effluent and ambient water (when applicable) and proposed consistent times of the month for collecting samples:

Outfall #

Samples collected at the termination of the backwash discharge. Samples collected at the beginning of each backwash.

Outfall #

Outfall #

C. Effluent Characteristics

1. List here and attach additional information (on separate sheet) on any water additives used at the facility. This includes chemicals (including aluminum, iron, or phosphorus-containing chemicals) for pH adjustment, dechlorination, control of biological growth, and control of corrosion and scale in water pipes.

See: Sodium hypochlorite, polymer, coagulant, sodium molybdate, fluoride, zinc orthophosphate

2. Report any known remediation activities or water quality issues in the vicinity of the discharge

None

3. Are aluminum compounds or polymers used as coagulants at this facility?*

Yes  No

*If answer is "Yes" and the facility was not covered under the PWTF GP that expired on
4. Does the facility use any alum-based products for algae control?  
   Yes   No

*If answer is “Yes” and the facility was not covered under the PWTF GP that expired on 10/2/14, additional monitoring data and information is required. Please complete Item III.C.12.

5. Are iron-containing coagulants used at this facility?  
   Yes   No

6. Does the facility’s discharge contain residual chlorine?  
   Yes   No

[If Yes, EPA will calculate a Total Residual Chlorine effluent limit for your facility]

7. Does the facility provide treatment to remove arsenic from the raw water source? Yes   No

8. a. Are phosphorus-containing chemicals added to the treated water at this facility? Yes   No
   b. If answer to 8.a. is Yes, does the facility discharge to Phosphorus-Impaired waters? Yes   No
   c. If answer to 8.b. is Yes, provide name of P-Impaired waterbody: ________________

9. Does the facility remove radium or other radioactive substances from raw water sources to comply with drinking water standards?  
   Yes   No

10. Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water  
    7Q10: ______________ cfs

***NOTE: For facilities that discharge in New Hampshire, the state permitting authority must be contacted at the address listed in Appendix VI of the PWTF GP to determine and/or confirm the 7Q10 and/or dilution factor. For facilities that discharge in Massachusetts, it is highly recommended to contact the relevant state authority (MassDEP) to determine and/or confirm the 7Q10 and/or dilution factor.***

Attach any calculation sheets used to support the stream flow and dilution factors. See Appendix VII for equations and additional information.

11. For each outfall, provide the following discharge information:

   Outfall # ______
   a) Design Flow of Facility (in million gallons per day, MGD):
      This value will determine the facility’s daily maximum flow limit, up to a maximum of 1.0 MGD.
   b) Discharge Flow (in gallons per day, GPD):
      Maximum Daily Flow 88,000 GPD  
      Average Monthly Flow 352,000 GPD
   c) TSS (mg/l): Number of samples: 10 (Minimum of 10 samples)
12. The following section must be completed for any facility that answered “Yes” to Question III.C.3 or III.C.4 (e.g. adds an aluminum-containing chemical to the water being treated and/or discharged) AND was not covered under the previous PWTF GP (which expired on 10/2/14).

a) Collect, analyze and submit 12 effluent samples and 10 ambient surface water samples from a location upstream of and not affected by the discharge. For facilities in New Hampshire and Massachusetts, each sample should be analyzed for total recoverable Al in micrograms per liter. All laboratory results shall be submitted on a separate sheet.

   a. The samples shall be composite samples consisting of four grab samples taken at approximately equal intervals on a flow weighted basis during the time at which the discharge is entering the receiving water after the start of the backwash cycle.

   b. For each sampling event, the effluent and surface water samples shall be collected on the same day and during a representative discharge event. The samples shall be no more frequent than weekly and, if time allows in completing the NOI, at monthly intervals and at different flow conditions. If taking the ambient water quality sample from lakes/reservoirs, the 10 samples should be composited vertically.

   c. Discharge flow at the time of effluent sampling should be recorded. Flow conditions at the time of ambient water sampling should be recorded (or estimated from nearest gaging station).

   d. Do not include dilution when recording the results.

   e. See Section 2.1.2.3 and Footnote 12 of Section 2.1.1 for MA facilities (or Section 3.1.2.3 and Footnote 10 of 3.1.1 for NH facilities) for key information on minimum level for analysis and sufficiently sensitive test procedures.

   f. Sampling data that was collected within one year of the effective date of this general permit AND that adheres to all of the requirements above may be submitted in lieu of new samples. This must be denoted with the submitted data.

b) Provide a description of control measures, chemical substitutions, waste handling methods, and operational changes evaluated and/or used by the facility to minimize the discharge of aluminum to surface waters. (Include additional sheet(s), if necessary)
D. **Endangered Species Act Eligibility Information**

Using the instructions in Appendix III of the PWTF GP, which of the following criteria apply to your facility?

U.S. Fish and Wildlife Service (USFWS) Criteria: B C

1. If you selected USFWS criteria B, has consultation with the U.S. Fish and Wildlife Service been completed?
   - Yes
   - No

2. If consultation with US Fish & Wildlife 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

3. Attach documentation of ESA eligibility for USFWS as required at Part 1.4 and Appendix III of the General Permit. **Documentation attached?**

4. For facilities seeking coverage under the Potable Water Treatment Facility General Permit for the first time, respond to the following questions to assist in ESA eligibility for NMFS:
   a) Indicate if the facility discharges into any of the stretches of the following rivers which can support or provide habitat to either Shortnose or Atlantic Sturgeon:

   - **Merrimack River** (from Essex Dam in Lawrence, Downstream (including Haverhill) to mouth of River)
     - Yes
     - No

   - **Connecticut River** (from Turner's Falls, downstream through Holyoke (including Holyoke Dam region)
     - Yes
     - No

   - **Taunton River**
     - Yes
     - No

   - **Piscataqua River (in NH)**
     - Yes
     - No

   b) Has the facility had any previous formal or informal consultation with NMFS?
      - Yes
      - No

     If yes, attach the results of the consultation(s). **Documentation attached?**
E. National Historic Properties Act Eligibility

1. Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes No

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). Documentation attached? __________

3. Which of the three National Historic Preservation Act scenarios listed in Appendix II, Section III have you met?

1 2 3

F. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any analytical data used to support the application. Attach any certification(s) required by the General Permit.

G. Signature Requirements

The NOI must be signed by the operator in accordance with the signatory requirements of 40 CFR § 122.22 (see below) including the following certification:

I certify under penalty of law that (1) 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; (2) any chemicals used to treat the discharge have been identified in this NOI; and (3) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act.

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 gathered and evaluated 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, accurate, and complete. I have no personal knowledge that the information submitted is other than 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 8-11-17

Printed Name and Title Sean M. Reese: Public Works Director
Well No. 6
Wate1 Treatment Plnt
Addition of New Clarifiers

Town of Holliston, MA
Water System Master Plan

Well No 6
Water Treatment Plant
Addition of New Clarifiers

Scale: 1 in = 60 ft  Date: January 2010
Fay, Spofford & Thorndike