

From: Voorhees, Mark
Sent: Thursday, February 15, 2018 12:26 PM
To: Voorhees, Mark <voorhees.mark@epa.gov>
Cc: jeffrey.andrews@des.nh.gov
Subject: FW: City Of Somersworth Drinking Water Treatment Plant NOI Question

On February 15, 2018 M. Voorhees of EPA had a phone conversation with Mr. Gregory Kirchofer, Chief Water Treatment Plant Supervisor of the City of Somersworth's Drinking Water Treatment Facility to discuss the frequency of discharge to the Salmon Falls River. Mr. Kirchofer explained that the discharge is an emergency discharge that rarely activates and that the discharge last occurred in 2007 during flood conditions.

This email shall serve as a supplemental record to the City of Somersworth Notice of Intent (NOI) for coverage under the NPDES PWTF General Permit.

From: Voorhees, Mark
Sent: Monday, February 12, 2018 4:31 PM
To: 'gkirchofer@somersworth.com' <gkirchofer@somersworth.com>
Cc: jeffrey.andrews@des.nh.gov
Subject: City Of Somersworth Drinking Water Treatment Plant NOI Question

Dear Mr. Kirchofer:

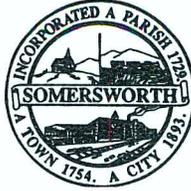
I am in the process of reviewing the PWTF GP NOIs prior to posting for public review and would like to confirm with you that the discharge from the City's drinking water treatment facility to the Salmon Falls River would occur only under emergency conditions. Would you please confirm if this is the case and if not provide an estimate the frequency of discharge on an annual basis?

Thanks for your attention on this matter.

Mark Voorhees
617 918-1537

SOMERSWORTH, NEW HAMPSHIRE

City of Somersworth
18 Lilac Lane
Somersworth, NH 03878



Public Works and Utilities Department
Phone: 603.692.4266
Fax: 603.692.4281
www.somersworth.com

"Proud past, bright future"

June 6, 2017

Ms. Olga Vergara
US EPA Region I
Office of Ecosystem Protection
PWTF Coordinator (OEP06-1)
5 Post Office Square, Suite 100
Boston, Mass 02109-3912

Re: Potable Water Treatment Facility General Permit Notice of Intent
MAG640000 and NHG640000

Dear Ms. Vergara:

Enclosed please find the City of Somersworth's General Permit Notice of Intent document for your use and records. It is understood that this Notice of Intent (NOI) is for coverage under the reissued potable water treatment facility (PWTF) general permit. I am also including a copy of this NOI to New Hampshire Department of Environmental Services, Water Division, Wastewater Engineering Bureau, for their records as well. In addition to responding to the various categories and questions in the suggested NOI format, we are also using this as an opportunity to update your records to reflect our Chief Water Plant operator and my contact information for your use as well.

Given the older contact information, we appreciate your assistance with alerting my office of the deadline for the NOI submission. Please let me know if you have any questions or need additional information.

Very Truly Yours,

Michael J. Bobinsky
Director of Public Works and Utilities

cc/enc: Mark Voorhees, EPA
Greg Kirchofer, Chief Water Plant Supervisor
Jamie Wood, Chief Waste Water Treatment Supervisor
NH DES

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 City of Somersworth Drinking Water Treatment Plant
Street/PO Box 9 Wells St City Somersworth
State New Hampshire Zip Code 03878
Latitude 43d 16m 92 N Longitude 70d 52m 27s W
SIC Code(s) 4941 (NAICS 221310)
Type of Business Municipal Drinking Water Treatment

3. *Facility Mailing Address (if different from Location Address, above)*
Facility Name City of Somersworth
Street/PO Box 1 Government Way City Somersworth
State New Hampshire Zip Code 03878

4. *Facility Owner:*

Legal Name Robert M. Belmore

Email bbelmore@somersworth.com

Street/PO Box 1 Government Way City Somersworth

State New Hampshire Zip Code 03878

Contact Person Michael Bobinsky Tel # (603)692-4266

Owner is (check one): Federal State Tribal Private

Other (describe)

Municipal Drinking Water Treatment

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

Legal Name Gregory Kirchofer

Email gkirchofer@somersworth.com

Street/PO Box 1 Government Way City Somersworth

State New Hampshire Zip Code 03878

Contact Person Gregory Kirchofer Tel # (603)692-2268

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

Yes 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 No If Yes, Permit Number NHG640014

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

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

If yes, Permit Number: _____

d) Is there a pending NPDES application (either individual or general permit) on file with EPA for this discharge? Yes 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: Salmon Falls River

Check Appropriate Box: X Freshwater Marine Water

State Water Quality Classification Class _____

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

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.)

Samples will be taken at a discharge point closest to the river when discharge may occur. The discharge point is non-specific but would occur at the lowest point off of the recycle line. Note in the case of flood conditions the sample shall be taken at the maximum elevation of each lagoon as located at the facility's geographic location.

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 0 Latitude and Longitude to the nearest second for each Outfall. Attach additional pages if necessary.

Outfall #	Latitude _____	Longitude _____
Outfall #	Latitude _____	Longitude _____
Outfall #	Latitude _____	Longitude _____

7. 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 # _____

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.

Sodium Hydroxide _____	Ortho Phosphate _____
Aluminium Sulfate _____	Powder Activated Carbon _____
Potassium Permanganate _____	
Anionic Polymer _____	
Sodium Hypochlorite _____	

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

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

10/2/14, additional monitoring data and information is required. **Please complete Item III.C.12.**

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: Salmon Falls River

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 _____ GPD Average Monthly Flow _____ GPD

c) *TSS (mg/l):* Number of samples: _____ (Minimum of 10 samples)

Maximum Daily _____ mg/l Average Monthly _____ mg/l

d) *pH (s.u.)* : Number of samples: _____ (Minimum of 10 samples)
Minimum _____ s.u. Maximum _____ s.u.

e) *Total Residual Chlorine (ug/l)*: Number of samples: _____ (Minimum of 10 samples)
Maximum Daily _____ ug/l

NOTE: TRC is only required for discharges which have been previously chlorinated or contain residual chlorine

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: A 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:

<i>Merrimack River</i> (from Essex Dam in Lawrence, Downstream (including Haverhill) to mouth of River)	Yes	No
---	-----	----

<i>Connecticut River</i> (from Turner's Falls, downstream through Holyoke (including Holyoke Dam region)	Yes	No
--	-----	----

<i>Taunton River</i>	Yes	No
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<i>Piscataqua River (in NH)</i>	<input checked="" type="checkbox"/> Yes	No
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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 06-05-17

Printed Name and Title GREGORY KOCHHOFFER CHIEF WATER TREATMENT OPERATOR

Federal regulations require this application to be signed as follows:

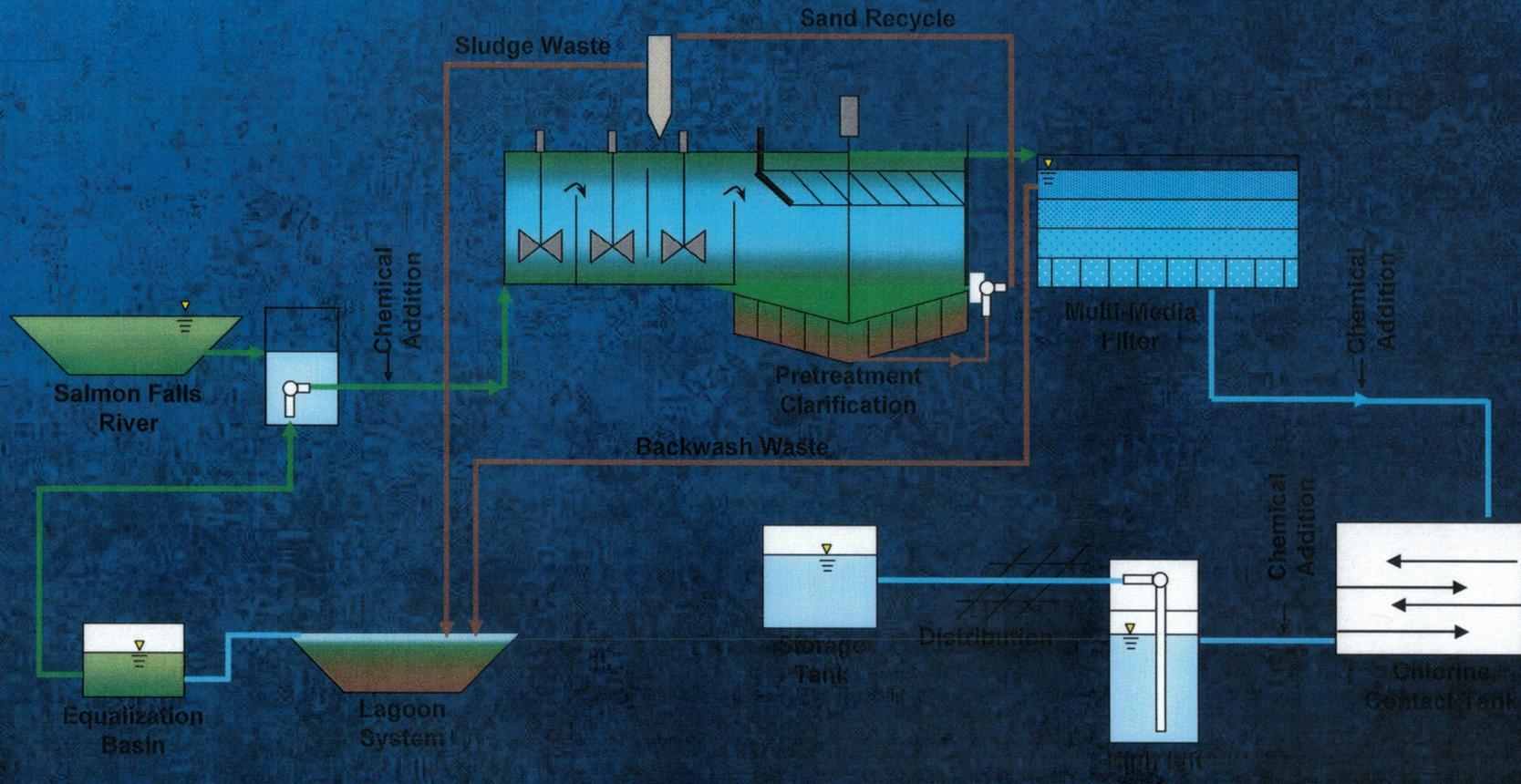
1. For a corporation, by a responsible corporate party;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

Note: Permits No. MAG640000 and NHG640000 may be found at <http://www3.epa.gov/region1/npdes/pwtfgp.html>

H. “Opt-Out Request” from NetDMR Requirement

1. Check the box if you **are** applying for an “opt-out request.”
2. Provide a detailed explanation of the technical or administrative factors that support your request to “opt-out” from the requirement to submit DMRs and reports electronically. (Add additional lines, if necessary.)

Process Flow Diagram





Imagery ©2017 DigitalGlobe, Maine GeoLibrary, Map data ©2017 Google 50 ft