

**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 Sudbury Water District - well 8 WTP

Street/PO Box 199 Raymond Rd City Sudbury

State MA Zip Code 01776

Latitude 42° 23' 02" Longitude 71° 26' 10"

SIC Code(s) 4941

Type of Business Public Water Supply

3. *Facility Mailing Address (if different from Location Address, above)*

Facility Name \_\_\_\_\_

Street/PO Box P.O. Box 111 City Sudbury

State MA Zip Code 01776

4. Facility Owner:

Legal Name Sudbury Water District  
Email rmcenroe@sudburywater.com  
Street/PO Box 199 Raymond Rd City Sudbury  
State MA Zip Code 01776  
Contact Person Rebecca McEnroe Tel # 978-443-6602  
Owner is (check one): Federal ☐ State ☐ Tribal ☐ Private ☐  
Other (describe) Municipal

5. Facility Operator (if different from above):

Legal Name \_\_\_\_\_  
Email \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Tel # \_\_\_\_\_

6. Currently (Administratively) Covered Under the Expired PWTF 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 MAG640056

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: Hop Brook

Check Appropriate Box: ☒ Freshwater ☐ Marine Water

State Water Quality Classification Class B

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

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 approx. 50

\*\*\*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 discharge is from greensand filters used to remove iron and manganese from well water (well 8 & 10). The backwash water is discharged to a lagoon for precipitated iron & manganese settlement then through open pipe discharge to wooded area that connects to wetland areas along Hop Brook.

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.

Outfall # 1 Latitude 42° 23' 0" ± Longitude 71° 16' 10" ±  
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 # 1 <sup>collection</sup>  
at outfall manhole (see diagram)

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 (pH adjustment)  
Sodium hypochlorite (disinfection)  
Sodium sulfite (for dechlorination)

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: \_\_\_\_\_

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: N/A 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 # 1

- a) *Design Flow of Facility (in million gallons per day, MGD):* 0.04 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 11,000 GPD Average Monthly Flow 7,000 GPD

- c) *TSS (mg/l):* Number of samples: 12 (Minimum of 10 samples)

Maximum Daily 4.7 mg/l      Average Monthly 0.5 mg/l

d) pH (s.u.) : Number of samples: 12 (Minimum of 10 samples)  
Minimum 7.5 s.u.      Maximum 8.0 s.u.

e) Total Residual Chlorine (ug/l): Number of samples: 12 (Minimum of 10 samples)  
Maximum Daily 11 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)

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**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
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<i>Connecticut River</i> (from Turner's Falls, downstream through Holyoke (including Holyoke Dam region)	Yes	No
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<i>Taunton River</i>	Yes	No
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<i>Piscataqua River</i> (in NH)	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 Rebecca McEnroe Date 5/31/17

Printed Name and Title Rebecca McEnroe, Superintendent

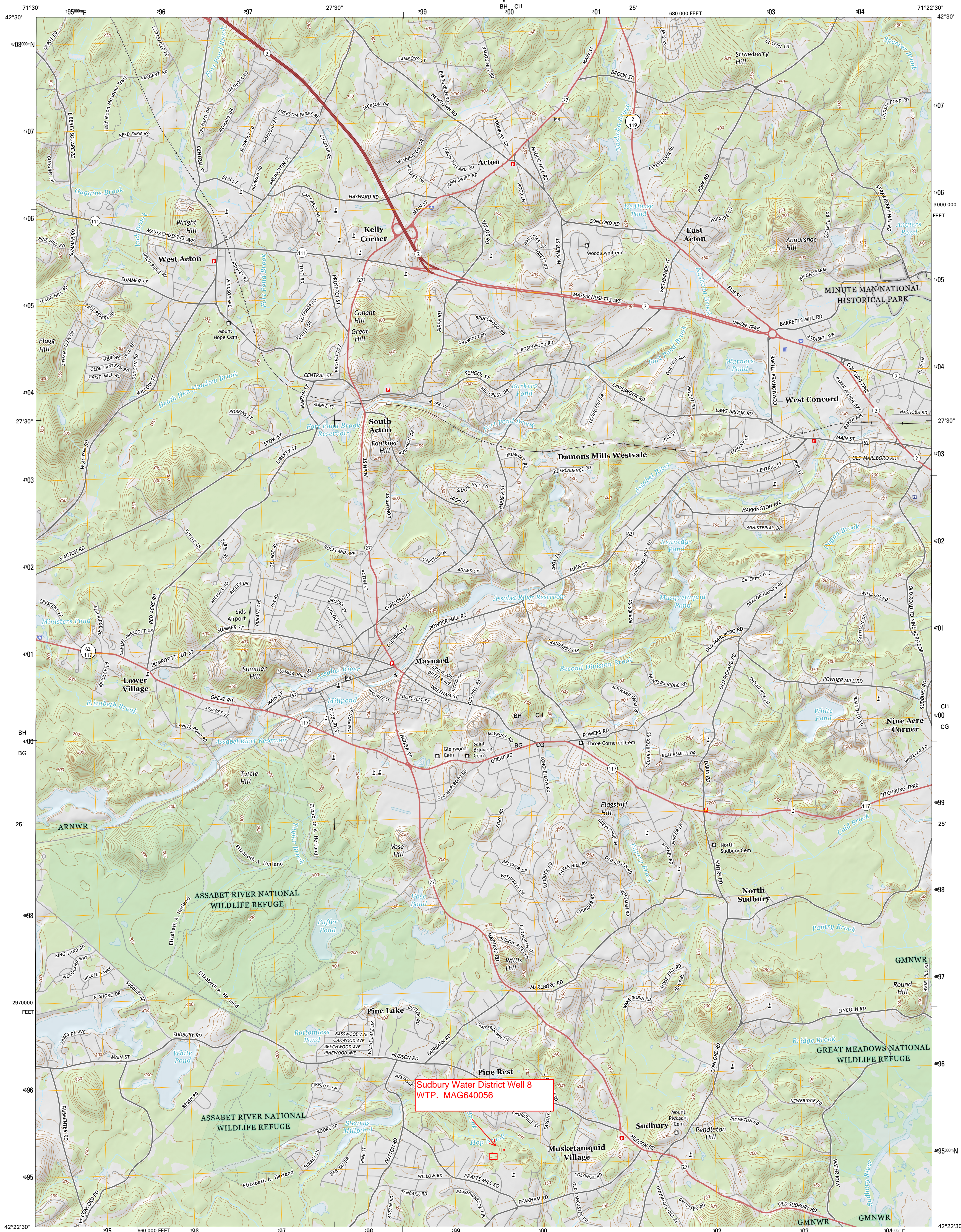




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



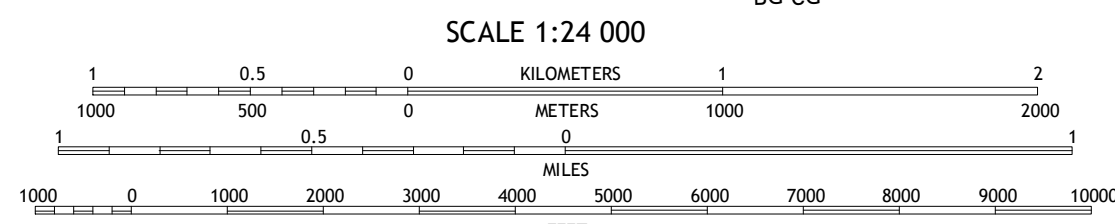
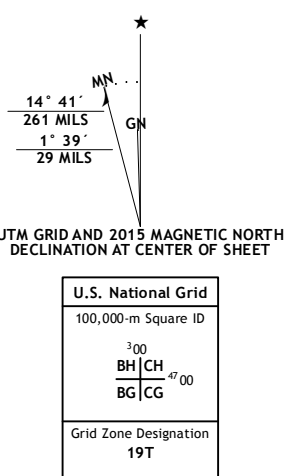
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MASSACHUSETTS-MIDDLESEX CO.  
7.5-MINUTE SERIES



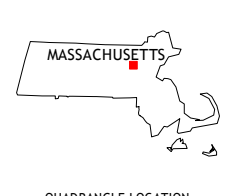
Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: Universal Transverse Mercator, Zone 19T  
10 000-foot ticks: Massachusetts Coordinate System of 1983  
(mainland zone)

This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
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Imagery.....NAIP, September 2014  
Roads.....HERE, ©2013 - 2014  
Names.....GNIS, 2015  
Hydrography.....National Hydrography Dataset, 2014  
Contours.....National Elevation Dataset, 2012  
Boundaries.....Multiple sources; see metadata file 1972 - 2015



CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
This map was produced to conform with the  
National Geospatial Program US Topo Product Standard, 2011.  
A metadata file associated with this product is draft version 0.6.18



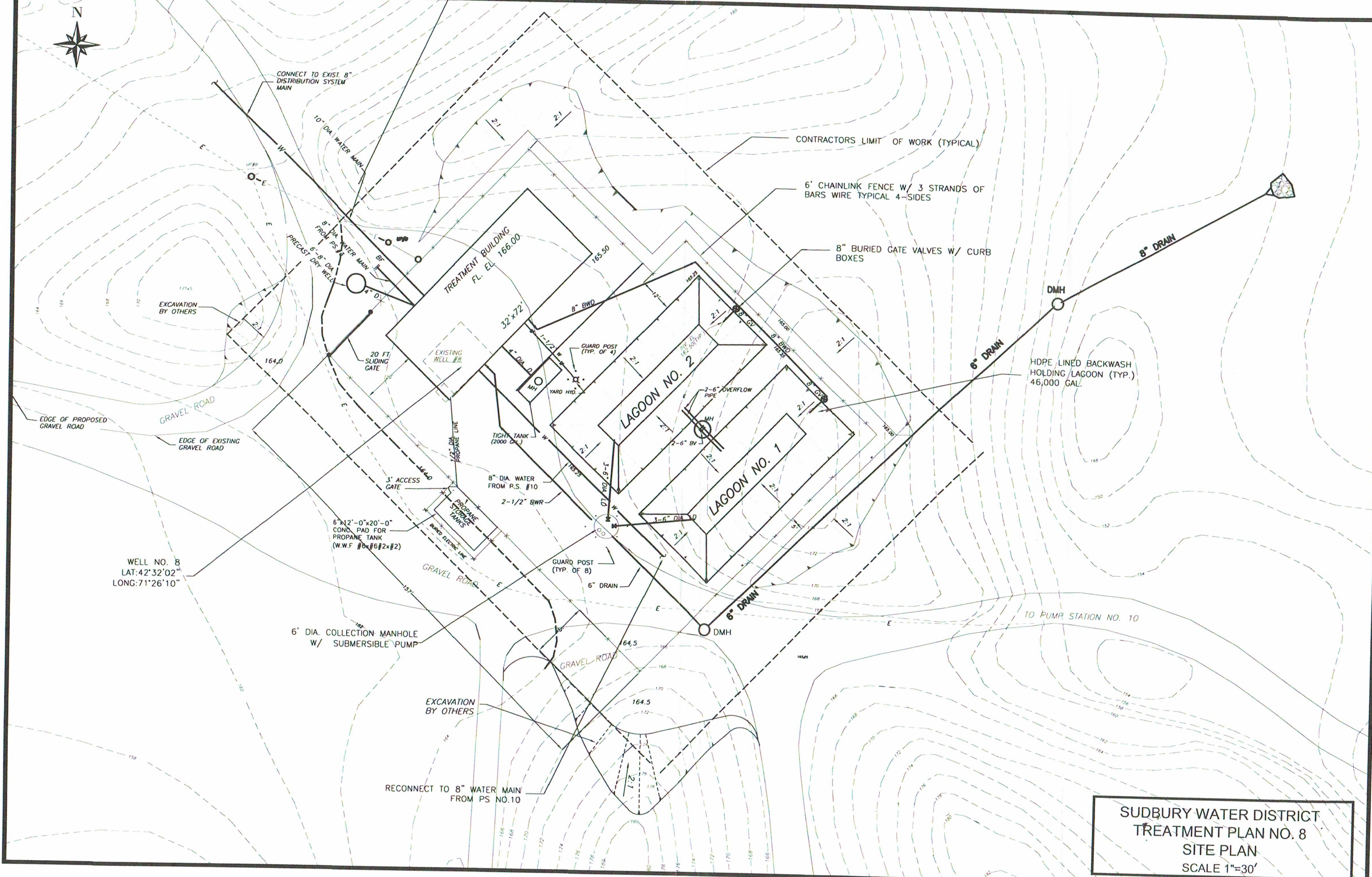
ROAD CLASSIFICATION			
Expressway	Local Connector		
Secondary Hwy	Local Road		
Ramp	4WD		
Interstate Route	US Route		State Route

1	2	3
4	5	6
7	8	

MAYNARD, MA  
2015







SUDBURY WATER DISTRICT  
TREATMENT PLAN NO. 8  
SITE PLAN  
SCALE 1"=30'