A. Facility Information

1. *Indicate applicable General Permit for discharge* MAG640000
2. *Facility Data*

Facility Name Walsh Avenue Water Treatment Plant

Street/PO Box 74 Walsh Avenue City Auburn

State Massachusetts Zip Code 01501

Latitude 42° 12' 53.21" Longitude 71° 49' 54.55"

SIC Code(s) 4941 – Water Supply

Type of Business Public Water Supplier

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

Facility Name Auburn Water District

Street/PO Box PO Box 187 City Auburn

State Massachusetts Zip Code 01501

4. *Facility Owner:*

Legal Name Auburn Water District

Email ksmith@auburnwater.com

Street/PO Box 75 Church Street City Auburn

State Massachusetts Zip Code 01501

Contact Person Mr. Ken Smith Tel # 508-832-5336

Owner is (check one): Federal _____ State _____ Tribal _____ Private _____

Other (describe) Quasi Public Entity formed by State Legislature

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 **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 MAG640072

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 No **X**

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?** Yes

B. Discharge Information (Attach additional sheets as needed):

1. *Name of receiving water into which discharge will occur*: Dunn's Brook

Check Appropriate Box: Freshwater **X** Marine Water

State Water Quality Classification Class unclassified

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*** **X** Continuous

Other***

***If Intermittent (i.e., occurs sometimes but not regularly as in batch discharge), provide # of days per year the discharge occurs Approximately every other day there is a batch discharge after filter backwash (180 events per year)

***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 Walsh Avenue Water Treatment Plant treats groundwater from Wells No. 4 and 13 to remove iron and manganese via high rate greensand filtration. Four (4) green sand filters are backwashed periodically generating approximately 28,400 gallons of back wash water per event. The frequency of backwash events is dictated by the volume of water filtered as determined by pump run times and varies from two events to five events per week. Each backwash cycle is approximately 100 minutes in duration. The backwash water is discharged to two 3,400 ft^2 lagoons to allow solids to settle out prior to discharge. The backwash water is allowed to settle for approximately 10 to 24 hours prior to supernatant discharge. The supernatant water leaves the lagoons through two 8-inch diameter pipes controlled by gate valves that lead to a common discharge point. Water then travels approximately 180 feet laterally east to Dunn's Brook. The backwash water includes low concentrations of iron, manganese, potassium permanganate and chlorine.

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? Yes

5. Identify the source of the water being discharged:

Surface water Groundwater **X** 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 42^0 12' 51.42" Longitude 71^0 49' 53.71"

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 Down stream side of the lagoon discharge pipe

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.

Water treatment chemicals include potassium permanganate and chlorine gas. There is also a polyphosphate/orthophosphate blended corrosion inhibitor manufactured by Carus Corporation added to finished water but not included in backwash water that is discharged

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

No remediation or water quality issues are known

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

Yes_ No **X**

*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 **X**

*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 **X**

6. Does the facility's discharge contain residual chlorine? Yes **X** 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 **X** No

8. a. Are phosphorus-containing chemicals added to the treated water at this facility? Yes **X** No

b. If answer to 8.a. is Yes, does the facility discharge to Phosphorus-Impaired waters? Yes No **X**

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 **X**

10. Provide the reported or calculated seven day- ten year low flow (7Q10) of the receiving water
7Q10: 0.362 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):* 1.0 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 17,200 GPD Average Monthly Flow 11,500 GPD

c) *TSS (mg/l)*: Number of samples: 52 (Minimum of 10 samples)
Maximum Daily 7.7 mg/l Average Monthly 1.16 mg/l

d) *pH (s.u.)* : Number of samples: 52 (Minimum of 10 samples)
Minimum 6.41 s.u. Maximum 6.85 s.u.

e) *Total Residual Chlorine (ug/l)*: Number of samples: 52 (Minimum of 10 samples)
Maximum Daily 0.15 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 **X** 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?** Yes

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 **X**
Connecticut River (from Turner's Falls, downstream through Holyoke (including Holyoke Dam region)	Yes	No **X**
Taunton River	Yes	No **X**
Piscataqua River (in NH)	Yes	No **X**

b) Has the facility had any previous formal or informal consultation with NMFS?

Yes No **X**

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 **X**

2. Have any State or Tribal Historic Preservation Officers been consulted in this determination?

Yes No **X**

If yes, attach the results of the consultation(s). **Documentation attached?** No

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

1 **X** 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 7/24/2017

Printed Name and Title Ken Smith - Superintendent

Federal regulations require this application to be signed as follows:

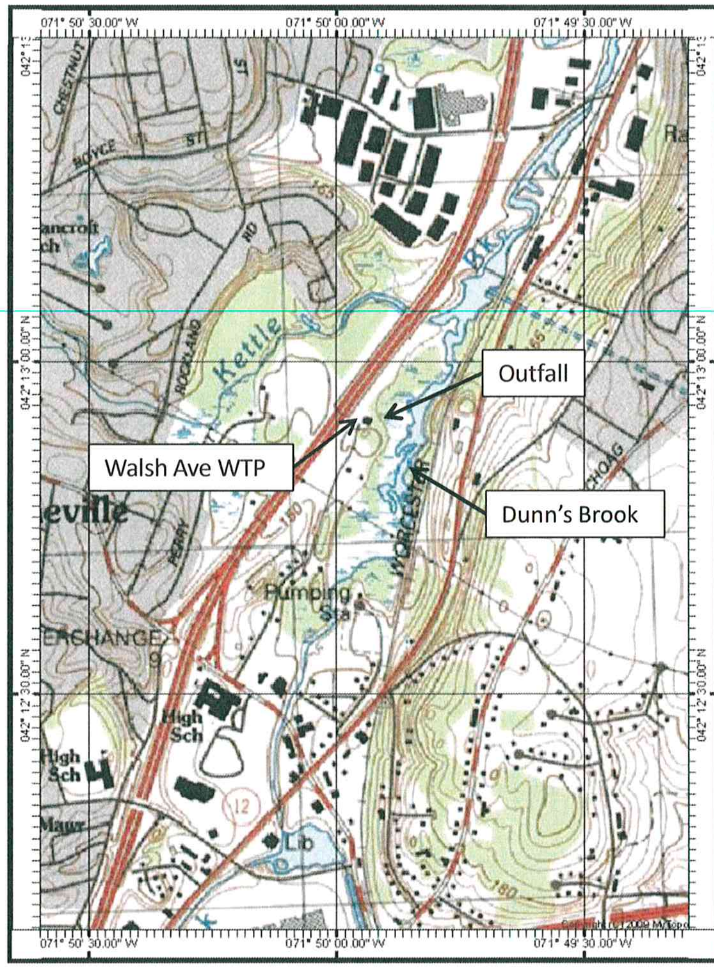
1. For a corporation, by a responsible corporate party;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

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.)



SCALE 1:12000

0 1000 2000 3000

FEET

Note: Water treatment plant is a drinking water facility and includes green-sand filtration, disinfection and corrosion control.

Treatment Plant Coordinates:
Lat: 42° 12' 53.21"
Lon: 71° 49' 54.55"

Discharge/Outfall Coordinates:
Lat: 42° 12' 51.42"
Lon: 71° 49' 53.71"

N
W E
S

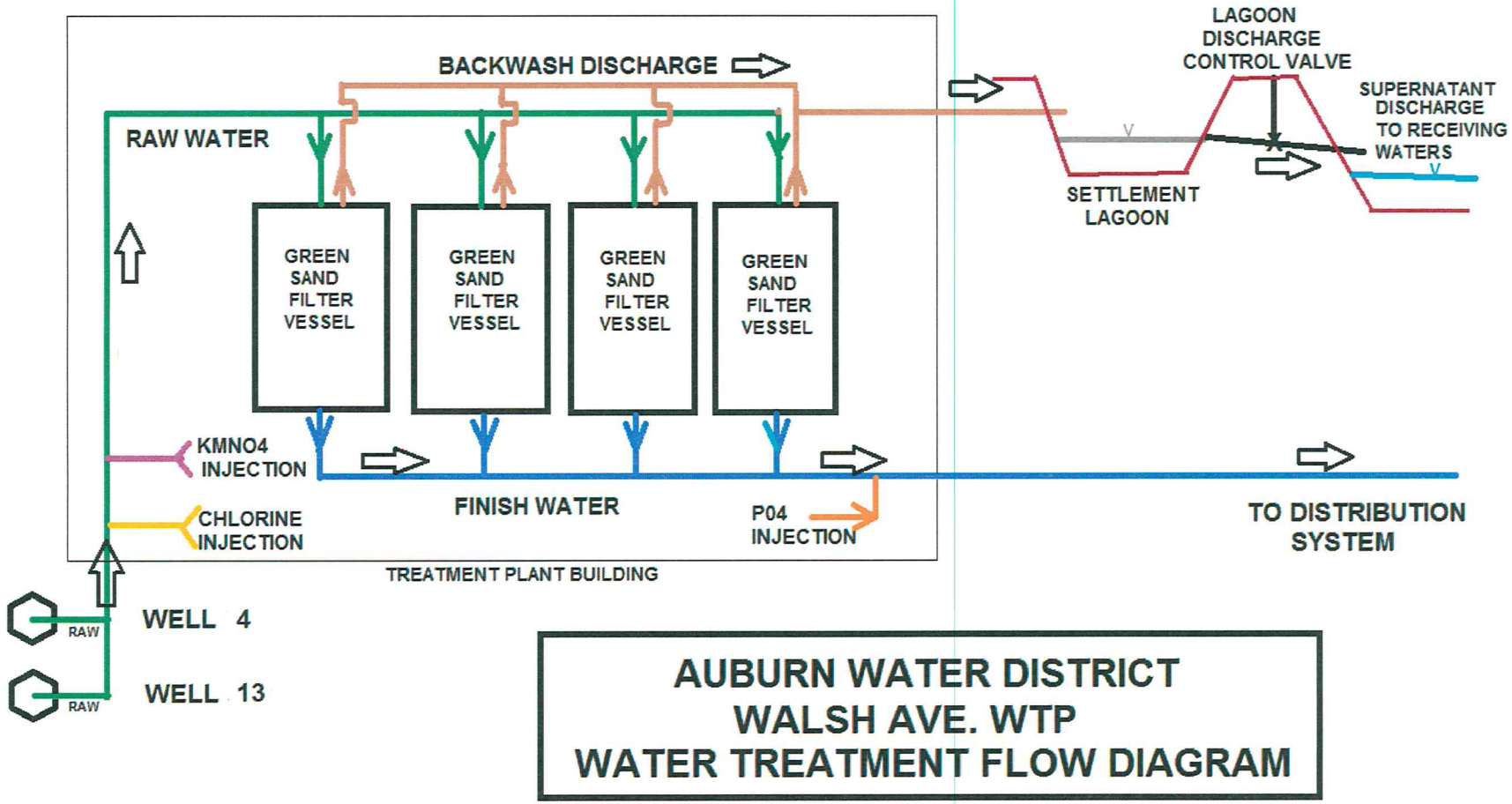
200 0 200 Feet

NGI
NORTHEAST GEOSCIENCE INC
Water Supply and Environmental Consulting

FIGURE 2

DISCHARGE/OUTFALL LOCATION
WALSH AVENUE WATER TREATMENT PLANT
AUBURN WATER DISTRICT
AUBURN, MASSACHUSETTS

NGI REF: WTP-NPDES	
Drafted By: MJM	Date: 8/24/2005
Source: Color Orthophotos; MassGIS (2001)	



AUBURN WATER DISTRICT
WALSH AVE. WTP
WATER TREATMENT FLOW DIAGRAM

United States Department of the Interior

FISH AND WILDLIFE SERVICE
New England Ecological Services Field Office
70 Commercial Street, Suite 300
Concord, NH 03301-5094
Phone: (603) 223-2541 Fax: (603) 223-0104
http://www.fws.gov/newengland

In Reply Refer To:
Consultation Code: 05E1NE00-2017-SLI-1818
Event Code: 05E1NE00-2017-E-03986
Project Name: Auburn Water District NPDES

June 09, 2017

Subject: List of threatened and endangered species that may occur in your proposed project location, and/or may be affected by your proposed project

To Whom It May Concern:

The enclosed species list identifies threatened, endangered, proposed and candidate species, as well as proposed and final designated critical habitat, that may occur within the boundary of your proposed project and/or may be affected by your proposed project. The species list fulfills the requirements of the U.S. Fish and Wildlife Service (Service) under section 7(c) of the Endangered Species Act (Act) of 1973, as amended (16 U.S.C. 1531 et seq.).

New information based on updated surveys, changes in the abundance and distribution of species, changed habitat conditions, or other factors could change this list. Please feel free to contact us if you need more current information or assistance regarding the potential impacts to federally proposed, listed, and candidate species and federally designated and proposed critical habitat. Please note that under 50 CFR 402.12(e) of the regulations implementing section 7 of the Act, the accuracy of this species list should be verified after 90 days. This verification can be completed formally or informally as desired. The Service recommends that verification be completed by visiting the ECOS-IPaC website at regular intervals during project planning and implementation for updates to species lists and information. An updated list may be requested through the ECOS-IPaC system by completing the same process used to receive the enclosed list.

The purpose of the Act is to provide a means whereby threatened and endangered species and the ecosystems upon which they depend may be conserved. Under sections 7(a)(1) and 7(a)(2) of the Act and its implementing regulations (50 CFR 402 et seq.), Federal agencies are required to utilize their authorities to carry out programs for the conservation of threatened and endangered species and to determine whether projects may affect threatened and endangered species and/or designated critical habitat.

A Biological Assessment is required for construction projects (or other undertakings having similar physical impacts) that are major Federal actions significantly affecting the quality of the

human environment as defined in the National Environmental Policy Act (42 U.S.C. 4332(2)(c)). For projects other than major construction activities, the Service suggests that a biological evaluation similar to a Biological Assessment be prepared to determine whether the project may affect listed or proposed species and/or designated or proposed critical habitat. Recommended contents of a Biological Assessment are described at 50 CFR 402.12.

If a Federal agency determines, based on the Biological Assessment or biological evaluation, that listed species and/or designated critical habitat may be affected by the proposed project, the agency is required to consult with the Service pursuant to 50 CFR 402. In addition, the Service recommends that candidate species, proposed species and proposed critical habitat be addressed within the consultation. More information on the regulations and procedures for section 7 consultation, including the role of permit or license applicants, can be found in the "Endangered Species Consultation Handbook" at:

http://www.fws.gov/endangered/esa-library/pdf/TOC-GLOS.PDF

Please be aware that bald and golden eagles are protected under the Bald and Golden Eagle Protection Act (16 U.S.C. 668 et seq.), and projects affecting these species may require development of an eagle conservation plan (http://www.fws.gov/windenergy/eagle_guidance.html). Additionally, wind energy projects should follow the wind energy guidelines (http://www.fws.gov/windenergy/) for minimizing impacts to migratory birds and bats.

Guidance for minimizing impacts to migratory birds for projects including communications towers (e.g., cellular, digital television, radio, and emergency broadcast) can be found at: http://www.fws.gov/migratorybirds/CurrentBirdIssues/Hazards/towers/towers.htm; http://www.towerkill.com; and http://www.fws.gov/migratorybirds/CurrentBirdIssues/Hazards/towers/comtow.html.

We appreciate your concern for threatened and endangered species. The Service encourages Federal agencies to include conservation of threatened and endangered species into their project planning to further the purposes of the Act. Please include the Consultation Tracking Number in the header of this letter with any request for consultation or correspondence about your project that you submit to our office.

Attachment(s):

- Official Species List

Official Species List

This list is provided pursuant to Section 7 of the Endangered Species Act, and fulfills the requirement for Federal agencies to "request of the Secretary of the Interior information whether any species which is listed or proposed to be listed may be present in the area of a proposed action".

This species list is provided by:

New England Ecological Services Field Office
70 Commercial Street, Suite 300
Concord, NH 03301-5094
(603) 223-2541

Project Summary

Consultation Code: 05E1NE00-2017-SLI-1818

Event Code: 05E1NE00-2017-E-03986

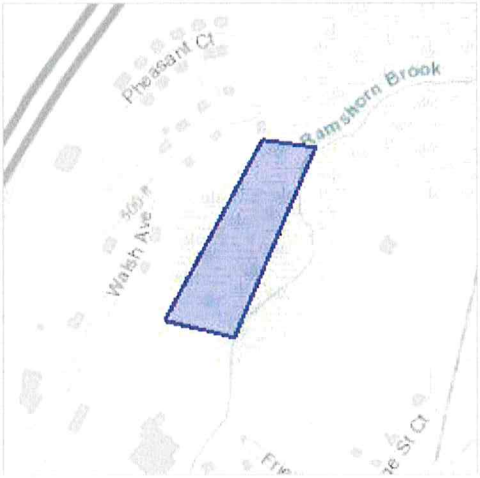
Project Name: Auburn Water District NPDES

Project Type: WATER SUPPLY / DELIVERY

Project Description: The Auburn Water District is submitting a Notice of Intent to USEPA for coverage under the NPDES General Permit for Potable water treatment facility discharges. The District discharges filter backwash water to Dunn's Brook.

Project Location:

Approximate location of the project can be viewed in Google Maps: https://www.google.com/maps/place/42.21046513083927N71.83363315226615W



Counties: Worcester, MA

Endangered Species Act Species

There is a total of 1 threatened, endangered, or candidate species on your species list. Species on this list should be considered in an effects analysis for your project and could include species that exist in another geographic area. For example, certain fish may appear on the species list because a project could affect downstream species. See the "Critical habitats" section below for those critical habitats that lie wholly or partially within your project area. Please contact the designated FWS office if you have questions.

Mammals

NAME	STATUS
Northern Long-eared Bat *(Myotis septentrionalis)*	Threatened

No critical habitat has been designated for this species.
Species profile: https://ecos.fws.gov/ecp/species/9045

Critical habitats

There are no critical habitats within your project area.