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September 6, 2017

United States Environmental Protection Agency
New England – Region 1
PWTF Coordinator (OEP06-1)
5 Post Office Square, Suite 100
Boston, MA 02109-3912

Attention: Olga Vergara

Subject: Rockport Department of Public Works
PWS-ID No: 325200
Notice of Intent - NPDES Potable Water Treatment Facility
General Permit #MAG640021

Dear Ms. Vergara:

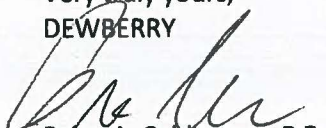
On behalf of the Town of Rockport, Dewberry Engineers Inc. (Dewberry) has prepared the Notice of Intent and supporting documentation for continuing coverage under the re-issued Potable Water Treatment Facility (PWTF) General Permit# MAG640021. Included for your review are the following:

- Copy of Updated Notice Of Intent
- Copy of Plan 1 showing location of Water Treatment Plant and Outfalls
- Copy of letter dated 05/13/13 with attachments for permit modifications to existing NPDES General Permit# MAG640021 dated 05/21/10

As described in the attached Notice of Intent (NOI), the Town has two existing permitted outfalls including: Outfall #001 which is an overflow discharge for the Town's two wash water holding lagoons; and Outfall #002 which is a raw water discharge from the Town's bedrock well supply. We have included a copy of the letter dated 05/13/13 regarding the addition of the bedrock well supply to the Town's existing NPDES General Permit which describes the details of the discharge source and includes water quality data for the bedrock well.

We appreciate the USEPA's review of the submitted NOI for continued coverage under the PWTF NPDES General Permit No. MAG640021 and hope that the information presented herein along with the supporting documentation attached is sufficient. If you need further clarification on some of the information presented, please give me a call (617-531-0748).

Very truly yours,
DEWBERRY



Peter A. Calderazzo, P.E.
Associate

Attachments



**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 Rockport	e-mail	jparisi@rockportma.gov
Street/PO Box	34 Broadway	City	Rockport
State	Massachusetts	Zip Code	01966
Contact Person	Joseph Parisi	Telephone Number	978-546-3525

2. Facility Operator (if different from above):

Name		e-mail (optional)	
Street/PO Box		City	
State		Zip Code	
Contact Person		Telephone Number	

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):

Name	Rockport Water Treatment Plant	e-mail (optional)	
Street/PO Box	3 DPW Way	City	Rockport
State	Massachusetts	Zip Code	01966
Contact Person	Chris Martin	Telephone Number	978546-6992
Facility Latitude	42 Degrees 38 minutes 38.3 seconds N	Facility Longitude	70 Degrees 37 minutes 43.8 seconds W

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:

SIC Code(s)	COM
Description(s)	Conventional rapid sand filtration and DAF/GAC filtration

5. Current Permitting Status (please check yes or no):

1. Has a prior NPDES permit been granted for the discharge? Yes ☒ (Permit Number: MAG640021)
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 MAG640021) 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 Cape Pond
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Reservoir
3. State Water Quality Classification: A Freshwater: x 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):

There is no discharge from the Water Treatment Plant. The spent washwater is recycled and any run over is stored in two holding lagoons (Outfall #1)

There is a raw water bedrock well that is pumped into Cape Pond to supplement water levels during high demand seasons (Outfall #2)

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 degrees 38 minutes 38.3 seconds N Longitude 70 degrees 37 minutes 43.8 seconds W

OUTFALL # Latitude 42 degrees 38 minutes 35.41 seconds N Longitude 70 degrees 37 minutes 34.7 seconds W

For each outfall:

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

Outfall#1 - Holding Lagoons, The first week of every month when discharging.

Outfall #2 - Bedrock well station. Once every week when operating

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):

25% sodium hydroxide and sodium bicarbonate

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:

<u>Characteristic (report if measured)</u>	<u>Average Monthly</u>	<u>Maximum Daily</u>
Discharge Flow (gpd)	<u>134,000</u>	<u>202,000</u>
TSS (mg/l)	<u>N/A</u>	<u>N/A</u>
pH (s.u.)	(min) <u>7.0</u>	(max) <u>7.5</u>
Total Recoverable Aluminum (ug/l)	<u>N/A</u>	<u>N/A</u>
Total Residual Chlorine (ug/l)	<u>N/a</u>	<u>N/a</u>

(continued on next page)

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 N/A and/or C-NOEC N/A

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 N/A cfs Dilution Factor N/A 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 **Joseph Parisi** Digitally signed by Joseph Parisi
DN: cn=Joseph Parisi, o=Town of Rockport, ou=DPW,
email=jparisi@rockportma.gov, c=US
Date: 2017.09.06 14:04:01 -0400 Date 09/06/17
Printed Name and Title Joseph Parisi, DPW Director

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



Dewberry Engineers Inc.
280 Summer Street, 10th Floor
Boston, MA 02210-1131
617.695.3400
617.695.3310 fax
www.dewberry.com

May 13, 2013

United States Environmental Protection Agency
New England – Region 1
5 Post Office Square, Suite 100
Boston, MA 02109-39122023

Attention: Shauna Little

Subject: Rockport Department of Public Works
PWS-ID No: 325200
Permit Modifications for Well Outfall #2
NPDES Potable Water Treatment Facility (PWTF)
General Permit #MAG640021

Dear Ms. Little:

On behalf of the Town of Rockport, Dewberry Engineers Inc. (Dewberry) has prepared this letter to request approval to include an additional potable water well outfall to the Town's PWTF General Permit# MAG640021. Included for your review are the following:

- Copy of Revised Notice Of Intent for Town's PWTF General Permit# MAG640021
- Copy of NPDES General Permit# MAG640021 dated 05/21/10
- Copy of NPDES PWTF Renewal letter from MassDEP dated 05/14/10
- Copy of raw water quality data for new potable water bedrock well
- Copy of finished water quality data for treated Cape Pond surface water reservoir

The existing permitted Outfall #001 under the current PWTF General Permit serves the Town's existing Water Treatment Plant (WTP) and discharges wastewater effluent from the water treatment processes into Cape Pond. The additional Well Outfall #002 being requested herein will serve the Town's new potable water bedrock well and will discharge untreated raw well water directly into the same Class A water body, Cape Pond, as the current permitted outfall.

Untreated raw water from the new 8-inch bedrock well will be pumped directly into the Town's surface water reservoir, Cape Pond, where it will be comingled prior to being pumped up to the Town's WTP for treatment via the existing raw water intake pump station. It is the Town's intent to operate the new well approximately 8 to 12 hours per day during the months of May through September when necessary to maintain the water levels in Cape Pond to meet high demand periods.

The new well has a DEP-approved pumping rate of 204 gallons per minute (gpm) with the potential to obtain a future approved pumping rate of 282 gpm. Based on operating 8 to 12 hours per day at the higher pumping rate of 280 gpm, the daily discharge volume of untreated well water into Cape Pond would be approximately 0.134 to 0.202 million gallons, respectively. The approved and potential future pumping rates are below the daily maximum flow rate of 1.0 MGD allowed under the General Permit.



The additional Well Outfall #002 for the new potable well supply will be monitored separately to ensure compliance with the effluent limits of the General Permit. Since the raw water from the new well will be discharged directly into Cape Pond without any treatment or chemical addition, there will be no residual chlorine or recoverable aluminum in the effluent. As shown on the attached water quality data for RW#2, which is the new well, the pH of the raw well water is approximately 7.1, which falls within the allowable range of the effluent limits for pH. Based on the minimum volume of well water to be discharged through the Well Outfall #002 as compared to the total volume of the receiving water in Cape Pond, there will be minimal impact to the natural background pH of Cape Pond.

One of the effluent limits to be monitored under the General permit is total suspended solids (TSS) which has an average discharge limit of 30 mg/l. The water quality data attached for the new well does not include TSS as one of the parameters tested. However, the turbidity of the raw well water was measured and as shown on the attached data, is approximately 0.45 ntu, which is on the lower side of the spectrum. Turbidity is closely related to TSS and typically low turbidity water tends to produce a low TSS. We anticipate that the discharge of the Well Outfall #002 will meet the TSS limit of 30 mg/l noted above. The Town will monitor the additional Well Outfall #002 for TSS in accordance with the requirements of the General Permit to ensure that the TSS limits are met.

From Page 5 of the General Permit under Footnote #11, monitoring for arsenic is required only when the PWTF is providing treatment for arsenic removal from the raw water source. The Town's WTP does not currently treat specifically for the removal of arsenic, however some arsenic is likely removed through the coagulation/filtration process utilized at the WTP. The Town is not required to sample for raw water arsenic as part of their approved treatment processes, and therefore, no historical raw water arsenic data for Cape Pond is available. The finished water arsenic level achieved at the WTP is below the minimum detectable level of 0.005 mg/l.

As shown on the attached water quality data for the new potable well, raw water arsenic and hardness concentrations were measured to be 0.013 mg/l and 86 mg/l respectively, which are below the surface water quality criteria of 0.015 mg/l based on a hardness of 100 mg/l. The Town will monitor the additional Well Outfall #002 for arsenic and hardness in accordance with the requirements of the General Permit. To address the impacts of discharging this new well into Cape Pond with respect to meeting drinking water standards per MassDEP, Dewberry had previously calculated the resulting raw water arsenic concentration from blending the new untreated potable well discharge with Cape Pond to be approximately 0.0062 mg/l, which is below the drinking water standard MCL of 0.010 mg/l.

SUMMARY

We appreciate the USEPA's review of the request to include the additional outfall discharge for the new potable water bedrock to the Town's NPDES General Permit No. MAG640021 and hope that the information presented herein along with the supporting documentation attached is sufficient.

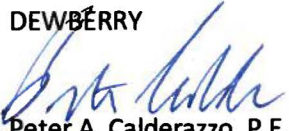
Ms. Shauna Little
USEPA – Region 1

May 13, 2013
Page 3 of 3

If there are any remaining questions, or if you need further clarification on some of the information presented, please give me a call (617-531-0748)

Very truly yours,

DEWBERRY



Peter A. Calderazzo, P.E.
Associate

Attachments

Cc: Kathleen Keohane, MassDEP Surface Water Permits
Joseph Parisi, Jr., Town of Rockport DPW Director

* PERMIT MODIFICATION FOR WELL OUTFALL #002

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

DEC 8 - 2009

A. Facility Information

1. Facility Owner:

Name Town of Rockport e-mail _____
Street/PO Box 34 Broadway City Town of Rockport
State Massachusetts Zip Code 01966
Contact Person Joe Pansi Telephone Number (978) 546-3525

2. Facility Operator (if different from above):

Name _____ e-mail (optional) _____
Street/PO Box _____ City _____
State _____ Zip Code _____
Contact Person _____ Telephone Number _____

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):

Name Rockport Water Treatment Plant e-mail (optional) rockportwaterplant@comcast.net
Street/PO Box 3 DPW Way City Town of Rockport
State Massachusetts Zip Code 01966
Contact Person Chris Martin Telephone Number (978) 546-6982
Facility Latitude 42° 38' 38.3" N Facility Longitude 70° 37' 43.8" W

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:

SIC Code(s) COM
Description(s) Conventional rapid sand filtration and DAF/GAC filtration

5. Current Permitting Status (please check yes or no):

1. Has a prior NPDES permit been granted for the discharge? Yes ☒ (Permit Number: MAG640021)
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 MAG640021) 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 Cape Pond
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Reservoir
3. State Water Quality Classification: x 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):

At present we do not discharge. Our spent washwater is recycled and any run over is stored in our two holding lagoons.

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

6. Number of outfalls: 12 Latitude and Longitude for each outfall (attach additional pages if necessary)
 OUTFALL # 001 Latitude 42° 38' 38.30" N Longitude 70° 37' 43.8" W
 OUTFALL # 002 Latitude 42° 39' 35.41" N Longitude 70° 37' 34.7" W

For each outfall:

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

Holding lagoons.. The first week of every month when discharging.

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):
25% sodium hydroxide (caustic soda) and sodium bicarbonate

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)	<u>134,000</u>	<u>202,000</u>
TSS (mg/l)	<u>-</u>	<u>-</u>
pH (s.u.)	(min) <u>7.0</u>	(max) <u>7.6</u>
Total Recoverable Aluminum (ug/l)	<u>-</u>	<u>-</u>
Total Residual Chlorine (ug/l)	<u>-</u>	<u>-</u>

(continued on next page)

DEC - 8 2009

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 NA and/or C-NOEC NA

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 NA cfs Dilution Factor 10 to 1 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

Printed Name and Title

WENDELL T. JACQUES, Chairman, Board of Supervisors
11/30/09

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

Town	Taxonomic Group	Scientific Name	Common Name	MESA Status	Federal Status	Most Recent Observation
ROCKPORT	Bird	<i>Ixobrychus exilis</i>	Least Bittern	E		2001
ROCKPORT	Bird	<i>Sterna dougallii</i>	Roseate Tern	E	E	1920
ROCKPORT	Bird	<i>Sterna hirundo</i>	Common Tern	SC		1920
ROCKPORT	Reptile	<i>Terrapene carolina</i>	Eastern Box Turtle	SC		1937
ROCKPORT	Vascular Plant	<i>Ophioglossum pusillum</i>	Adder's-tongue Fern	T		1928
ROCKPORT	Vascular Plant	<i>Platanthera flava</i> var. <i>herbiola</i>	Pale Green Orchis	T		1921
ROCKPORT	Vascular Plant	<i>Rumex pallidus</i>	Seabeach Dock	T		2006

Nothing in
discharge area.

Town	Taxonomic Group	Scientific Name	Common Name	MESA Status	Federal Status	Most Recent Observation
ROWE	Bird	<i>Haliaeetus leucocephalus</i>	Bald Eagle	E		Historic
ROWE	Dragonfly/Damselfly	<i>Boyeria grafiana</i>	Ocellated Darner	SC		1997
ROWE	Dragonfly/Damselfly	<i>Enallagma laterale</i>	New England Bluet	SC		2002
ROWE	Fish	<i>Catostomus catostomus</i>	Longnose Sucker	SC		2006
ROWE	Vascular Plant	<i>Alnus viridis</i> ssp. <i>crispa</i>	Mountain Alder	T		2004
ROWE	Vascular Plant	<i>Carex lenticularis</i>	Shore Sedge	T		2006
ROWE	Vascular Plant	<i>Corallorhiza odontorhiza</i>	Autumn Coralroot	SC		2002
ROWE	Vascular Plant	<i>Lygodium palmatum</i>	Climbing Fern	SC		1915
ROWE	Vascular Plant	<i>Myriophyllum farwellii</i>	Farwell's Water-milfoil	E		2006
ROWE	Vascular Plant	<i>Ophioglossum pusillum</i>	Adder's-tongue Fern	T		1988
ROWE	Vascular Plant	<i>Platanthera flava</i> var. <i>herbiola</i>	Pale Green Orchis	T		2005
ROWE	Vascular Plant	<i>Ribes lacustre</i>	Bristly Black Currant	SC		2003
ROWE	Vascular Plant	<i>Triphora trianthophora</i>	Nodding Pogonia	E		2006
ROWE	Vascular Plant	<i>Trisetum spicatum</i>	Spiked False Oats	E		1989



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region 1

5 Post Office Square - Suite 100

Boston, MA 02109-3912

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

May 21, 2010

**Mr. Joe Parisi
Rockport Water Treatment Plant
Town of Rockport
34 Broadway
Rockport, MA 01966**

**RE: NPDES General Permit for Potable Water Treatment Facilities – No. MAG640021 for
Rockport Water Treatment Plant in Rockport, MA**

Dear Mr. Parisi:

Based on the review of your notice of intent (NOI), the U.S. Environmental Protection Agency (EPA) hereby authorizes you to discharge in accordance with the provisions of the Potable Water Treatment Facility General Permit (PWTFGP) No. MAG640000. Your General Permit Number is indicated above and should be referenced on all correspondence.

Your permitted discharge is to Cape Pond, a Class A waterbody as designated by the Massachusetts Department of Environmental Protection (MassDEP). To date, the plant has not discharged. Therefore, EPA grants the facility PWTFGP coverage with the condition that you sample your discharge during the next discharge event and characterize the effluent with the data required in the PWTFGP NOI. The results of the sampling shall be submitted to EPA within 30 days of the start of the discharge event to the address for Jessica Hing listed below:

**U.S. Environmental Protection Agency
Attn: Jessica Hing
5 Post Office Square – OEP06-04
Boston, MA 02109-3912**

A review of data submitted may result in EPA requiring the facility to submit an application for an individual permit application or resubmitting a PWTFGP NOI with an updated Best Management Practices (BMP) plan.

As a convenience, the enclosed effluent limitations summary page for Outfall 001 is provided and is based on the information provided in your NOI. The summary page includes effluent limitations and monitoring requirements applicable to your discharge. The summary does not represent the complete requirements of the PWTFGP. Permittees must comply with all of the applicable requirements of this general permit including effluent monitoring, state permit

conditions, administrative aspects, additional permit conditions, Best Management Practices (BMP) plan, and standard conditions including reporting requirements. The complete PWTFGP and other related information can be found at <http://www.epa.gov/region1/npdes/pwtfgp.html>.

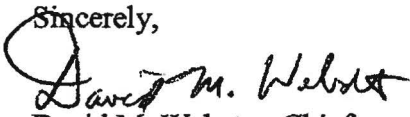
EPA has developed a web-based tool named "NetDMR" that allows permittees to electronically submit their discharge monitoring reports (DMRs) and other reports to EPA via a secure internet connection. NetDMR is now available for use at facilities in New Hampshire and Massachusetts, and information concerning NetDMR can be found at <http://www.epa.gov/netdmr>. Although the PWTFGP does not currently require the use of NetDMR, EPA expects that future permits will include a requirement for its use. Accordingly, EPA is requesting that all permittees subject to the requirements of the PWTFGP consider using NetDMR during this permit cycle. In order to begin using NetDMR a facility must participate in some initial training which is provided at no cost by EPA. Please contact Norma Mason at (617) 918-1879 or Neil Handler at (617) 918-1334 if you are interested in registering for the NetDMR training or have questions about the use of NetDMR.

A supply of DMR forms to be used by the permittee to report monitoring results will be mailed to you under separate cover. These forms are to be used to enter the facility data and reporting requirements for each period until this permit expires or until the facility is approved by EPA to use NetDMR. If more than one page per reporting cycle is used, please enter all repetitious data, such as facility name, address, NPDES number, outfall number and applicable limits on each page. These forms shall be completed and postmarked no later than the 15th day of the month following the completed reporting period. *Signed and dated originals of the DMRs, and all other reports required herein, shall be submitted to the appropriate State address listed in the general permit and to the EPA address listed below:*

U.S. Environmental Protection Agency
Water Technical Unit
5 Post Office Square, Suite 100 (OES04-4)
Boston, MA 02109-3912

This general permit and authorization to discharge expire August 31, 2014, unless otherwise provided for in Part 6.2 of the PWTFGP. We appreciate your cooperation in applying for coverage under this general permit. If you have any questions regarding this permit, please contact Olga Vergara at (617) 918-1519. Technical questions should be addressed to Jessica Hing at (617) 918-1560.

Sincerely,


David M. Webster, Chief
Industrial Permits Branch
Office of Ecosystem Protection

Enclosure
cc: Kathleen Keohane, MassDEP

Summary of specific numeric effluent limitations and monitoring requirements: NPDES General Permit for Potable Water Treatment Facility – No. MAG640021 for Rockport Water Treatment Plant in Rockport, MA

This summary is provided as a convenience using the submitted NOI information and it does not replace the effluent limitations and monitoring requirements, and other conditions set forth in the PWTFGP.

During the period beginning on the effective date and lasting through expiration, the permittee is authorized to discharge potable water treatment facility wastewater through Outfall 001. The outfall shall be limited and monitored as summarized below.

Effluent Characteristics		Discharge Limitations		Monitoring Requirements	
Parameter	Units	Avg. Monthly	Max Daily	Monitoring Frequency	Sample Type
Flow	MGD	Report	1.0	1/Week	Estimate or Totalizer
TSS	mg/l	30	50	1/Week	Composite
pH (Class A and B)	std units	6.5-8.3 range		1/Week	Grab
Total Residual Chlorine	ug/l	See Part 1.2.3 of the PWTFGP		1/Week	Grab
Aluminum, Total Recoverable	ug/l	---	Report	1/Month	Composite
LC ₅₀ & NOEC	%	See Part 1.2.4 of the PWTFGP			Composite



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY & ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Watershed Management, 627 Main Street 2nd Floor, Worcester, MA 01608

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

IAN A. BOWLES
Secretary

LAURIE BURT
Commissioner

May 14, 2010

Jessica Hing OEP06-04
US EPA - Region 1
5 Post Office Square
Boston, MA 02109-3912

**Re: Rockport Water Treatment Plant
NPDES PWTF Renewal - MAG640021**

Dear Ms. Hing:

The Department of Environmental Protection, Division of Watershed Management, has reviewed the notice of intent for this facility to be covered under the NPDES Potable Water Treatment Facility General Permit. The Department concurs that this facility should be authorized to discharge to Cape Pond, a Class A waterbody in the North Coastal watershed (MA93011).

Since this facility recycles and is not likely to discharge, it was not included in the USGS Aluminum Study. Therefore, the dilution ratio is 10:1.

Until they receive formal notification from you, they remain covered under the 2000 general permit.

Please email me at Kathleen.Keohane@state.ma.us or call me at 508-767-2856 if you have any questions.

Very truly yours,

A handwritten signature in cursive script that reads "Kathleen Keohane".

Kathleen Keohane
Environmental Engineer

cc: Joe Parisi/ Rockport

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

SECONDARY CONTAMINANT REPORT
(Nashoba Analytical Replacement FORM #12.2)

I. PWS INFORMATION:

1. PWS ID#: 3252000 2. City/Town: Rockport
3. PWS Name: Rockport Water Department 4. PWS Class (circle one): COM, NTNC, NC
5. DEP Source Code/Location ID 6. Sample Location 7. Date Collected 8. Collected by:
A: RW #2 9/27/2007 T. Morine
B: _____
C: _____
D: _____
9. Is the source Treated? 10. Was the sample collected after treatment?
11. Manifolded: [] If applicable, list the connected sources:
12. Routine [X] Special [] (explain below)
Notes: _____

II. LABORATORY ANALYTICAL INFORMATION:

Lab Name: Nashoba Analytical, LLC Lab Cert.#: M-MA1118
Subcontracted? Y (use symbols to relate each analyte to a specific lab)
Sub Lab Name: Premier Laboratory, LLC Sub Lab Cert.# M-CT008
Composited [] If applicable, list the composited sources:
Lab Symbol "P" = Subcontracted to Premier Laboratory LLC
Notes: _____

	Analytical Method	Detection Limit mg/L	Date Analyzed	Results mg/L				Lab Symbol
				A	B	C	D	
Lab Sample ID	---	---	---	3252				
Turbidity NTU	EPA 180.1	0.1	9/27/07	0.45				
TDS	SM 2540C	1	10/02/07	176				
Color (Color units)	SM 2120B	1	9/27/07	18				
Odor(TON)	SM 2150B	1	9/27/07	1				
pH	SM 4500-H-B	-	9/27/07	7.1				
Alkalinity-Total (CaCO ₃)	SM 2320B	1	10/05/07	80				
Hardness (CaCO ₃)	SM 2340C	2	10/5/07	86				
Calcium(Ca)	SM 3500-CA-B	1	10/5/07	23.2				
Magnesium(Mg)	SM 3500-MG-B	1	10/5/07	6.8				
Aluminum(Al)	EPA 200.8	0.01	10/03/07	ND				P
Potassium(K)	EPA 200.7	0.2	10/04/07	1.4				P
Iron (Fe)	EPA 200.7	0.05	10/04/07	3.6				P
Manganese(Mn)	EPA 200.7	0.001	10/04/07	0.27				P
Sulfate(SO ₄)	EPA 300.0	1.0	9/28/07	5.1				

PWSID#: 3252000


(Form #12.2)

Town: Rockport

SEC_CON
page 2 of 2

	Analytical Method	Detection Limit mg/L	Date Analyzed	Results mg/L				Lab Symbol
				A	B	C	D	
Chloride (Cl)	EPA 300.0	1.0	9/28/07	15.1				
Silver (Ag)	EPA 200.8	0.001	10/03/07	ND				P
Copper (Cu)	EPA 200.8	0.001	10/03/07	ND				P
Zinc (Zn)	EPA 200.8	0.005	10/03/07	0.008				P

Laboratory Director Signature and Date

 10/24/07

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

For DEP/DWS USE ONLY: PLEASE INITIAL & DATE AS COMPLETED

Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

IOC

1. PWS ID#: 3252000 2. City/Town: Rockport
3. PWS Name: Rockport Water Department 4. PWS Class (circle one): COM, NTNC, NC
5. DEP Source Code/Location ID 6. Sample Location 7. Date Collected 8. Collected by
RW #2 9/27/07 T. Morine
9. Is the Source Treated? 10. Was the Sample Collected after Treatment?
1. Manifolded [] If applicable, list the connected sources:

Notes:

Lab Name: Nashoba Analytical, LLC Lab Cert.# MA1118
Subcontracted? (Y,N) Y Lab Sample ID#: 3252
(Use symbols to related each analyte to a specific lab):
Sub. Lab Name: Premier Laboratory, LLC # M-CT008 Lab Symbol: P
Sub. Lab Name: _____ # _____ Lab Symbol: _____
Composite() If applicable, list the composited sources (DEP Source Code/Location ID#):

Notes:

Compound (regulated)	Lab Sample ID#	Result mg/L	MCL mg/L	Detection Limit mg/L	Analytical Method	Date Analyzed	Lab Symbol
Arsenic	3252	0.013	0.01	0.005	EPA 200.8	10/3/2007	P
Barium	3252	0.085	2.0	0.005	EPA 200.8	10/3/2007	P
Cadmium	3252	ND	0.005	0.001	EPA 200.8	10/3/2007	P
Chromium	3252	0.001	0.1	0.001	EPA 200.8	10/3/2007	P
Fluoride*	3252	0.5	4.0	0.1	EPA 300.0	9/28/2007	
Mercury**	3252	ND	0.002	0.0002	EPA 245.2	10/1/2007	P
Selenium	3252	ND	0.05	0.005	EPA 200.8	10/3/2007	P
Sodium	3252	11	none	0.05	EPA 200.7	10/4/2007	P
Antimony	3252	ND	0.006	0.001	EPA 200.8	10/3/2007	P
Beryllium	3252	ND	0.004	0.001	EPA 200.8	10/3/2007	P
Nickel	3252	ND	none	0.001	EPA 200.8	10/3/2007	P
Thallium	3252	ND	0.002	0.001	EPA 200.8	10/3/2007	P
Cyanide	3252	ND	0.2	0.01	SM 4500-CN-E	10/2/2007	P
Compound (unregulated)	Lab Sample ID#	Result mg/L	MCL mg/L	Detection Limit mg/L	Analytical Method	Date Analyzed	Lab Symbol
Sulfate	3252	5.1	None	1.0	EPA 300.0	9/28/2007	

Comments:

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

NITRATE REPORT
(FORM #1B.2)

I. PWS INFORMATION:

1. PWS ID#: 3252000 2. City/Town: Rockport
 3. PWS Name: Rockport Water Department 4. PWS Class (circle one): COM, NTNC, NC
 5. DEP Source Code/Location ID 6. Sample Location 7. Date Collected 8. Collected by:
 A: RW #2 9/27/2007 T. Morine
 B: _____
 C: _____
 D: _____

9. Is the source Treated? 10. Is the sample Chlorinated?
 11. Was the sample collected after treatment?
 12. Manifolder: [] If applicable, list the connected sources:
 13. Routine [X] Special [] (explain below)

Notes: _____

II. LABORATORY ANALYTICAL INFORMATION:

Lab Name: Nashoba Analytical, LLC Lab Cert.#: MA1118
 Subcontracted? No
 Sub Lab Name: _____ Sub Lab Cert.#: _____
 Compositing [] If applicable, list the composited sources:

Notes: _____

	Sample A	Sample B	Sample C	Sample D
Result (mg/L)	ND			
MCL (mg/L)	10.0			
Detection Limit (mg/L)	0.05			
Analytical Method	EPA 300.0			
Date Analyzed*	9/28/07			
Lab Sample ID#	3252			

* Holding time for chlorinated samples is 48 hours. Holding time for non-chlorinated samples is 14 days.

Laboratory Director Signature and Date

David L. Huaworth 10/24/07

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

For DEP/DWS USE ONLY: PLEASE INITIAL & DATE AS COMPLETED

Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

NITRITE REPORT
(FORM #1C.2)

1. PWS ID#: 3252000

2. City/Town: Rockport

3. PWS Name: Rockport Water Department

4. PWS Class (circle one): COM, NTNC, NC

5. DEP Source Code/Location ID

6. Sample Location

7. Date Collected

8. Collected by:

A: RW #2 9/27/2007 T. Morine

9. Is the source treated?

10. Was the sample collected after treatment?

11. Manifolded: []

If applicable, list the connected sources:

12. Routine [X]

Special[]

(explain below)

Notes: _____

Lab Name: Nashoba Analytical, LLC

Lab Cert.#: MA1118

Subcontracted? No

Sub Lab Name:

Sub.Lab Cert.#:

Composited[] If applicable, list the composited sources:

Notes:

	Sample A	Sample B	Sample C	Sample D
Result (mg/L)	ND			
MCL (mg/L)	1.0			
Detection Limit (mg/L)	0.01			
Analytical Method	EPA 300.0			
Date Analyzed*	9/28/07			
Lab Sample ID#	3252			

Laboratory Director Signature and Date

David H. Lumsden 10/24/07

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

For DEP/DWS USE ONLY: PLEASE INITIAL & DATE AS COMPLETED

Accepted:	Disapproved:	Data entered into WQTS:
Comments:		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 3252000

City / Town: ROCKPORT

PWS Name: ROCKPORT WATER DEPT

PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Date Collected	Collected By
A	10002	WTP-FINISHED WATER (1S,2S,6S,2G)	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	10/23/12	C. Martin
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
			(1) Reason for Resubmission		(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).						
A						
B						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:

M-MA086

Primary Lab Name:

Alpha Analytical

Subcontracted? (Y/N)

N

Analysis Lab MA Cert. #:

M-MA086

Analysis Lab Name:

Alpha Analytical

Compound	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.05	200.7	11/2/12	L1219061-01
MANGANESE (mg/L)	0.020		0.05*	0.01	200.7	11/2/12	L1219061-01
ALKALINITY (mg/L as CaCO3)	18		None	2	2320B	10/30/12	L1219061-01
CALCIUM (mg/L)	3.1		None	0.1	200.7	11/2/12	L1219061-01
MAGNESIUM (mg/L)	1.4		None	0.1	200.7	11/2/12	L1219061-01
HARDNESS (mg/L as CaCO3)	14		None	0.66	200.7	11/2/12	L1219061-01
POTASSIUM (mg/L)	ND		None	2.5	200.7	11/2/12	L1219061-01
TURBIDITY (NTU)	ND		None	0.2	180.1	10/23/12	L1219061-01
ALUMINUM (mg/L)	ND		0.2	0.1	200.7	11/2/12	L1219061-01
CHLORIDE (mg/L)	37		250	0.5	300.0	10/27/12	L1219061-01
COLOR (C.U.)	16		15	5	2120B	10/23/12	L1219061-01
COPPER (mg/L)	ND		1	0.01	200.7	11/2/12	L1219061-01
ODOR (T.O.N)	No Odor		3	1	2150B	10/23/12	L1219061-01
pH	7.4		6.5-8.5	-	150.1	10/23/12	L1219061-01
SILVER (mg/L)	ND		0.10	0.007	200.7	11/2/12	L1219061-01
SULFATE (mg/L)	19		250	1	300.0	10/27/12	L1219061-01
TDS (mg/L)	110		500	10	2540C	10/29/12	L1219061-01
ZINC (mg/L)	ND		5	0.05	200.7	11/2/12	L1219061-01

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES

A

B

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

11/13/12

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Massachusetts Department of Environmental Protection - Drinking Water Program IOC

Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 3252000 City / Town: ROCKPORT
PWS Name: Rockport Water Dept PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information <small>*Please note all samples are considered representative of finished water if there is no treatment applied.</small>	Date Collected	Collected By
10002	WTP-FINISHED WATER (1S,2S,6S,2G)	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	8/17/2011	Chris Martin
Routine or Special Sample		If Resubmitted Report, list below:		
Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission (2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA-103 Primary Lab Name: Groundwater Analytical, Inc. Subcontracted? (Y/N) N

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
ANTIMONY	ND	0.006	0.006	EPA 200.8	8/31/2011	M-MA-103	Groundwater Analytical, I	144475-2
ARSENIC	ND	0.010	0.005	EPA 200.8	8/31/2011	M-MA-103	Groundwater Analytical, I	144475-2
BARIUM	ND	2	0.05	EPA 200.7	9/2/2011	M-MA-103	Groundwater Analytical, I	144475-2
BERYLLIUM	ND	0.004	0.002	EPA 200.7	9/2/2011	M-MA-103	Groundwater Analytical, I	144475-2
CADMIUM	ND	0.005	0.0025	EPA 200.7	9/2/2011	M-MA-103	Groundwater Analytical, I	144475-2
CHROMIUM	ND	0.1	0.01	EPA 200.7	9/2/2011	M-MA-103	Groundwater Analytical, I	144475-2
CYANIDE	ND	0.2	0.01	EPA 335.4	9/31/2011	M-MA-103	Groundwater Analytical, I	144475-04
FLUORIDE ¹	1.1	4.0	0.04	EPA 300.0	8/31/2011	M-MA-103	Groundwater Analytical, I	144475-03
MERCURY ²	ND	0.002	0.0002	EPA 245.1	9/1/2011	M-MA-103	Groundwater Analytical, I	144475-2
NICKEL	ND	0.1*	0.04	EPA 200.7	9/2/2011	M-MA-103	Groundwater Analytical, I	144475-2
SELENIUM	ND	0.05	0.005	EPA 200.8	8/31/2011	M-MA-103	Groundwater Analytical, I	144475-2
SODIUM	31	20*	1.0	EPA 200.7	9/2/2011	M-MA-103	Groundwater Analytical, I	144475-2
THALLIUM	ND	0.002	0.002	EPA 200.8	8/31/2011	M-MA-103	Groundwater Analytical, I	144475-2

¹Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.²Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.

*No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample.
Yes <input type="checkbox"/>	
LAB SAMPLE NOTES	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 9/13/2011

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		