

TOWN OF NEWPORT/WWTF
PUTNAM ROAD
NEWPORT, NH 03773-1497
603-863-4338
AUGUST 25, 2009

9/4/09
received
NH6910047

USEPA -REGION 1
1 CONGRESS STREET, SUITE 1100
INDUSTRIAL NPDES PERMITS (CIP)
BOSTON, MA 02114-2023
ATTN: SHELLY PULEO

RE: Notice of Intent- Filing for Remediation General Permit for Former Dorr Woolen lagoons Discharge, NPDES #NH0100307

Dear Ms. Puleo:

Please find enclosed the necessary NOI for filing for a remediation general permit to replace the existing NPDES discharge permit #NH0100307. This discharge request covers the former industrial wastewater lagoons located at the Dorr Woolen mills in Guild NH and owned by the Town of Newport, NH.

Additional information relative to the permit application filing and the current operation of the lagoons: There has been no influent flow into the lagoons for over 5 years now and that is the reason that there is no data provided for in the permit request, for influent parameters, everything was checked 'Believe Absent'. Currently the only flow entering the 4 lagoons is moisture from atmospheric deposition or storm water runoff. The last discharge from the lagoons was September of 2008 and there are no plans this year to have any discharge from them as they seem to be maintaining a safe static level. Any past testing that was done as a result of required discharges under the NPDES permit has not shown any violations in the WET or chemical phases of the testing.

In Section 2c of the permit request, I have no idea when we might have to discharge again from the lagoons, hopefully not until late next year, if the need arises. For Section 2d, I have included an original drawing showing how flows pass through the lagoons, but 1) there are not sources of intake water other than what I mentioned in the second paragraph, 2) there are no longer an contributing flows from any operations, 3) the only treatment units are the 4 lagoons themselves, 4) there is only one discharge point and it is clearly marked in red marker on the map. There is also a larger drawing showing lagoon layout and a copy of a topo. map showing the location of the lagoons relative to other features in Town that I have included in this application package.

Should you need any further information or have any questions please feel free to give me a call here at the plant, at 603-863-4338, Mon-Thurs. Thank you.

Sincerely:

Arnold L. Greenleaf/Plant Supt.

Cc: Larry Wiggins, Town of Newport DPW, Whole package
Daniel P. O'Neill, Town Manager, cover letter only
Nicole Kowalski, USEPA -Permits, cover letter only
NHDES / WEB -Whole package
FILE, USEPA permits

B. Suggested Form for Notice of Intent (NOD) for the Remediation General Permit

1. General site information. Please provide the following information about the site:

a) Name of facility/site: Dorr Woolen Industrial lagoons		Facility SIC code(s): ?		Facility/site address: Dorr Industrial lagoons	
Location of facility/site: longitude: 72-08-27" latitude: 43-22-29"		Street: Rte. 11-103		Town: Guild	
b) Name of facility/site owner: Town of Newport NH		State: NH		Zip: 03773	
Email address of owner:		County: Sullivan		Owner is (check one): 1. Federal _____ 2. State/Tribal _____	
Telephone no. of facility/site owner: 603-863-4338		3. Private _____ 4. other, if so, describe: Municipal Govt.		Street: 15 Sunapee St.	
Fax no. of facility/site owner: 603-863-8008		Town: Newport		State: NH	
Address of owner (if different from site):		Zip: 03773		County: Sullivan	
c) Legal name of operator: Arnold L. Greenleaf for the Town of Newport NH		Operator telephone no.: 603-863-4338		Operator fax no.: 603-863-8008	
Operator contact name and title: Arnold L. Greenleaf for the Town of Newport NH, Plant Supt for municipal WWTF		Operator email:		Operator contact name and title: Arnold L. Greenleaf for the Town of Newport NH, Plant Supt for municipal WWTF	
Address of operator (if different from owner):		Street: 20 Putnam Road		Town: Newport	
Town: Newport		State: NH		Zip: 03773	
County: Sullivan		County: Sullivan		County: Sullivan	

d) Check "yes" or "no" for the following:

1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ___ No , if "yes," number: _____
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ___ No , if "yes," date and tracking #: _____
3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes ___ No
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes ___ No ___

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes No If "yes," please list:
 1. site identification # assigned by the state of NH or MA:
 2. permit or license # assigned:
 3. state agency contact information: name, location, and telephone number:

f) Is the site/facility covered by any other EPA permit, including:
 1. multi-sector storm water general permit? Y N ; if Y, number:
 2. phase I or II construction storm water general permit? Y N ; if Y, number:
 3. individual NPDES permit? Y N ; if Y, number: NH-0100307
 4. any other water quality related permit? Y N ; if Y, number:

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage:

Currently there has been no flow into the lagoons from the mill for 6 years now and they are filling up with stormwater & snow melt. If we do not discharge from them occasionally they will overflow causing problems downstream. At the rate now it appears we will need to discharge from them about once a year.

b) Provide the following information about each discharge:	1) Number of discharge points:	2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft ³ /s)? Max. flow _____ Average flow _____ Is maximum flow a design value? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. Discharge flow based on MGD through 8" pipe in outfall structure. Usually averages 0.9 MGD per day when we are discharging and does not exceed 1.1 MGD in a 24 hr period.
	1	

3) Latitude and longitude of each discharge within 100 feet: pt. 1: long. 72-08-27 lat. 43-22-28; pt. 2: long. _____ lat. _____; pt. 3: long. _____ lat. _____; pt. 4: long. _____ lat. _____; pt. 5: long. _____ lat. _____; pt. 6: long. _____ lat. _____; pt. 7: long. _____ lat. _____; pt. 8: long. _____ lat. _____; etc.

4) If hydrostatic testing, total volume of the discharge (gals):
 N/A
 5) Is the discharge intermittent or seasonal ? Done only when required
 Is discharge ongoing: Yes No ?

c) Expected dates of discharge (mm/dd/yy): start _____ end _____

d) Please attach a line drawing or flow schematic showing water flow through the facility including:
 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is believed present or believed absent in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	✓									
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons	✓									
4. Cyanide	✓									
5. Benzene	✓									
6. Toluene	✓									
7. Ethylbenzene	✓									
8. (m,p,o) Xylenes	✓									
9. Total BTEX ⁴	✓									

⁴ BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide ⁵ (1,2-Dibromo-methane)	✓									
11. Methyl-tert-Butyl Ether (MTBE)	✓									
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓									
14. Naphthalene	✓									
15. Carbon Tetrachloride	✓									
16. 1,4 Dichlorobenzene	✓									
17. 1,2 Dichlorobenzene	✓									
18. 1,3 Dichlorobenzene	✓									
19. 1,1 Dichloroethane	✓									
20. 1,2 Dichloroethane	✓									
21. 1,1 Dichloroethylene	✓									
22. cis-1,2 Dichloroethylene	✓									
23. Dichloromethane (Methylene Chloride)	✓									
24. Tetrachloroethylene	✓									

⁵EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓									
26. 1,1,2 Trichloroethane	✓									
27. Trichloroethylene	✓									
28. Vinyl Chloride	✓									
29. Acetone	✓									
30. 1,4 Dioxane	✓									
31. Total Phenols	✓									
32. Pentachlorophenol	✓									
33. Total Phthalates ⁶ (Phthalate esthers)	✓									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓									
a. Benzo(a) Anthracene	✓									
b. Benzo(a) Pyrene	✓									
c. Benzo(b) Fluoranthene	✓									
d. Benzo(k) Fluoranthene	✓									
e. Chrysene	✓									

⁶The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
t. Dibenzo(a,h) anthracene	✓									
g. Indeno(1,2,3-cd) Pyrene	✓									
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓									
h. Acenaphthene	✓									
i. Acenaphthylene	✓									
j. Anthracene	✓									
k. Benzo(ghi) Perylene	✓									
l. Fluoranthene	✓									
m. Fluorene	✓									
n. Naphthalene-	✓									
o. Phenanthrene	✓									
p. Pyrene	✓									
37. Total Polychlorinated Biphenyls (PCBs)	✓									
38. Antimony	✓									
39. Arsenic	✓									
40. Cadmium	✓									
41. Chromium III	✓									
42. Chromium VI	✓									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	<input checked="" type="checkbox"/>									
44. Lead	<input checked="" type="checkbox"/>									
45. Mercury	<input checked="" type="checkbox"/>									
46. Nickel	<input checked="" type="checkbox"/>									
47. Selenium	<input checked="" type="checkbox"/>									
48. Silver	<input checked="" type="checkbox"/>									
49. Zinc	<input checked="" type="checkbox"/>									
50. Iron	<input checked="" type="checkbox"/>									
Other (describe):										

c) For discharges where metals are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y ___ N <input checked="" type="checkbox"/></p> <p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: N/A DF: _____</p>	<p>If yes, which metals?</p> <p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y ___ N <input checked="" type="checkbox"/> If "Yes," list which metals: _____</p>
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4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system: **4 old stabilization ponds, isolated from the mill.**

b) Identify each applicable treatment unit (check all that apply):

Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter
Chlorination	Dechlorination	Other (please describe): There is no other treatment eqt. involved with these lagoons any lon			

c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system:
 Average flow rate of discharge **0.9 MGD** Maximum flow rate of treatment system **n/a** Design flow rate of treatment system **n/a**

d) A description of chemical additives being used or planned to be used (attach MSDS sheets): **None.**

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway: Direct Within facility Storm drain River/brook Wetlands Other (describe):

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:
The flow is discharged out of the spill way located at the lower corner of lagoon #4 and marked on the map. From there the flow goes directly to the Sugar

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:
 1. For multiple discharges, number the discharges sequentially.
 2. For indirect discharges, indicate the location of the discharge to the indirect conveyance and the discharge to surface water
 The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.

d) Provide the state water quality classification of the receiving water **B**

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water **Unknown at that site.** cfs
 Please attach any calculation sheets used to support stream flow and dilution calculations.

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes No If yes, for which pollutant(s)?
 Is there a TMDL? Yes No If yes, for which pollutant(s)? **Nutrients**

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

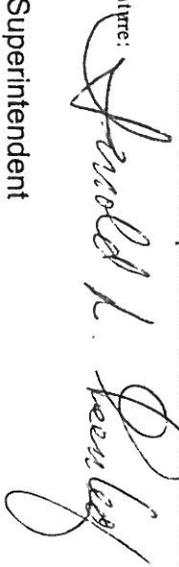
a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes No
Has any consultation with the federal services been completed? Yes No or is consultation underway? Yes No
What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):
a "no jeopardy" opinion? or written concurrence on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?
Yes No Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes No

7. Supplemental information:

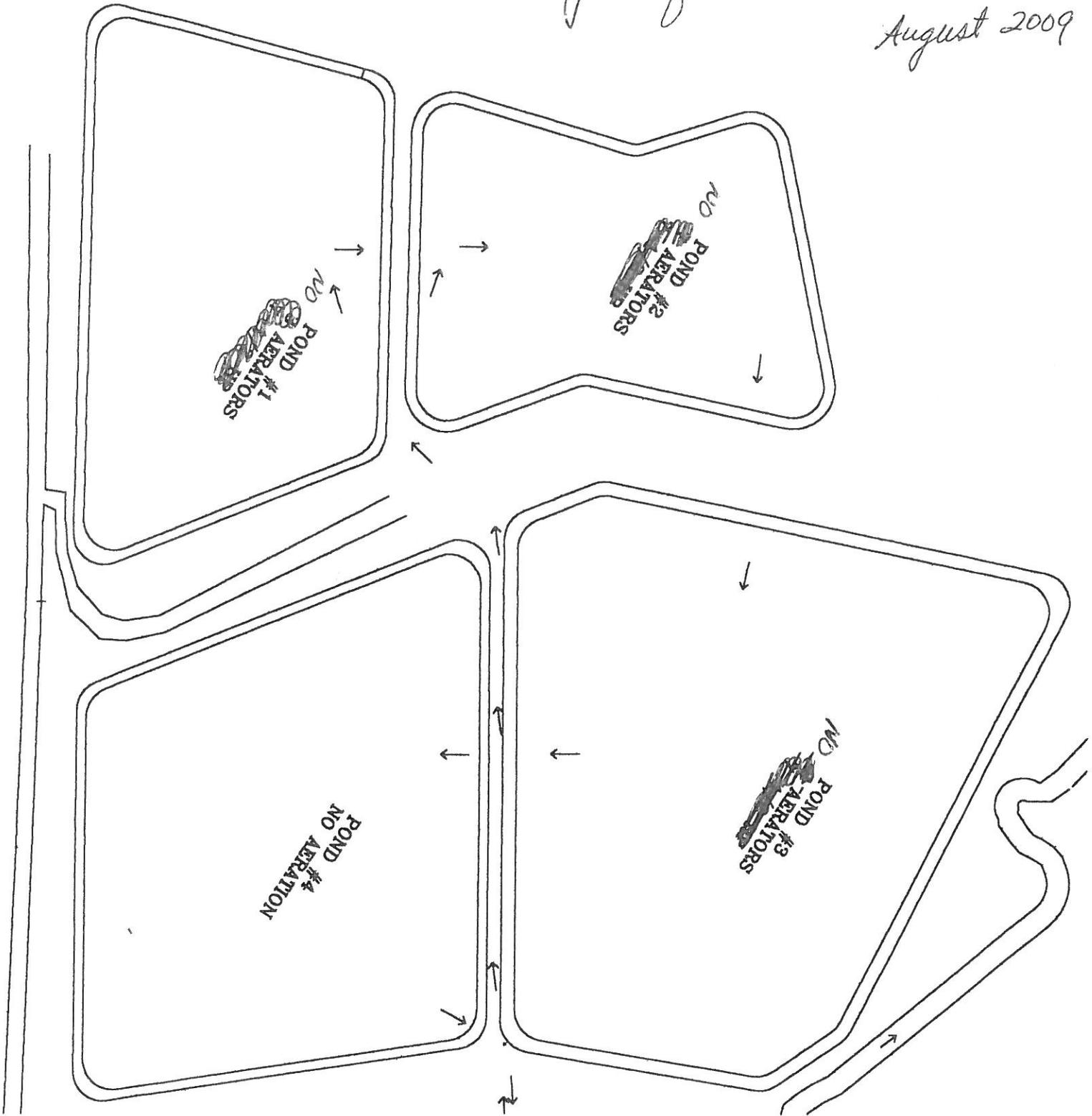
Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

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 my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name: **Town of Newport NH Dorr Woolen Industrial Lagoons**
Operator signature:  - **Arnold K. Sreenivas**
Title: **Plant Superintendent**
Date: **08/24/09**

Dorr Lagoons flow Schematic -
August 2009



Note:
No longer any
flow coming
from Plant.
Buildings to be
demolished
by end of year 2009

FACILITY NAME AND PERMIT NUMBER: NH0100307
NEWPORT INDUSTRIAL (DORR WOOLEN) LAGOON SYSTEM

