II. Suggested Format for the Remediation General Permit Notice of Intent (NOI)

A. General site information:

1. Name of site: F107 Transmission Line Rebuild - Frink Farm Trench Excavation	Site address: Transmission Line Right of Way - N/A Street:		
	City: Newington	State: NH	Zip: 03801
2. Site owner John Frink 272 Nimble Hill Road Newington, NH 03801 Owner is (check one): ☐ Federal ☐ State/Tribal ■ Private ☐ Other; if so, specify:	Contact Person: Dena Champy, Eversource		
	Telephone: 508-954-2736	Email: dena.champy@eversource.com	
	Mailing address: Street: 13 Legends Drive		
	City: Hooksett	State: NH	Zip: 03106
3. Site operator, if different than owner Eversource Energy 13 Legends Drive Hooksett, NH 03106	Contact Person: Dena Champy, Eversource		
	Telephone: 508-954-2736	Email: dena.champy@eversource.com	
	Mailing address: Street: 13 Legends Drive		
	City: Hooksett	State: NH	Zip: 03106
4. NPDES permit number assigned by EPA: NHR1000QH NPDES permit is (check all that apply: ☐ RGP ☐ DGP ■ CGP ☐ MSGP ☐ Individual NPDES permit ☐ Other; if so, specify:	5. Other regulatory program(s) that apply to the site (check all that apply): ☐ MA Chapter 21e; list RTN(s): ☐ NH Groundwater Management Permit or Groundwater Release Detection Permit:	☐ CERCLA ☐ UIC Program ☐ POTW Pretreatment ☐ CWA Section 404	

B. Receiving water information:

1. Name of receiving water(s):	Waterbody identification of receiving water(s):	Classification of receiving water(s):
Knights Brook	NHRIV600030904-09	Class B

Receiving water is (check any that apply): ☐ Outstanding Resource Water ☐ Ocean Sanctuary ☐ territorial sea ☐ Wild and Scenic River

2. Has the operator attached a location map in accordance with the instructions in B, above? (check one): ■ Yes ☐ No Refer to **Figure 1**

Are sensitive receptors present near the site? (check one): ■ Yes ☐ No

If yes, specify: Surface water (receiving water), wetlands, as illustrated on Figure 1 and Figure 2.

3. Indicate if the receiving water(s) is listed in the State's Integrated List of Waters (i.e., CWA Section 303(d)). Include which designated uses are impaired, and any pollutants indicated. Also, indicate if a final TMDL is available for any of the indicated pollutants. For more information, contact the appropriate State as noted in Part 4.6 of the RGP. Refer to **Attachment A**

4. Indicate the seven day-ten-year low flow (7Q10) of the receiving water determined in accordance with the instructions in Appendix V for sites located in Massachusetts and Appendix VI for sites located in New Hampshire.	0.0006 cfs
5. Indicate the requested dilution factor for the calculation of water quality-based effluent limitations (WQBELs) determined in accordance with the instructions in Appendix V for sites in Massachusetts and Appendix VI for sites in New Hampshire.	1

6. Has the operator received confirmation from the appropriate State for the 7Q10and dilution factor indicated? (check one): ■ Yes ☐ No

If yes, indicate date confirmation received: 5/22/19

7. Has the operator attached a summary of receiving water sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): ■ Yes ☐ No

C. Source water information:

1. Source water(s) is (check any that apply):

☐ Contaminated groundwater Has the operator attached a summary of influent sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): ☐ Yes ■ No	☐ Contaminated surface water Has the operator attached a summary of influent sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): ☐ Yes ☐ No	☐ The receiving water ☐ A surface water other than the receiving water; if so, indicate waterbody:	☐ Potable water; if so, indicate municipality or origin: ■ Other; if so, specify: Groundwater containing low levels of PFAS below NHAGQS.

2. Source water contaminants: Groundwater containing low levels of PFOA and PFOS below NHAGQS.	
a. For source waters that are contaminated groundwater or contaminated surface water, indicate are any contaminants present that are not included in the RGP? (check one): ☐ Yes ■ No If yes, indicate the contaminant(s) and the maximum concentration present in accordance with the instructions in Appendix VIII. Refer to **Attachment B**	b. For a source water that is a surface water other than the receiving water, potable water or other, indicate any contaminants present at the maximum concentration in accordance with the instructions in Appendix VIII? (check one): ☐ Yes ☐ No
3. Has the source water been previously chlorinated or otherwise contains residual chlorine? (check one): ☐ Yes ■ No	

D. Discharge information

1.The discharge(s) is a(n) (check any that apply): ☐ Existing discharge ■ New discharge ☐ New source	
Outfall(s): Outfall 001 discharges to Knight Brook.	Outfall location(s): (Latitude, Longitude) 43° 6'3.26"N , 70°50'13.57"W
Discharges enter the receiving water(s) via (check any that apply): ■ Direct discharge to the receiving water ☐ Indirect discharge, if so, specify: Direct discharge to Knight's Brook via stationary settling tanks. Prior to discharge, water be stored in settling tanks and run through a silt bag & carbon filte ☐ A private storm sewer system ☐ A municipal storm sewer system If the discharge enters the receiving water via a private or municipal storm sewer system: Has notification been provided to the owner of this system? (check one): ☐ Yes ☐ No Has the operator has received permission from the owner to use such system for discharges? (check one): ☐ Yes ☐ No, if so, explain, with an estimated timeframe for obtaining permission: Has the operator attached a summary of any additional requirements the owner of this system has specified? (check one): ☐ Yes ☐ No	
Provide the expected start and end dates of discharge(s) (month/year): August 1, 2019 to October 31, 2019. Indicate if the discharge is expected to occur over a duration of: ■ less than 12 months ☐ 12 months or more ☐ is an emergency discharge	
Has the operator attached a site plan in accordance with the instructions in D, above? (check one): ■ Yes ☐ No Refer to **Figure 1**	

<table>
<tr><td>2. Activity Category: (check all that apply)</td><td colspan="2">3. Contamination Type Category: (check all that apply)</td></tr>
<tr><td rowspan="4">☐ I – Petroleum-Related Site Remediation
☐ II – Non-Petroleum-Related Site Remediation
■ III – Contaminated Site Dewatering
☐ IV – Dewatering of Pipelines and Tanks
☐ V – Aquifer Pump Testing
☐ VI – Well Development/Rehabilitation
☐ VII – Collection Structure Dewatering/Remediation
☐ VIII – Dredge-Related Dewatering</td><td colspan="2">a. If Activity Category I or II: (check all that apply)

☐ A. Inorganics
☐ B. Non-Halogenated Volatile Organic Compounds
☐ C. Halogenated Volatile Organic Compounds
☐ D. Non-Halogenated Semi-Volatile Organic Compounds
☐ E. Halogenated Semi-Volatile Organic Compounds
☐ F. Fuels Parameters</td></tr>
<tr><td colspan="2">b. If Activity Category III, IV, V, VI, VII or VIII: (check either G or H)</td></tr>
<tr><td>■ G. Sites with Known Contamination</td><td>☐ H. Sites with Unknown Contamination</td></tr>
<tr><td>c. If Category III-G, IV-G, V-G, VI-G, VII-G or VIII-G: (check all that apply)

■ A. Inorganics
☐ B. Non-Halogenated Volatile Organic Compounds
☐ C. Halogenated Volatile Organic Compounds
☐ D. Non-Halogenated Semi-Volatile Organic Compounds
☐ E. Halogenated Semi-Volatile Organic Compounds
☐ F. Fuels Parameters</td><td>d. If Category III-H, IV-H, V-H, VI-H, VII-H or VIII-H Contamination Type Categories A through F apply</td></tr>
</table>

4. Influent and Effluent Characteristics

Parameter	Known or believed absent	Known or believed present	# of samples	Test method (#)	Detection limit (µg/l)	Influent		Effluent Limitations	
						Daily maximum (µg/l)	Daily average (µg/l)	TBEL	WQBEL
A. Inorganics									
Ammonia	✔							Report mg/L	---
Chloride		✔	1	44,300.0	12.5	145,000		Report µg/l	---
Total Residual Chlorine	✔							0.2 mg/L	
Total Suspended Solids		✔						30 mg/L	---
Antimony		✔	1	3,200.8	4	ND		206 µg/L	36.9
Arsenic		✔	1	3,200.8	0.5	0.29		104 µg/L	86
Cadmium		✔	1	3,200.8	0.2	ND		10.2 µg/L	3.1462
Chromium III		✔	1	3,200.8	10	ND		323 µg/L	1034.5
Chromium VI		✔	1	1,7196A	10	ND		323 µg/L	98.1
Copper		✔	1	3,200.8	1	ND		242 µg/L	113.6
Iron		✔	1	3,200.8	50	158		5,000 µg/L	8580
Lead		✔	1	3,200.8	1	ND		160 µg/L	46.01
Mercury		✔	1	3,200.8	0.2	ND		0.739 µg/L	7.77
Nickel		✔	1	3,200.8	2	1.01		1,450 µg/L	633.1
Selenium		✔	1	3,200.8	5	ND		235.8 µg/L	42.9
Silver		✔	1	3,200.8	0.4	ND		35.1 µg/L	65.7
Zinc		✔	1	3,200.8	10	ND		420 µg/L	1455.1
Cyanide	✔							178 mg/L	
B. Non-Halogenated VOCs									
Total BTEX	✔							100 µg/L	---
Benzene	✔							5.0 µg/L	---
1,4 Dioxane	✔							200 µg/L	---
Acetone	✔							7.97 mg/L	---
Phenol	✔							1,080 µg/L	

Parameter	Known or believed absent	Known or believed present	# of samples	Test method (#)	Detection limit (µg/l)	Influent		Effluent Limitations	
						Daily maximum (µg/l)	Daily average (µg/l)	TBEL	WQBEL
C. Halogenated VOCs									
Carbon Tetrachloride	✔							4.4 µg/L	---
1,2 Dichlorobenzene	✔							600 µg/L	---
1,3 Dichlorobenzene	✔							320 µg/L	---
1,4 Dichlorobenzene	✔							5.0 µg/L	---
Total dichlorobenzene	✔							763 µg/L in NH	---
1,1 Dichloroethane	✔							70 µg/L	---
1,2 Dichloroethane	✔							5.0 µg/L	---
1,1 Dichloroethylene	✔							3.2 µg/L	---
Ethylene Dibromide	✔							0.05 µg/L	---
Methylene Chloride	✔							4.6 µg/L	---
1,1,1 Trichloroethane	✔							200 µg/L	---
1,1,2 Trichloroethane	✔							5.0 µg/L	---
Trichloroethylene	✔							5.0 µg/L	---
Tetrachloroethylene	✔							5.0 µg/L	---
cis-1,2 Dichloroethylene	✔							70 µg/L	---
Vinyl Chloride	✔							2.0 µg/L	---
D. Non-Halogenated SVOCs									
Total Phthalates	✔							190 µg/L	
Diethylhexyl phthalate	✔							101 µg/L	
Total Group I PAHs	✔							1.0 µg/L	---
Benzo(a)anthracene	✔							As Total PAHs	
Benzo(a)pyrene	✔								
Benzo(b)fluoranthene	✔								
Benzo(k)fluoranthene	✔								
Chrysene	✔								
Dibenzo(a,h)anthracene	✔								
Indeno(1,2,3-cd)pyrene	✔								

Parameter	Known or believed absent	Known or believed present	# of samples	Test method (#)	Detection limit (µg/l)	Influent		Effluent Limitations	
						Daily maximum (µg/l)	Daily average (µg/l)	TBEL	WQBEL
Total Group II PAHs	✔							100 µg/L	---
Naphthalene	✔							20 µg/L	---
E. Halogenated SVOCs									
Total PCBs	✔							0.000064 µg/L	---
Pentachlorophenol	✔							1.0 µg/L	---
F. Fuels Parameters									
Total Petroleum Hydrocarbons		✔	1 (soil)	8015	37500	39000		5.0 mg/L	---
Ethanol	✔							Report mg/L	---
Methyl-tert-Butyl Ether	✔							70 µg/L	
tert-Butyl Alcohol	✔							120 µg/L in MA 40 µg/L in NH	---
tert-Amyl Methyl Ether	✔							90 µg/L in MA 140 µg/L in NH	---
Other (i.e., pH, temperature, hardness, salinity, LC_{50}, additional pollutants present); if so, specify:									
pH		✔	1	121,4500H		6.8 SU			
PFOA		✔	7	537M	1.78-8.01	11.2 ng/L	5.81 ng/L		
PFOS		✔	7	537M	1.78-8.01	25.1 ng/L	10.02 ng/L		

E. Treatment system information

1. Indicate the type(s) of treatment that will be applied to effluent prior to discharge: (check all that apply)

☐ Adsorption/Absorption ☐ Advanced Oxidation Processes ☐ Air Stripping ■ Granulated Activated Carbon ("GAC")/Liquid Phase Carbon Adsorption
☐ Ion Exchange ☐ Precipitation/Coagulation/Flocculation ☐ Separation/Filtration ■ Other; if so, specify:
Settling tanks, filter bag, liquid phase carbon filtration

2. Provide a written description of all treatment system(s) or processes that will be applied to the effluent prior to discharge.

Groundwater will be pumped from the excavation directly into two (2) mobile water totes. These water totes will transport the water to two (2) stationary settling/frac tanks located in proximity to Knight's Brook. After sufficient time has passed to allow for the settling of suspended solids, the water will be pumped to dewatering filter bag and then pumped to a sampling tank equipped with a liquid phase carbon filtration vessel. Once filtered, water will be discharged to Knights Brook via Outfall 1.

Identify each major treatment component (check any that apply):
■ Fractionation tanks☐ Equalization tank ☐ Oil/water separator ☐ Mechanical filter ☐ Media filter
☐ Chemical feed tank ☐ Air stripping unit ■ Bag filter ■ Other; if so, specify: liquid phase carbon filtration

Indicate if either of the following will occur (check any that apply):
☐ Chlorination ☐ De-chlorination

3. Provide the **design flow capacity** in gallons per minute (gpm) of the most limiting component. Indicate the most limiting component: outlet from settling tanks Is use of a flow meter feasible? (check one): ■ Yes ☐ No, if so, provide justification:	3.125 GPM
Provide the proposed maximum effluent flow in gpm.	3.125 GPM
Provide the average effluent flow in gpm.	1.188 GPM
If Activity Category IV applies, indicate the estimated total volume of water that will be discharged:	N/A

4. Has the operator attached a schematic of flow in accordance with the instructions in E, above? (check one): ■ Yes ☐ No Refer to **Figure 3**

F. Chemical and additive information

1. Indicate the type(s) of chemical or additive that will be applied to effluent prior to discharge or that may otherwise be present in the discharge(s): (check all that apply)

☐ Algaecides/biocides ☐ Antifoams ☐ Coagulants ☐ Corrosion/scale inhibitors ☐ Disinfectants ☐ Flocculants ☐ Neutralizing agents ☐ Oxidants ☐ Oxygen ☐ scavengers ☐ pH conditioners ☐ Bioremedial agents, including microbes ☐ Chlorine or chemicals containing chlorine ☐ Other; if so, specify:
N/A

2. Provide the following information for each chemical/additive, using attachments, if necessary:

a. Product name, chemical formula, and manufacturer of the chemical/additive;
b. Purpose or use of the chemical/additive or remedial agent;
c. Material Safety Data Sheet (MSDS) and Chemical Abstracts Service (CAS) Registry number for each chemical/additive;
d. The frequency (hourly, daily, etc.), duration (hours, days), quantity (maximum and average), and method of application for the chemical/additive;
e. Any material compatibility risks for storage and/or use including the control measures used to minimize such risks; and
f. If available, the vendor's reported aquatic toxicity (NOAEL and/or LC50 in percent for aquatic organism(s)).

3. Has the operator attached an explanation which demonstrates that the addition of such chemicals/additives may be authorized under this general permit in accordance with the instructions in F, above? (check one): ☐ Yes ☐ No; if no, has the operator attached data that demonstrates each of the 126 priority pollutants in CWA Section 307(a) and 40 CFR Part 423.15(j)(1) are non-detect in discharges with the addition of the proposed chemical/additive?
(check one): ☐ Yes ☐ No

G. Endangered Species Act eligibility determination

1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:

■ **FWS Criterion A**: No endangered or threatened species or critical habitat are in proximity to the discharges or related activities or come in contact with the "action area".

☐ **FWS Criterion B**: Formal or informal consultation with the FWS under section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by FWS on a finding that the discharges and related activities are "not likely to adversely affect" listed species or critical habitat (informal consultation). Has the operator completed consultation with FWS? (check one): ☐ Yes ☐ No; if no, is consultation underway? (check one): ☐ Yes ☐ No

☐ **FWS Criterion C**: Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the operator and affirmed by EPA, that the discharges and related activities will have "no effect" on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the FWS. This determination was made by: (check one) ☐ the operator ☐ EPA ☐ Other; if so, specify:

☐ **NMFS Criterion**: A determination made by EPA is affirmed by the operator that the discharges and related activities will have "no effect" or are "not likely to adversely affect" any federally threatened or endangered listed species or critical habitat under the jurisdiction of NMFS and will not result in any take of listed species. Has the operator previously completed consultation with NMFS? (check one): ☐ Yes ☐ No

2. Has the operator attached supporting documentation of ESA eligibility in accordance with the instructions in Appendix I, and G, above? (check one): ■ Yes ☐ No

Refer to **Attachment C**

Does the supporting documentation include any written concurrence or finding provided by the Services? (check one): ☐ Yes ■ No; if yes, attach.

H. National Historic Preservation Act eligibility determination

1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:

■ **Criterion A**: No historic properties are present. The discharges and discharge-related activities (e.g., BMPs) do not have the potential to cause effects on historic properties.

☐ **Criterion B**: Historic properties are present. Discharges and discharge related activities do not have the potential to cause effects on historic properties.

☐ **Criterion C**: Historic properties are present. The discharges and discharge-related activities have the potential to have an effect or will have an adverse effect on historic properties.

2. Has the operator attached supporting documentation of NHPA eligibility in accordance with the instructions in H, above? (check one): ■ Yes ☐ No

Refer to **Attachment D**

Does the supporting documentation include any written agreement with the State Historic Preservation Officer (SHPO), Tribal Historic Preservation Officer (TPHO), or other tribal representative that outlines measures the operator will carry out to mitigate or prevent any adverse effects on historic properties? (check one): ☐ Yes ■ No

I. Supplemental information

Describe any supplemental information being provided with the NOI. Include attachments if required or otherwise necessary.

Figure 1 - Site Plan / Locus Plan
Figure 2 - Sensitive Receptors Plan
Figure 3 - Dewatering Layout
Attachment A – Receiving Water Information
Attachment B – Source Water Information
Attachment C – Endangered Species Information

Has the operator attached data, including any laboratory case narrative and chain of custody used to support the application? (check one): ■ Yes ☐ No

Has the operator attached the certification requirement for the Best Management Practices Plan (BMPP)? (check one): ■ Yes ☐ No

J. Certification requirement

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.

BMPP certification statement: A BMPP meeting the requirements of this general permit will be developed and implemented upon initiation of discharge per Part 2.5.1.c of the RGP.	
Notification provided to the appropriate State, including a copy of this NOI, if required.	Check one: Yes ■ No ☐
Notification provided to the municipality in which the discharge is located, including a copy of this NOI, if requested.	Check one: Yes ■ No ☐
Notification provided to the owner of a private or municipal storm sewer system, if such system is used for site discharges, including a copy of this NOI, if requested.	Check one: Yes ☐ No ☐ NA ■
Permission obtained from the owner of a private or municipal storm sewer system, if such system is used for site discharges. If yes, attach additional conditions. If no, attach explanation and timeframe for obtaining permission.	Check one: Yes ☐ No ☐ NA ■
Notification provided to the owner/operator of the area associated with activities covered by an additional discharge permit(s). Additional discharge permit is (check one): ☐ RGP ☐ DGP ☐ CGP ■ MSGP ☐ Individual NPDES permit ☐ Other; if so, specify:	Check one: Yes ■ No ☐ NA ☐
Signature:	Date: 8/9/19
Print Name and Title: Kurt Nelson, Senior Permitting Specialist	