

Permit Information

2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency 1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer.

1. What action would you like to take? *				
File a New Notice of Intent Form				
Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage	this NOI also constitutes notice that section of this form. To obtain aut	at the operator identified in the Facility Opera	ator Informat	tion section
Operator Name (Organization Name) *				
Granite Shore Power LLC				
Operator Name as Noted by the NOI Preparer				
2. Select the state/territory where your facility is located * NH 3. Is your facility located on Indian Country lands? * Yes No				
4. Are you requesting coverage as a "federal operator" as defined in Appendix A? *) Yes (No

5. Are you a new discharger or a new source as de	efined in Appendix A?	*			Yes	No
5a. Have stormwater discharges from your facility	been covered previou	usly under an NPDES	S permit? *		Yes	○ No
5aa. Provide your most current NPDES ID (i.e., per	mit tracking number)	if you had coverage	under EPA's MSGP 200	08 or the NPDES permit number if you had coverage under an EPA individual	permit *	
NHR0532088; NH0001473		<u> </u>		, , , , ,		
Water) (See Appendix L)? Your project will be con	nsidered to discharge t	to a Tier 3 water if th	e first water of the US to	ler its antidegradation policy as a Tier 3 water (Outstanding National Resource o which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. F he waterbody that receives the stormwater discharge from the storm sewer		No
7. Does your facility directly discharge to a Federa directly into the site through its own conveyance,				it, a permittee discharges to a Federal CERCLA site if the discharge flows separate storm sewer system. *	Yes	No
8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepare	ed in advance of filin	g this NOI, as required?	*	Yes	○ No
1.1.3. Any discharges not expressly authorized in issuance of this permit via any means, including the	this permit cannot bed he Notice of Intent (NO	come authorized or OI) to be covered by	shielded from liability u the permit, the Stormy	ges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part under CWA section 402(k) by disclosure to EPA, state, or local authorities after vater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any s listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under		○ No
10. Master Permit Number NHR050000						
A: Facility Operator Information						
1. Operator Name (Organization Name) *						
Granite Shore Power LLC						
2. Street *						
811 Main Street, Ste 3500						
3. Supplemental Address						
4. City *	5. State/Providence	*	6. ZIP Code *	7. Facility County or Similar Govt. Subdivision *		
Houston	TX		77002	Harris		
8. Phone (10-digits, No dashes) * 9. Exte	ension 10. E-Mail	*				
2813781257	leann.pla	gens@cci.com				
Operator point of contact information						
11. First Name *	12. Middle Initial	13. Last Name *		14. Professional Title *		
Leann		Plagens		ED/VP ESH Regulatory Compliance		

B: Facility Information

1. Facilit	y Name *							1			
Schiller	Generating Station										
2. Street	:/Location *										
400 Go	sling Road										
3. Suppl	emental Address										
4. City *		5	i. State *			6. ZIP Code	e *	7. Facility County or Simila	ar Govt. Subdivision *		
Portsm	outh	7	NH			03801		Rockingham			
Latitude	/Longitude for the facility:										
				0. Langituda (F	ocimal Dogr	* (200	10 Latitu	do/Longitudo Data Source *	11. Horizontal Referenc	no Datum	
_	8. Latitude (Decimal Degrees) * 43.09706			9. Longitude (I 70.78382	becimai begi	ees)	Other	de/Longitude Data Source *	NAD27	се раципі]
T			10.5								J
	t is the ownership type of the facility?*		1		dustrial activi	ity at your fac	cility expose	d to stormwater (to the neare	est quarter acre) *]	
Corpor			40.38								
Identify MSGP, a	the applicable sector and subsector of y nd the 4-digit Standard Industrial Classi	our p fication	orimary in on (SIC) co	dustrial activity (: ode or 2-letter Ac	See Appendix tivitv Code:	(D) that best	represents	the products produced or ser	vices rendered for which y	our facility is prir	narily engaged, as define
15. Sect	<u> </u>		(,				16. A	ctivity Code *			
SECTO	R O: STEAM ELECTRIC GENERATING FAC	ILITIE	S					team Electric Generating Fac	ilities, including coal handl	ing sites	
17. Subs	cactor							<u> </u>	<u> </u>	<u> </u>	
	am Electric Generating Facilities, includ	ina ca	oal handli	na sites							
01.00	am Elouno conorating radiitios, molad	ii ig o	oarriarian	119 31103							
Che	ck to add an additional Sector and Subs	ector	r.								
22 10 40	ur facility presently inactive and unstaff	~ 40 *									
Yes	ur facility presently inactive and unstaff	eur									
O 163	U NO										
ischarge	Information										
3. Identi	fy if the following Effluent Limitation Gu	uidelir	ne(s) appl	y to any of your o	discharges						
40 CFR I	Part/Subpart: Part 423			e Discharges: Coa	al pile runoff a	at steam elec	tric p	Affected MSGP Sector: O	New Source Date: 11/1		your facility have any
	·		genera	ating facilities					10/8/1974 ¹	disch	narges subject to this effl ation guideline? *
)Y	
										<u> </u>	
Outfall	S										
	ll of the stormwater outfalls from you	ır fac	ility. Eacl	n outfall must be	e identified b	y a unique :	3-digit ID (e	.g., 001, 002) or a 4-digit ID	. Also provide the latitude	e and longitude	in decimal degrees for
outfall.											

1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect)* Piscataqua R. Estuary, Kitlery, Ellot, So. Berwick 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL?* No 3. Has a TMDL been completed for this receiving waterbody?* No No TMDL Name* Maine Statewide Bacteria TMDL ID Pollutant Name* Bacteria Outfalls 4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall. A. Outfall ID* B. Latitude (Decimal Degrees)* To.768164 This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information in this is returned if you believe it is incorrect) If or any reason the Lookup Receiving Water information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.	A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *		
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Outfall Section 1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may defit the name of the vater of the U.S. that was returned if incorrect.) ** Provide the name of the vater of the U.S. that was returned incorrect.) ** Provide the name of the vater of the U.S. that was returned incorrect.) ** Provide the name of the vater of the U.S. that was returned incorrect.) ** Provide the name of the vater of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may defined by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall. A Outfall ID ** A Ustfall ID ** B Latitude (Decimal Degrees) ** C Longitude (Decimal Degrees) ** To 768164 B001 ** Provide the name of the U.S. that receives stormwater outfalls Listed Above? ** Yes No No No No No No No No No Table (Decimal Degrees) ** C Longitude (Decimal Degrees) ** Outfall Section ** No No No No Table (Decimal Degrees) ** No N						associated with your o	utfall on your form. You may edit the
1. Provide the name of the first water of the U.S. that was returned if incorrect.) * Pescalaquar R. Estuary, Kittery, Ellort, So. Berwick 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL?* Pescalaquar R. Estuary, Kittery, Ellort, So. Berwick 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL?* Pescalaquar R. Estuary, Kittery, Ellort, So. Berwick 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL?* Pescalaquar R. Estuary, Kittery, Ellort, So. Berwick 3. Has a TMDL been completed for this receiving waterbody? * Pressor No TMDL IN men* Maine Statewide Bacteria TMDL ID Pollutant Name * Makine Statewide Bacteria TMDL ID Bacteria 8. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall. A. Outfall ID B. Latitude (Decimal Degrees) * C. Longitude (Decimal Degrees) * To. 70.768164 Chis button will propopulate the receiving water information associated with your outfall on your form. You may did the information on your form. Outfall Section 1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.	If for any reason the	e Lookup R	eceiving Water Information button does	not prepo	pulate your form with receiving waters	information, you must	manually enter the information on your form.
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2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? * Yes No					y from the outfall and/or from the MS4 t	hat the outfall discharg	ges to.
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Maine Statewide Bacteria TMDL ID Pollutant Name Bacteria Description Bacteria TMDL ID Pollutant Name Bacteria Bacteria Description Bacteria TMDL ID Pollutant Name Bacteria Bacteria Bacteria Description Bacteria C. Longitude (Dec, 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall. A Outfall ID A Outfall ID Bacteria C. Longitude (Decimal Degrees) To 70.768164 (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect) D. Substantially Identical to Any Outfalls Listed Above? Yes No If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form. Outfall Section 1. Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect)	II -		as impaired on the 303(d) list and in ned	ed of a TME	DL?*		
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A Outfall ID* B. Latitude (Decimal Degrees)* C. Longitude (Decimal Degrees)* B001 + 43.097306 - 70.768164 (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect) D. Substantially Identical to Any Outfalls Listed Above?* Yes No If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form. Outfall Section 1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.)*	Outfalls						
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(You may edit the name of the water of the U.S. that was returned if incorrect.) *	Outfall Section						
Unnamed Waterbody					y from the outfall and/or from the MS4 t	hat the outfall discharg	ges to.
	Unnamed Waterb	ody					

O Ja Alba m			as insurained on the 202(d) list on	al ! a . a a a	al af a TNA	DI 2 *					_
2. Is the f	_	No	as impaired on the 303(d) list an	ia in nee	ed of a fivi	DL! "					
0 163		110									
II _		-	d for this receiving waterbody? *	k .							
Yes	lacktriangle	No									
Outfalls											_
4. List all outfall.	of the st	cormwater	outfalls from your facility. Each	outfall	must be	identified by a unique 3-c	digit ID (e.g., (001, 002) or a 4-digit ID.	. Also provide	e the latitude and longitude in decimal degrees for ea	:h
A. Outfall	IID*		B. Latitude (Decimal Degrees)	*		C. Longitude (Decimal D	egrees) *				
B002		+	43.097189		-	70.782958					
							'	(This button will prepopul associated with your outfa			
								information that is returned			
D. Substa	intially Id	entical to Ar	ny Outfalls Listed Above? *	E. Sub	stantially	identical to outfall ID *	_				
Yes	\bigcirc	No		B001							
If for any	reason th	ne Lookup R	eceiving Water Information butt	on does	not prepo	opulate your form with rece	eiving waters i	nformation, you must ma	anually enter tl	the information on your form.	
Outfall Se	ection										
1. Provid	e the nar	ne of the fire	st water of the U.S that receives s	stormwa	iter directi	ly from the outfall and/or fr	om the MS4 th	nat the outfall discharges	to.		
			e water of the U.S. that was retur			•		ges		_	
Piscatac	qua R. Est	uary, Kittery	, Eliot, So. Berwick								
2. Is the r	eceiving	water listed	as impaired on the 303(d) list an	nd in nee	ed of a TM	DL? *					
Yes	\odot	No									
2 ∐aca T	MDI boo	on complete	d for this receiving waterbody? *	*							
Yes	_	No	a for this receiving waterbody:								
								TAADLID	2 11 1 11	•	
TMDL Na	ame * Statewide	Pactoria						1	Pollutant Nam	ne *	\neg
ivialitie 3	otatewide	Вастепа						37703	Bacteria		
Outfalls											_
4. List all	of the st	ormwater	outfalls from your facility. Each	n outfall	must be	identified by a unique 3-c	digit ID (e.g., (001, 002) or a 4-digit ID.	. Also provide	e the latitude and longitude in decimal degrees for ea	ch
outfall.			-			- •	_	_	-	-	

A. Outfall ID * B. Latitude (Decimal I	Degrees) *	C. Longitude (Decimal Degrees) *	
B003 + 43.097048	-	70.782922	
			(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the
			information that is returned if you believe it is incorrect)
D. Substantially Identical to Any Outfalls Listed Abov	e? * E. Substantially	identical to outfall ID *	
Yes	B002		
If for any reason the Lookup Receiving Water Informa	ation button does not prepo	opulate your form with receiving wate	rs information, you must manually enter the information on your form.
Outfall Section			
1. Provide the name of the first water of the U.S that			4 that the outfall discharges to.
(You may edit the name of the water of the U.S. that	was returned if incorrect.)	•	
Piscataqua R. Estuary, Kittery, Eliot, So. Berwick			
2. Is the receiving water listed as impaired on the 303	B(d) list and in need of a TM	IDL? *	
Yes No			
3. Has a TMDL been completed for this receiving wat	erbody? *		
Yes No			
TMDL Name *			TMDL ID Pollutant Name *
TIVIDE NATTIE			
Maine Statewide Bacteria			37783 Bacteria
			37783 Bacteria
			37783 Bacteria
			37783 Bacteria
Maine Statewide Bacteria Outfalls			
Maine Statewide Bacteria Outfalls	ility. Each outfall must be	identified by a unique 3-digit ID (e.ç	Bacteria g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each
Maine Statewide Bacteria Outfalls 4. List all of the stormwater outfalls from your fac	-	identified by a unique 3-digit ID (e.ç C. Longitude (Decimal Degrees) *	
Outfalls 4. List all of the stormwater outfalls from your facoutfall.	-		
Outfalls 4. List all of the stormwater outfalls from your facoutfall. A. Outfall ID * B. Latitude (Decimal)	-	C. Longitude (Decimal Degrees) *	g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the
Outfalls 4. List all of the stormwater outfalls from your facoutfall. A. Outfall ID * B. Latitude (Decimal ID * B. Latitud	Degrees) *	C. Longitude (Decimal Degrees) * 70.782922	g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each (This button will prepopulate the receiving water information
Outfalls 4. List all of the stormwater outfalls from your facoutfall. A. Outfall ID * B. Latitude (Decimal ID * B. Latit	Degrees) * - E. Substantially	C. Longitude (Decimal Degrees) *	g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the
Outfalls 4. List all of the stormwater outfalls from your facoutfall. A. Outfall ID * B. Latitude (Decimal ID * B. Latit	Degrees) * - E. Substantially B002	C. Longitude (Decimal Degrees) * 70.782922 identical to outfall ID *	(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
Outfalls 4. List all of the stormwater outfalls from your facoutfall. A. Outfall ID * B. Latitude (Decimal ID * B. Latit	Degrees) * - E. Substantially B002	C. Longitude (Decimal Degrees) * 70.782922 identical to outfall ID *	g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 th (You may edit the name of the water of the U.S. that was returned if incorrect.) *	nat the outfall discharç	ges to.
Piscataqua R. Estuary, Kittery, Eliot, So. Berwick		
2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? * Yes No		
3. Has a TMDL been completed for this receiving waterbody? * Yes No		
TMDL Name *	TMDL ID	Pollutant Name *
Maine Statewide Bacteria	37783	Bacteria
Outfalls		
4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., outfall.	001, 002) or a 4-digit	ID. Also provide the latitude and longitude in decimal degrees for each
A. Outfall ID * B. Latitude (Decimal Degrees) * C. Longitude (Decimal Degrees) *		
C001 + 43.096975 - 70.7825		
	associated with your o	opulate the receiving water information outfall on your form. You may edit the urned if you believe it is incorrect)
D. Substantially Identical to Any Outfalls Listed Above?* Yes No		
If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters i	nformation, you must	manually enter the information on your form.
Outfall Section		
1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 th (You may edit the name of the water of the U.S. that was returned if incorrect.) *	nat the outfall discharç	ges to.
Piscataqua R. Estuary, Kittery, Eliot, So. Berwick		
2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? * Yes No		
3. Has a TMDL been completed for this receiving waterbody? * • Yes No		
TMDL Name *	TMDL ID	Pollutant Name *
Maine Statewide Bacteria	37783	Bacteria

Outfalls					
4. List all of the st outfall.	tormwater	outfalls from your facility. Each outf	all must be	identified by a unique 3-digit ID (e.g	., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each
A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
D001	+	43.094347	-	70.787825	
					(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
D. Substantially Id	lentical to A	ny Outfalls Listed Above?*			
◯ Yes •	No				
If for any reason th	ne Lookup R	eceiving Water Information button do	es not prepo	opulate your form with receiving water	s information, you must manually enter the information on your form.
Outfall Section					
		st water of the U.S that receives storm e water of the U.S. that was returned i		ly from the outfall and/or from the MS4 *	that the outfall discharges to.
Unnamed Brook	- To Piscata	qua River			
II	water listed No	as impaired on the 303(d) list and in r	need of a TM	DL? *	
3. Has a TMDL bee	en complete	ed for this receiving waterbody? *			
Yes	No				
TMDL Name *					TMDL ID Pollutant Name *
NE Regional Mer	cury				33883 Mercury
Outfalls					
	tormwater	outfalls from your facility. Each out	all must be	identified by a unique 3-digit ID (e.g	., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each
A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
E001	+	43.097958	_	70.785508	
					(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above?*		
Yes • No		
If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving wa	iters information, you must	manually enter the information on your form.
Outfall Section		
1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the N (You may edit the name of the water of the U.S. that was returned if incorrect.) *	1/S4 that the outfall discharç	ges to.
Piscataqua R. Estuary, Kittery, Eliot, So. Berwick		
2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? * Yes No		
3. Has a TMDL been completed for this receiving waterbody? * • Yes No		
TMDL Name *	TMDL ID	Pollutant Name *
Maine Statewide Bacteria	37783	Bacteria
Provide the following information about your outfall latitude longitude. 5. Latitude/Longitude Data Source * 6. Horizontal Reference Datum Other NAD27		
7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? * Yes No		
8. Do you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antic propagation of fish, shellfish, and wildlife and recreation in and on the water) (See Appendix L)? * Yes No	legradation policy as a Tier	2 (or Tier 2.5) water (water quality exceeds levels necessary to support

D: Stormwater Pollution Prevention Plan (SWPPP) Information

QM/DDD	Contact	Informa	tion

SWITT CONTact Information								
1. First Name *	2. Middl	e Initial	3. Last Name *		4. Professional Title *		_	
Leann			Plagens		ED/VP ESH Regulatory Compliance			
5. Phone (10-digits, No dashes) *	6. Extension	7. E-Mail *	*					
2813781257		leann.pla	agens@cci.com					
8. Your current SWPPP or certain informati	on from your SWI	PPP must b	e made available through one o	of the following two	options. Select one of the options and provid	e the required	l information. *	
Note: You are not required to post any oportions of the SWPPP that are being w				rmation (as defined	l in Appendix A) (such information may be	redacted), bu	ut you must clearly ider	ıtify those
Option 1: Maintain a Current Copy of y	our SWPPP on ar	n Internet p	age (Universal Resource Locator	r or URL).				
Option 2: Provide the following inform	nation from your S	SWPPP.						
A. Describe your onsite industrial activities	s exposed to storr	mwater (e.g	g., material storage; equipment f	fueling, maintenance	e, and cleaning, cutting steel beams), and pot	ential spill and	l leak areas. *	
burn oil originally. In 1968, the two mercu burning oil to burning coal as their prima or oil, with each having a rated generatin Piscataqua River, and stored on site. Schil combustion turbine capable of burning j primary fuel, while retaining the capabilit bed (FB) boiler capable of burning wood in a new structure adjacent to the existing Unit 5 boiler to remain in operation while the primary wood fuel source for the contotal storage capacity for wood chips is 30 from the primary wood storage area is tri #NH0001473, that is in the process of beithe NPDES Individual Permit #NH0001473.	ary units (Units 1 a ry fossil fuel source g capacity of 45 r ller's combined to et fuel or natural ry to burn coal as or coal. FB boiler g Schiller units. The the new FB boile werted boiler. This 0 days with a port butary to Outfall ong transferred to 3).	and 2) were ce, while re net Megawa otal output gas, curren a secondar technology nis allowed er was com s boiler also tion being I 018, which	e retired, and Unit 3 was convert- taining the capability to burn oi atts (MW) for a total of 50 MW gr is currently rated at 153 net MW atly rated at 18 net MW or 20 MW y fuel. The conversion involved to y was chosen because of its high the existing pleted and ready to provide stead burns cocoa shells. The wood of located under cover and the rem is covered by NPDES Individual	ted to an oil-fired ge il as a secondary fue ross output. The coa V or 170 MW gross o V gross output. In 20 the retirement of the efficiency at lower at the test of the test of the test of the efficiency at lower at the Unit 5 turichips are delivered by maining outside. An appermit	to burn coal, but within six months were converator. Unit 3 was subsequently retired in 19 option. Today, two of Schiller's three steam and oil supply for Schiller is received from ocutput. In addition to the three steam units tot 06, PSNH completed a project that converted existing Unit 5 coal and oil fired burner, and air emissions, and ability to accommodate a work of the second of the supplication o	191. In 1984, Ununits operates cean-going vestaling 135 net Nat Schiller's existits replacement vider range of freed in part by National and adjacent to rea was constru	nits 4, 5, and 6 were conviously with dual capability to be ssels at Schiller's main do MW, Schiller also mainta sting Unit 5 to burn wood int with a similarly-sized, fuels. The FB boiler was collected in 2011. Stormwat ructed in 2011. Stormwat	verted from ourn coal and/ ock on the ins a d as its new fluidized constructed industry are e area. The ter runoff
Industrial Activities Exposed to Stormwat Chemical Delivery/Storage Bituminous Coal Fuel Truck Loading and Bulk #6 Fuel Oil Delivery/Storage/Distribu Coal Storage Yard Equipment Maintenan Bulk #1 Fuel Oil Delivery/Storage Coal Asl Lubricating Oil Delivery/Storage Wastewa Waste Oil Storage/Transfer Limestone De North Dock – Ship Delivery of Bituminous Wood Fuel Delivery/Storage Middle Dock	Transport to Merr ution ce h/Wood Ash Loac ater Treatment Pla divery/Storage (no s Coal and Oil	ling/Transfo ant ot currently	er v used)	hip and Storage				

B. List the pollutants(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and/or in any authorized non-stormwater discharges listed in Part 1.1.3. *

Potential Pollutant Industrial Activity Description Exposure to Storm Water

Oil/Fuel Products No. 6 Fuel Oil – Bulk Storage Delivery

4 tanks

Newington NT – 1 & 2

Oil is delivered by ship and piped from north dock to storage tank. Oil is piped from tanks to Newington Station approximately 2,100 feet to the north along the distribution pipeline. Possible exposure when unloading oil from ship

Schiller SR - 2 & 3

Oil is delivered by ship and piped from north dock to storage tank.

Possible exposure when unloading oil from ship No. 6 Fuel and distribution pipelines

Pipelines distributes the fuel to Newington Station and Schiller Station

Possible exposure if pipelines were to leak. No. 6 Fuel Oil -

Day Tank

Two – 30,000 gallon storage tanks partly below ground and partly exposed inside the station. Tanks are filled via gravity pipeline from the Schiller bulk storage tanks (SR-2 and SR-3) Miscellaneous

Lubricating Oils

Delivered in 55 gallon drums to loading dock at Warehouse #1 and #4 and immediately distributed to required locations inside the station. Drums are returned to vendor either empty or filled with used oil for recycling. Possible exposure when drums are transported from loading dock to Station Bituminous Coal Fuel

Approximately 700,000 to 850,000 tons of coal delivered to Schiller Station annually by ship. Coal is transferred from ship to coal storage area via overhead conveyor system. Approximately

250,000 to 400,000 tons per year of coal are transferred to Merrimack Station in Bow, NH by truck. Stormwater from coal storage area is conveyed in a concrete channel to coal storage detention basin which is designed to contain the

10-year storm, 24-hour rainfall event. Stormwater is pumped from the coal storage basin to WWTP. Runoff from the Coal storage area is regulated by NPDES Individual Permit # NH0001473,

windblown dust and spillage during transfer from ship to storage area via overhead conveyor; transfer from storage area to Station via overhead conveyor; wheel tracking of dust during truck transfer operations; windblown dust on surfaces outside coal storage area.

Wood Chip Fuel

(2 Outside Storage

Areas, 1 existing and

1 proposed)

Up to 400,000 tons per year of whole tree wood chips, sawmill residue and other clean low grade wood materials delivered to Schiller Station by truck. Wood chip particulate matter may be carried by stormwater.

Stormwater from primary storage area is regulated by NPDES Individual Permit #NH0001473 Stormwater runoff contacts wood chips stored outside wood storage building.

Chemical Products

Sulfuric Acid

Demineralizer System

One - 2,500 gallon double-wall tank with concrete containment, roof and sidewalls. Delivery is by truck and transfer connection is located inside the containment area.

Possible exposure from drips or spills during transfer event Wastewater Treatment Plant

One - 2,500 gallon tank with concrete containment located inside the wastewater treatment building. Delivery is by truck and transfer connection is located inside the containment area.

Possible exposure from drips or spills during transfer event Demineralizer System

One - 2.000 gallon tank with concrete containment located inside the station building. Delivery is by truck and hose connection is located inside the containment area.

Possible exposure from drips or spills during transfer event WastewaterTreatment Plant

One - 3,500 gallon tank with concrete containment located inside the wastewater treatment building. Delivery is by truck and hose connection is located inside the containment area.

Possible exposure from drips or spills during transfer event

Sodium Hypochlorite

One - 5,000 gallon fiberglass tank with concrete containment. 15% chlorine used to retard marine algal growth. Delivery is by truck and hose connection is located inside the containment area. Possible exposure from drips or spills during transportation

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4). *

The general housekeeping policy in place at Schiller Station is designed to provide a clean and safe work place for station employees and visitors. Employees are required to maintain their work areas in a clean manner and to respond to other areas needing attention. The daily good housekeeping program, including inspections, monitoring station property for obstructed walkways, cluttered work areas, etc., has proven effective and will continue. Any areas found to be not conforming to this policy and which have the potential to impact stormwater will be documented in a report, filed with the SWPPP and corrected as soon as possible. A follow-up report explaining the action(s) taken and date completed will be filed with the SWPPP.

The good housekeeping program includes the following basic operation and maintenance practices: Good housekeeping practices occur daily and as needed by all employees at the station. Maintain dry and clean floors and ground surfaces by using brooms, shovels and other cleaning machines.

Regularly pick up and dispose of garbage and waste material. There is a regular weekly schedule for collecting and disposal of common solid waste and garbage.

Make sure equipment is working properly.

Routine daily inspections for leaks or conditions that could lead to discharges of chemicals or contact of stormwater with raw materials, intermediate materials, waste materials or other products.

Ensure that spill cleanup procedures are understood by employees.

No. 6 Fuel Oil – Bulk Storage 4 tanks

No. 6 Fuel Oil – Day Tank Located inside Schiller Station and not exposed to stormwater.

No. 6 Bulk Oil Fill Pipelines Pipelines run from North and Middle Docks to Newingtonand Schiller bulk fuel tanks, respectively. Pipelines are monitored in accordance with the Integrated Contingency Plan (ICP) for Newington and Schiller Station.

No. 6 Bulk Oil Delivery

Pipelines Pipelines deliver oil fuel from Newington Bulk Tanks to Newington Station and from Schiller Bulk Tanks to the Schiller Day Tank. Pipelines are monitored in accordance with the Integrated Contingency Plan (ICP) for Newington and Schiller Station.

Fuel Oil Additive Tank Not in service.

Used Oil Storage for Recycling Located inside Schiller Station and not exposed to stormwater

Miscellaneous Lubricating Oils Located inside buildings adjacent to end use location and not exposed to stormwater.

Bituminous Coal Delivery Delivered by boat and conveyed to the coal storage yard by overhead conveyor. Approximately 90% of the delivery conveyor system is covered to minimize exposure to stormwater and reduce windblown dust.

Wood Chip Fuel Fuel delivered by truck. Approximately 40% of the wood chip fuel is stored in the Wood Storage Building where it is not exposed to stormwater.

Chemical Products

Sulfuric Acid

Demineralizer System (located in Subcatchment A) Storage tank and product transfer connection is covered and located inside the concrete containment area. Drip buckets and pads used during product transfer. Nearby trench drain valve is closed during transfer operations: if spill occurs any runoff to the trench drain will be directed to the WWTP.

Wastewater Treatment Plant

(located in Subcatchment D) Storage tank and chemical product transfer connection is

covered and located inside the concrete containment area. Drip buckets and pads used during product transfer.

Demineralizer System Storage tank and concrete containment located insideSchiller Station. Drip buckets and pads used during chemical product transfer. Nearby trench drain valve is closed during transfer operations; if spill occurs any runoff to the trench drain will be directed to the WWTP.

Wastewater Treatment Plant

(located in Subcatchment D) Storage tank and chemical product transfer connection is located inside the WWTP building and is within the concrete containment. Drip buckets and pads used during product transfer.

Sodium Hypochlorite (located in Subcatchment D) Storage tank, concrete

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2).*

Routine Facility Inspection – Refer to Section 3.1 of the 2015 MSGP for required documentation. Routine facility inspections must be performed by qualified personnel with at least one member of stormwater pollution prevention team.

Routine facility inspections must be conducted at least quarterly, although in many instances, more frequent inspections may be appropriate.

At least once each year, the routine facility inspection must be conducted during a period when a stormwater discharge is occurring.

A sample routine facility inspection form is included in SWPPP. The documentation must include, at a minimum, the information in the sample form.
Routine facility inspections must be done in all stormwater subcatchments and at all stormwater outfalls.
Any corrective action required as a result of the routine facility inspections must be performed consistent with Part 3 of the MSGP.
Quarterly Visual Assessment – Refer to Section 3.2 of the 2015 MSGP for sampling/inspection requirements.
Quarterly visual assessments must be conducted quarterly.
At least one quarterly visual assessment in areas subject to snow must capture snowmelt discharge.
The visual assessment must be made of a sample in a clear glass or plastic container and examined in a well-lit area.
Samples shall be collected in the first 30 minutes of an actual discharge from a storm event. If this is not possible, the sample shall be collected as soon as practicable after the first 30 minutes and you must document why it was not possible to take samples with the first 30 minutes.
Visual inspection must include the following characteristics: color, odor, clarity, floating solids, settled solids, suspended solids, foam, oil sheen and other obvious indicators of stormwater pollution.
A sample quarterly visual assessment inspection form is included in Volume 2 – Section I of this SWPPP
Any corrective action required as a result of the quarterly visual assessments must be performed consistent with Part 3 of the MSGP
Monitoring to determine if runoff meets Sector-Specific benchmarks for Total Iron will be conducted as required in the 2015 MSGP Comprehensive Site Inspections –
Comprehensive site inspections must be performed by qualified personnel with at least one member of stormwater pollution prevention team.
Comprehensive site inspections shall cover all areas of the facility affected by the requirements of this permit and identified in this SWPPP.
Comprehensive site inspection may also be used as one of the routine facility inspections as long as all components of both types of inspections are included.
Refer to Section 3 of the MSGP for the inspection periods. Inspectors must examine the following:
o Industrial materials, residue or trash that may have or could have come into contact with stormwater;
o Leaks or spills from industrial equipment, drums, tanks, and other containers.
o Offsite tracking of industrial or waste materials, or sediment where vehicles enter or exit the site;
o Tracking from blowing of raw, final, or waste materials from areas of no exposure to exposed areas; and
o Control measures needing replacement, maintenance, or repair.
A sample comprehensive site inspection form (Annual Reporting Form) is included in this SWPPP. The documentation must include, at a minimum, the information in the sample form.
Any corrective action required as a result of the comprehensive site inspection must be performed consistent with Part 4 of the MSGP
dangered Species Protection
1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit? *
Criterion B – Another operator has certified listed species and critical habitat eligibility for the action area under the current MSGP
2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services). *
Based on responses received by Eversource from the New Hampshire Natural Heritage Bureau, National Oceanic and Atmospheric Administration – National Marine Fisheries Service, and the US Fish and Wildlife Service this facility satisfies the eligibility obligations under Criterion A, that no federally-listed threatened or endangered species or their designated critical habitat are likely to occur in the "action area" as defined in the 2015 MSGP.
3. Provide the NPDES ID from the other operator's NOI authorized under this permit. *
NHR053208

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i. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe?
Yes ● No
2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit? *
Criterion B - Subsurface stormwater controls will not affect historic properties

Certification Information

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, 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. 40 CFR 122.22 (d)