

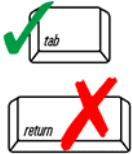
**NOTICE OF INTENT  
FOR  
N.H. GENERAL PERMIT #NHG580000**



**For Coverage Under the NPDES General Permit  
for Publicly Owned Treatment Works (POTWs) and  
Other Treatment Works Treating Domestic Sewage  
With Dilution Factors Greater than Fifty**

**Instructions**

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent (NOI) constitutes notice that the entity named at item A1. of this form intends to be covered by the NPDES General Permit for POTWs and Other Treatment Works Treating Domestic Sewage (TWTDS) issued by EPA, in the location identified at item A1. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item A1. has read, understands and meets the eligibility conditions of Part III.K. of the NPDES General Permit for POTWs and Other TWTDS, agrees to comply with all applicable terms and conditions of the permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on this Notice of Intent form must be completed. A facility that fails to submit an NOI and/or receive written notification of permit coverage from EPA-New England is not authorized to discharge under this general permit. Please read the permit and make sure you comply with all requirements, including the requirement to contact the NH Department of Environmental Services (DES) prior to filling out this NOI. (Please contact Dan Dudley, (603) 271-0671, or Susan Willoughby (603) 271-3307 at DES.) The NOI instructions applicable to New Hampshire facilities begin on page 40 of the general permit.**

**Part A. Basic Application Information**

A1. Facility Information:

Facility Name	NPDES Permit Number	
Mailing Address		
Contact and Title	Telephone	E-mail (if available)
Facility Address		

A2. Applicant Information (if different than above)

Applicant Name		
Mailing Address		
Contact and Title	Telephone	E-mail (if available)

Is the applicant the owner or operator (or both) of the POTW?  Owner  Operator  Both

A3. Facility Status:  Major  Minor

A4. Flow Information:

Permitted Design Flow \_\_\_\_\_ mgd                      Any planned increase?  Yes  No

Average Daily Flow based on the most recent 24 months:

Actual Time Period \_\_\_\_\_ Average Daily Flow \_\_\_\_\_ mgd

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**A5. Collection System Information:**

Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each other.

- Separate sanitary sewer \_\_\_\_\_ %
- Combined storm and sanitary sewer \_\_\_\_\_ %

**A6. Outfall Information:**

Provide the latitude and longitude coordinates for each outfall.

Outfall Number	Latitude	Longitude
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does this outfall have a periodic discharge?  Yes  No

If yes, time period during which discharge occurs: \_\_\_\_\_ days/year

**A7. Receiving Water Information:**

\_\_\_\_\_  
Name

**A8. Treatment Facility Information:**

Type of Wastewater Treatment Facility (Check only one)

- Sand Filter                       Lagoon                       Others

Type of Disinfection:      Chlorination                       Ultraviolet Light

Current sludge use and disposal practice:

- Land Application                       Incineration\*                       Surface Disposal

Other  Describe: \_\_\_\_\_

(\*Note: Facilities incinerating their sludge are ineligible to receive coverage under this General Permit.)

**A9. Topographic Map (For facilities with a design flow greater than or equal to 0.1 MGD)**

Attach to this application a topographic map of the area showing the location of the treatment plant and all of the outfalls.

**A10. Process Flow Diagram (For facilities with a design flow greater than or equal to 0.1 MGD)**

Provide a diagram or schematic showing the processes of the treatment plant from the headworks to the outfall(s) and including any bypass piping.

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**Part B. Applicable Limits Information**

B1. Type of Receiving Water (Check One):

Freshwater – Permit Part II.A. is applicable.

Marine Waters – Permit Part II.B. is applicable.

**Dischargers to freshwater must answer “N/A” to questions B4 through B6 below**

**Dischargers to marine waters must answer “N/A” to questions B7 through B8 below**

B2. 7Q10 (freshwater only) \_\_\_\_\_ cfs (**Contact DES for this information**)

B3. Dilution Factor: \_\_\_\_\_ (**Contact DES for this information**)

B4. Do you discharge to marine waters used for swimming purposes? (**Contact DES for this information**)

Yes Limits for Enterococci are found in Part II.B. of the general permit

No Reporting for Enterococci are found in Part II.B. of the general permit

N/A

B5. Choose one set of bacteria limits for the protection of the shellfishing use:

Total Coliform - Limits for Total Coliform are found in Part II.B. of the general permit

Fecal Coliform - Limits for Fecal Coliform are found in Part II.B. of the general permit

N/A

B6. Chlorine limits for discharges to marine waters (From Table C in Part II.B. of the permit)

Monthly Average Limit from Table C for dilution factor of \_\_\_\_\_ (Question B3) = \_\_\_\_\_ mg/l

Maximum Daily Limit from Table C for dilution factor of \_\_\_\_\_ (Question B3) = \_\_\_\_\_ mg/l

N/A

B7. Chlorine limits for discharges to freshwaters (From Table C in Part II.A. of the permit)

Monthly Average Limit from Table C for dilution factor of \_\_\_\_\_ (Question B3) = \_\_\_\_\_ mg/l

Maximum Daily Limit from Table C for dilution factor of \_\_\_\_\_ (Question B3) = \_\_\_\_\_ mg/l

N/A

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B8. Do you discharge upstream of a freshwater designated beach? (**Contact DES for this information**)

- Yes Escherichia coli limits for bathing beach waters are found in Part II.A. of the general permit.
- No Escherichia coli limits for non-bathing beach waters are found in Part II.A. of the general permit.
- N/A

B9. Choose one set of biochemical oxygen demand limits.

- BOD<sub>5</sub>    CBOD<sub>5</sub> (Concentration limits are found in Parts II.A. and II.B. of the general permit)

B10. Monthly Average Mass TSS and BOD<sub>5</sub> (or CBOD<sub>5</sub>) limits

Mass TSS limit = 30 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

**AND**

Mass BOD<sub>5</sub> limit = 30 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

**OR**

Mass CBOD<sub>5</sub> limit = 25 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

B11. Weekly Average Mass TSS and BOD<sub>5</sub> (or CBOD<sub>5</sub>) limits

Mass TSS limit = 45 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

**AND**

Mass BOD<sub>5</sub> limit = 45 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

**OR**

Mass CBOD<sub>5</sub> limit = 40 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

B12. Maximum Daily Mass TSS and BOD<sub>5</sub> (or CBOD<sub>5</sub>) limits

Mass TSS limit = 50 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

**AND**

Mass BOD<sub>5</sub> limit = 50 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

**OR**

Mass CBOD<sub>5</sub> limit = 45 mg/l x 8.34 x permitted design flow \_\_\_\_\_ mgd (Question A4) = \_\_\_\_\_ lbs/day

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**Part C. Effluent Testing for All Applicants**

All applicants must provide effluent testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one sample collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the past year must be included.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	# of Samples
pH* (Minimum)		s.u.			
pH* (Maximum)		s.u.			
Temperature (Winter)		Deg F		Deg F	
Temperature (Summer)		Deg F		Deg F	

\* For pH please report a minimum and a maximum daily value

POLLUTANT	Max. Daily Value Discharge		Average Daily Value			Analytical Method	ML/MDL
	Conc.	Units	Conc.	Units	# of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS</b>							
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	mg/l		mg/l			
	CBOD5	mg/l		mg/l			
BACTERIA (Report all that are applicable)	Fecal Coliform	cts/100ml		cts/100ml			
	Total Coliform	cts/100ml		cts/100ml			
	E. Coli	cts/100ml		cts/100ml			
	Enterococci	cts/100ml		cts/100ml			
TOTAL SUSPENDED SOLIDS (TSS)		mg/l		mg/l			

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**Part D. Effluent Testing for Applicants with Design Q  $\geq$  0.1 mgd Only**

If the treatment works has a design flow greater than or equal to 0.1 mgd then provide effluent testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one sample collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the past two years must be included.

POLLUTANT	Max. Daily Value		Average Daily Value			Analytical Method	ML/MDL
	Conc.	Units	Conc.	Units	# of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS</b>							
AMMONIA (as N)		mg/l		mg/l			
CHLORINE (TOTAL RESIDUAL, TRC)		mg/l		mg/l			
DISSOLVED OXYGEN		mg/l		mg/l			
TOTAL KJELDAHL NITROGEN (TKN)		mg/l		mg/l			
NITRATE PLUS NITRITE		mg/l		mg/l			
OIL and GREASE		mg/l		mg/l			
TOTAL PHOSPHORUS		mg/l		mg/l			
TOTAL DISSOLVED SOLIDS (TDS)		mg/l		mg/l			
OTHER*							

\*Report any additional parameters requested by EPA or DES here

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**Part E. Effluent Testing for Applicants with Design Q  $\geq$  1.0 mgd Only**

**E1. Parameters in Table 2 of Appendix J of 40 CFR 122**

If the treatment works has a design flow greater than or equal to 1.0 mgd then provide effluent testing data for the parameters in Table 2 of Appendix J of 40 CFR 122. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one pollutant scan collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the last two years must be included.

Attach the results from your contract laboratory to this Notice of Intent and include the following:

POLLUTANT	MAXIMUM DAILY VALUE				AVERAGE DAILY VALUE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		

**E2. Whole Effluent Toxicity Test Results**

If the treatment works has a design flow greater than or equal to 1.0 mgd then provide the results of at least one multiple species (minimum of two species) acute whole effluent toxicity test performed on a sample of the effluent collected within the last two years. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136. If you have already submitted the information requested in this part you do not need to submit it again but you must provide the date it was submitted and a brief summary of the results (LC50 endpoints).

Attach the results from your contract laboratory to this Notice of Intent and include the following:

- a. Description of sample collection procedures (grab or 24-hour composite), site description;
- b. Names of individuals collecting and transporting samples, times and dates of sample collection and analysis on chain of custody; and
- c. General description of tests: age of test organisms, origin, dates and results of standard toxicant tests; light and temperature regime; other information on test conditions if different than procedures recommended. Reference toxicity test data must be included.
- d. Raw data and bench sheets.
- e. All chemical/physical data generated. (Include minimum detection levels and minimum quantification levels).
- f. Provide a description of dechlorination procedures (as applicable).
- g. Any other observations or test conditions affecting test outcome.
- h. Statistical tests used to calculate endpoints.

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**Part F. Eligibility**

F1. Any facility seeking coverage under this general permit must certify in its NOI that each discharge for which it is seeking coverage meets one or more of the National Historic Preservation Act (NHPA) eligibility criteria in Attachment C to the permit

Does each discharge meet one or more of the NHPA eligibility criteria?  Yes  No

Attach all documentation necessary to support the eligibility demonstration.

Was the State Historic Preservation Officer or Tribal Historic Preservation Officer involved in the determination of eligibility?  Yes  No

F2. For coverage under this general permit, a facility with a discharge outside the areas identified in Part III.K.4.b and currently covered under an individual NPDES permit can meet the ESA eligibility criteria by providing the individual NPDES permit number and certifying that the discharge is not in proximity to a dwarf wedgemussel or shortnose sturgeon population. Does your facility meet these criteria?  Yes  No

Attach any documentation to support this determination.

Any other facility seeking coverage under this general permit, including facilities discharging or proposing to discharge into the areas identified in Part III.K.4.b, must certify in this NOI that each discharge for which it is seeking coverage meets one or more of the Endangered Species Act eligibility criteria in Attachment D to the permit.

Have the Endangered Species Act eligibility criteria been met?  Yes  No

Attach all documentation necessary to support the eligibility demonstration.

**Part G. Certification**

The Notice of Intent must be signed in accordance with the signatory requirements of 40 CFR§122.22, including the following certification (*Original Signature Required*):

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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Printed Name and Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number



## **H. Federal and State Addresses**

This Notice of Intent must be sent to the U.S. Environmental Protection Agency with a copy to the New Hampshire Department of Environmental Services at the addresses listed below. Applications are due at least 180 days before the expiration date of the existing NPDES permit.

1. U.S. EPA - New England, Region I  
Municipal Assistance Unit (CMU)  
1 Congress Street, Suite 1100  
Boston, Massachusetts 02114-2023
2. N.H. Department of Environmental Services  
Water Division, Wastewater Engineering Bureau  
Permits and Compliance Section  
29 Hazen Drive – PO Box 95  
Concord, New Hampshire 03302-0095