



9/30/08
received

ENVIRONMENTAL HEALTH & SAFETY SERVICES
OF NEW ENGLAND, INC.

1800 HILL STREET • SUFFIELD, CT 06078 • (860) 668-0736

September 24, 2008

U.S. Environmental Protection Agency
NCCW GP Processing
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, MA 02114-2023

Subject: Doncasters Storms Forge Inc.
Non-Contact Cooling Water General Permit (NCCW GP)

Dear Permit Reviewer:

Enclosed please find a NCCW GP application, and a copy of the MADEP Transmittal Form from 2005 for Doncasters Storms Forge located in Springfield Massachusetts. NCCW is purchased from the City of Springfield Sewer and Water Commission and is discharged to Poor Brook a tributary of the Chicopee River. No chemical treatment is performed on the NCCW discharge. Presently only one air compressor discharges to Poor Brook.

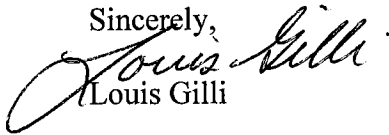
Recent trends have seen a reduction in NCCW use at Storms forge. The 600Hp turbine air compressor is no longer used because of its high electrical and cooling water needs. Storms Forge is presently trying to sell this air compressor. The one air compressor still using NCCW is operated on an as needed basis to assist the air cooled air compressor already in service. This years NCCW use has fallen to about 10,000 gpd average with a peak of about 25,000 gpd.

Storms Forge
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Page 2

Storms Forge is aware that the NCCW discharge will not be able to meet the residual chlorine limit established by the new NCCW GP. Since 8/6/08 price quotes for a new air cooled air compressor have been collected and a copy of the preferred bid is enclosed. Storms forge proposes to have this new air compressor installed and operating within 8 weeks of this writing. In the mean time coverage under the new NCCW GP is sought until the new air compressor is installed.

If you have any questions, please call.

Sincerely,



Louis Gilli

enc. NCCW GP
MADEP 2005 Transmittal Form
Price quote

cc: MADEP Division of Watershed Management
C. Laudani – Storms Forge



Enter your transmittal number

w058983

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.mass.gov/dep/counter/trasmfrm.shtml> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

DEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

MAG250947

1. Permit Code: 7 or 8 character code from permit instructions

Cooling Air Compressors

3. Type of Project or Activity

General Permit for Non Contact Cooling Water

2. Name of Permit Category

B. Applicant Information - Firm or Individual

Doncasters Storms Forge

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. Last Name of Individual

160 Cottage Street

5. Street Address

Springfield

6. City/Town

Chris Laudani

11. Contact Person

3. First Name of Individual

4. MI

MA

7. State

01104

8. Zip Code

413 785 1801

9. Telephone #

1620

10. Ext. #

claudani@doncasters.com

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Doncasters Storms Forge

1. Name of Facility, Site Or Individual

160 Cottage Street

2. Street Address

Springfield

3. City/Town

MA

4. State

01104

5. Zip Code

413 785 1801

6. Telephone #

1620

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual

2. Address

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

- ☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
- ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
- ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
- ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number

Dollar Amount

Date

APPENDIX 5

Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General Permit

1. General facility information. Please provide the following information about the facility.

a) Name of facility: <u>DONCASTERS STORMS FORGE INC.</u>		Type of Business: <u>FORGING</u>
Facility Location Address : <u>160 COTTAGE ST</u> <u>SPRINGFIELD MA 01104</u> longitude: <u>72° 32' 57"</u> latitude: <u>42° 08' 39"</u>	Facility SIC codes: <u>3462</u> <u>3463</u>	Facility Mailing Address (if not location address) <u>SAME</u>
b) Name of facility owner: <u>DONCASTERS INC.</u>		Email address of owner:
Owner's Tel #: <u>44(0) 1332-864900</u> Owner's Fax #: <u>44(0) 1332-864888</u>		Owner is (check one): 1. Federal _____ 2. State _____ 3. Tribal _____ 4. Private <u>X</u> 4. Other _____ (Describe)
Address of owner (if different from facility address) <u>28-30 DERBY RD.</u> <u>DERBYSHIRE UK</u>		
Legal name of Operator, if not owner: <u>DONCASTERS STORMS FORGE INC.</u> Operator Contact Name: <u>CHRIS LAUDANI</u> Operator Tel Number: <u>413-785-1801 x1620</u> Fax Number: <u>413-785-5680</u> Operator's email: <u>CLAUDANI@DONCASTERS.COM</u> Operator Address (if different from owner)		
d) Attach topographic map indicating the locations of the facility and the receiving water; all NCCW discharge points; upstream downstream monitoring points. Map attached? <u>X</u>		
e) Check Yes or No for the following: 1. Has a prior NPDES permit been granted for the discharge? Yes <u>X</u> No _____ If Yes, Permit Number: <u>MAG-250947</u> 2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes _____ No <u>X</u> 3. Is the facility covered by an individual NPDES permit? Yes _____ No <u>X</u> If Yes, Permit Number _____ 4. Is there a pending application on file with EPA for this discharge? Yes _____ No <u>X</u> If Yes, date of submittal:		

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

- a) Name of receiving water into which discharge will occur: POOR BROOK
State Water Quality Classification: CLASS B Freshwater: X Marine Water: _____
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: AIR COMPRESSOR NON-CONTACT COOLING WATER
- c) FOR MASSACHUSETTS FACILITIES ONLY: Engineering Calculations: Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment A of the General Permit. Check if attached: X
- d) Number of outfalls 1

For each outfall:

- e) What is the maximum daily and average monthly flow of the discharge? Note that EPA will use the flow reported here as the facility's permitted effluent flow limit. Max Daily Flow 60,000 GPD Average Flow 25,000 GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 80 F° Average Temp. 59 F°
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.8 Min pH 6.9
- h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes X No _____ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.
- i) Is the discharge continuous? Yes X No _____ If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) _____
If (P), number of days or months per year of the discharge _____ and the specific months of discharge _____;
If (I), number of days/year there is a discharge _____
- j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 72° 32' lat. 42° 08'; outfall 2: long. _____ lat. _____;
outfall 3: long. _____ lat. _____ (See http://www.epa.gov/tri/report/siting_tool)
- k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 0.015 cfs
Please attach any calculation sheets used to support stream flow and dilution calculations. See General Permit Attachment B for equations and additional information.

MASSACHUSETTS FACILITIES: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.

Areas of Critical Environmental Concern (ACEC): Does the discharge occur in an ACEC? Yes _____ No X

If yes, provide the name of the ACEC: _____

3. NCCW Source Water Information. Please provide information about the NCCW source water, using separate sheets as necessary:

a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater):

Source: MUNICIPAL WATER SUPPLY

Name of Source Water: SPRINGFIELD WATER AND SEWER COMMISSION

Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)?

Yes ☒ No ☐

If yes, registration number: 10428101

b) If source water is surface water:

i) Is it a freshwater river or stream Yes ☐ No ☐

ii) Is it a lake? ☐ reservoir? ☐

iii) Is it tidal river? ☐ estuary? ☐ ocean? ☐

c) Is the source water groundwater? Yes ☐ No ☐ If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit.

d) Does the facility use both a primary and backup source of noncontact cooling water? Yes ☐ No ☒

If yes, attach information that identifies and explains the primary and backup sources of noncontact cooling water for and how often the backup supply was used in last three years.

4. Best Technology Available for CWIS

Are you subject to BTA requirements at Part 4.2 of the General Permit? (Facility's discharge is covered by this General Permit and the facility withdraws noncontact cooling water from surface source water). Yes ☐ No ☒ If No, explain: MUNICIPAL WATER USED FOR NCCW

If YES, attach the facility-specific BTA description as required in Part 4.3 of the General Permit. For additional information and guidance, see Questions 13-23 of the NCCW Fact Sheet, posted at <http://www.epa.gov/region1/npdcs/nccwgp.html>. Provide a map showing the location of each CWIS intake structure; NCCW outfall(s) and any CWIS feature referred to in the BTA description.

Include in your description:

- ☐ Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- ☐ A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use
- ☐ The attributes of the current CWIS
- ☐ Design measures of the CWIS
- ☐ Operation measures of the CWIS
- ☐ Historical occurrence of impinged fish for the past five years
- ☐ If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system
- ☐ Other components to reduce impingement and/or entrainment of aquatic life

4. BTA FOR CWIS CONTINUED: *N/A*

Provide the following information for each CWIS to support your attached facility-specific BTA description.

Design capacity of the of the CWIS _____MGD

Maximum monthly average intake of the CWIS during the previous five years _____MGD Month in which this flow occurred _____

Maximum through-screen design intake velocity _____feet/second (fps)

For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

The source water's annual mean flow _____cubic feet/second (cfs) as available from USGS or other appropriate source

The design intake flow as a % of the source water's annual mean flow _____ Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 _____cfs. See Attachment B of the General Permit for more information on 7Q10 determinations.

The design intake flow as a percent of the source water's 7Q10 _____

5. Contaminant Information

If applicable, attach a listing of all non-toxic pH neutralization and/or dechlorination chemicals used, including chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)).

6. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix 2, Part C, Step 4, of the General Permit. In addition, respond to the following questions.

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes ___ No X
- b) Has any consultation with the federal services been completed? Yes ___ No ___
- c) Is consultation underway? Yes ___ No ___
- d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA 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
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D or E) have you met? _____
- f) Attach a copy of the most current federal listing of endangered and threatened species from the USF&W web site listed in Appendices 2, 2.1 and 4 ✓

7. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

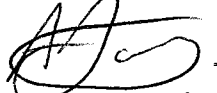
- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes ___ No X
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes ___ or No X If yes, attach the results of the consultation(s).
- c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 o3) have you met? _____

8. 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

9. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) 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 Name:	DONCASTERS STORMS FORGE INC.	
Operator signature:		(TONY DALBY)
Title:	GENERAL MANAGER	
Date:	9/26/08	

Federal regulations require this application to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

Doncasters Storms Forge Inc.

Attachment A – NCCW General Permit

Engineering Calculation for Massachusetts Facilities

Receiving Water Temperature

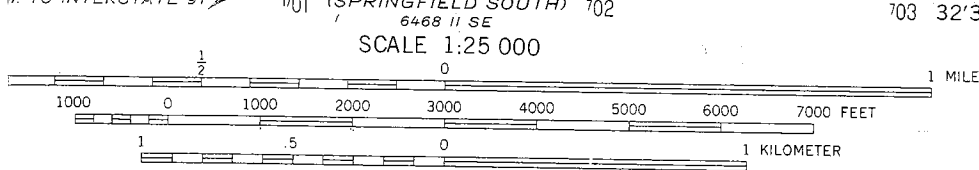
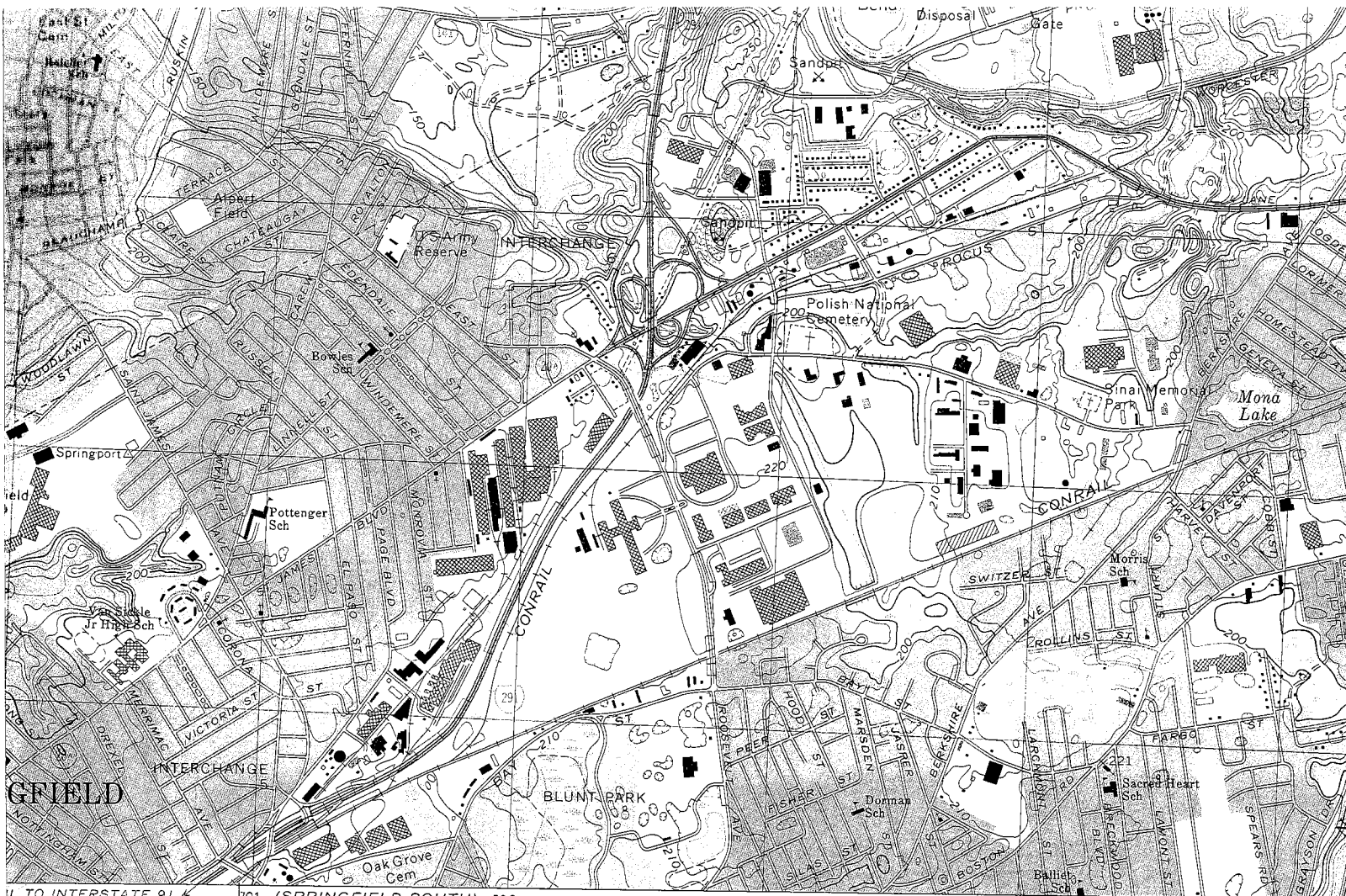
All of the heat rejected by the air compressor is absorbed by Poor Brook. The average NCCW temperature of the discharge is 59 F° and the average city water temperature is 52 F°. Following example 2 in Attachment A

$$\Delta T_p = (59 - 52) = 7 \text{ F}^\circ$$

$$M_{p \text{ h20}} = \text{Average NCCW flow} = 0.025 \text{ MGD}$$

$$M_{r \text{ h20}} = 7Q10 \text{ Poor Brook} = 0.010 \text{ MGD}$$

$$\Delta T_r = \left(\frac{M_p}{M_r} \right) \times \Delta T_p = \left(\frac{0.025}{0.010} \right) \times 7 = 17.5 \text{ F}$$



Primary highway,
hard surface

Secondary highway,
hard surface

Interstate Route

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST