9/22/08
Received

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: Hyde Manufacturing Co Inc		**Type of Business:** Manufacturing of Hand Tools
Facility Location Address : 54 Eastford Road Southbridge MA 01550 **longitude:** -072° 02' 16.34" **latitude:** -042° 04' 7.55"	**Facility SIC codes:** 3423	**Facility Mailing Address (if not location address)**
b) Name of facility owner:		**Email address of owner:**
Owner's Tel #: _____ **Owner's Fax #** _____		**Owner is (check one): 1. Federal____ 2. State _____ 3.Tribal_____** **4. Private** X **4. Other _____(Describe)**
Address of owner (if different from facility address)		

Legal name of Operator, if not owner: Hyde Manufacturing Co Inc
Operator Contact Name: Armand Bachand
Operator Tel Number: 508-764-4344 **Fax Number:** 508-765-5250
Operator's email: bbachand@hydetools.com
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 and downstream monitoring points. Map attached? ✓ Monitoring Points N/A

e) Check Yes or No for the following:
1. **Has a prior NPDES permit been granted for the discharge? Yes** ✓ **No____ If Yes, Permit Number:** MAG250024
2. **Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes_____ No** ✓
3. **Is the facility covered by an individual NPDES permit? Yes_____ No** ✓ **If Yes, Permit Number ____**
4. **Is there a pending application on file with EPA for this discharge? Yes _____ No** ✓ **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: Cohasse Brook
State Water Quality Classification: _____ Freshwater: X Marine Water: _____

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

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 200 GPD Average Flow 190 GPD

f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 82° Average Temp. 70°

g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.4 Min pH 8.1

h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes ✓ No _____ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.

i) Is the discharge continuous? Yes _____ 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 5days 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. -072°02'17.55" lat. 042°04'10.49"; 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 NA 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 ✓
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: Town of Southbridge Public Water

Name of Source Water: Town of Southbrige Public Water Supply

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: MA WATER MANAGEMENT 20927801

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: USE TOWN WATER

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/npdes/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:

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 LC_{50} in percent for aquatic organism(s)). NA

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✓____
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? A
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 ✓
b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No ✓ 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? 1

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

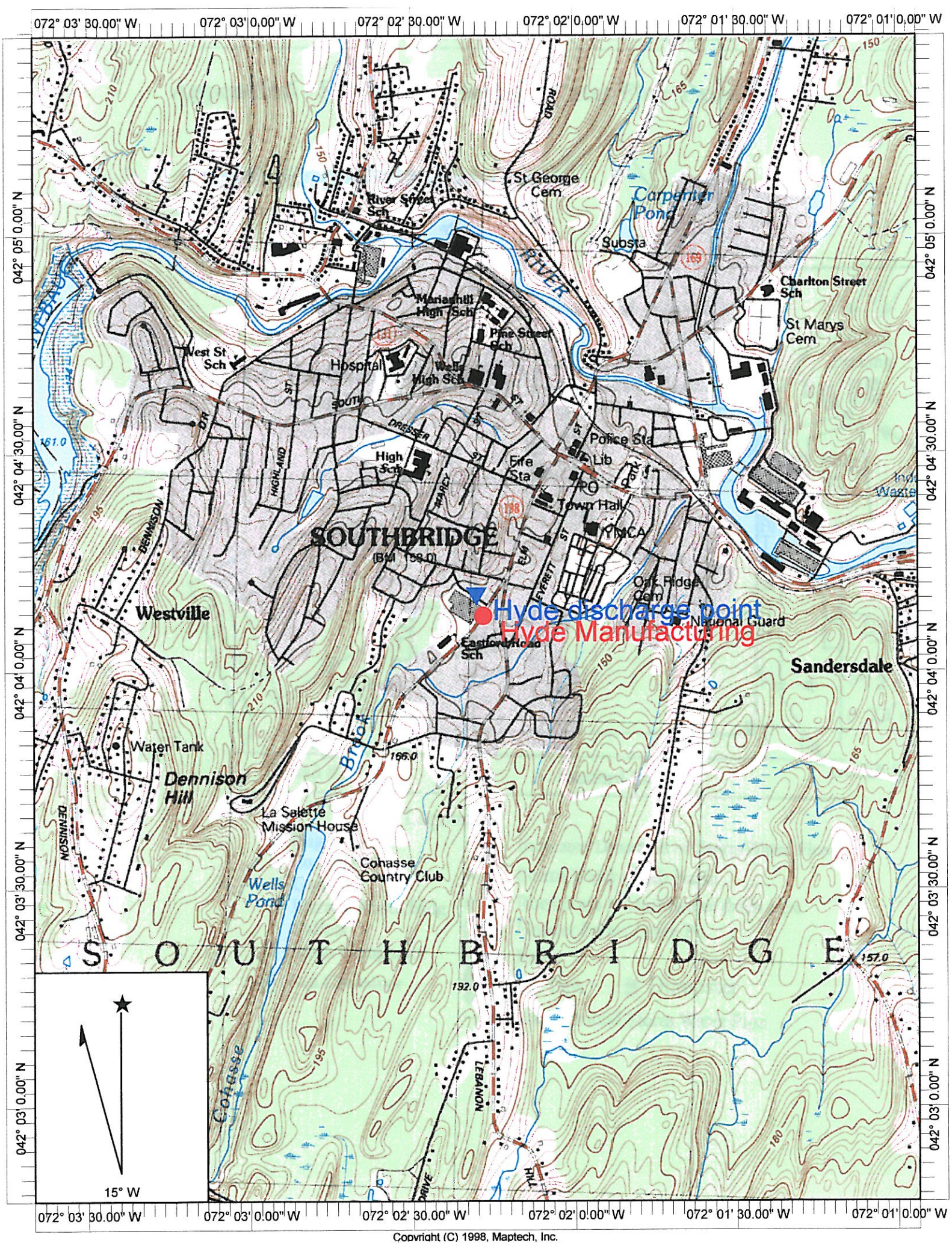
9. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

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:	Hyde MANUFACTURING Co INC.
Operator signature:	
Title:	VP Operations
Date:	9/18/08

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.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Hyde discharge point
Hyde Manufacturing
SOUTHBRIDGE
Westville
Sandersdale
Dennison Hill
Carpenter Pond
Wells Pond
St George Cem
River Street Sch
Substa
Charlton Street Sch
St Marys Cem
Mariashill High Sch
Pine Street Sch
West St Sch
Hospital
Wells High Sch
High Sch
Fire Sta
Police Sta
Lib
PO
Town Hall
YMCA
Oak Ridge Cem
National Guard
Eastford Road Sch
Water Tank
La Salette Mission House
Cohasse Country Club
Cohasse
Broad
DENNISON
HIGHLAND
DRESSER
PEARCY
EVERETT
ELM
LEBANON
DRIVE
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http://www.epa-echo.gov/cgi-bin/ideaotis.cgi
Last updated on Tuesday, September 9th, 2008.

Enforcement & Compliance History Online (ECHO)

You are here: EPA Home Compliance and Enforcement ECHO Search Data Search Results

ECHO Enforcement and Compliance History Online

Search Results
(All Programs)

Help

1 Facility Returned

◄ New Search

Information on the enforcement process is available on the FAQ page.
Entries in gray text denote records that are not federally required to be reported to EPA. These data may not be complete.

Map

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Facility Information (Select Name to Read Report)	Program ID#	Inspections (5 yrs)	Qtrs in Non Compliance (3 yrs)	Alleged Current Significant Violations	Informal Enforcement Actions/NOVs (5 yrs)
HYDE TOOLS 54 EASTFORD RD. SOUTHBRIDGE, MA 01550 FRS ID: 110000309069	AFS: 2511800475			no	
	ICP: MAG250024 E	1	n/a	n/a	
	RCR: MAD001126895			no	

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Report Generated on 9/9/2008

Search Criteria

Facility Characteristics

Active/Operating: Y | SIC Code: 3423 | Facility Name: Hyde Manufacturing Co. Inc.

Geographic Location

Zip Code: 01550

Restrict by Media

Restrictions By Media: ANY

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Notes:

-Chemical releases reported by TRI are not associated with non-compliance for that facility.

-The Demographics data (Percent Minority and Population Density) are displayed on the first row in each facilities data table.

This data is not specific to that permit but to the whole facility.

Definitions:

AFS- Air Facility System for Clean Air Act programs.

FRS- Facility Registry System.

PCS- Permit Compliance System for Clean Water Act programs monitoring National Pollutant Discharge Elimination System (NPDES) permits.

RCRA- Resource Conservation and Recovery Act waste handler database (RCRAInfo).

TRI- Toxics Release Inventory for Emergency Planning and Community Right-to-Know Act, Section 313 submissions.

ICIS- Integrated Compliance Information System

Commonwealth of Massachusetts

Division of Fisheries & Wildlife

MassWildlife

Wayne F. MacCallum, *Director*

March 22, 2005

Marge Morneau
RELCO Engineering
134 Wenonah Road
Longmeadow, MA 01106

Re: Hyde Manufacturing Company, Inc. – Stormwater Pollution Plan
Southbridge, MA
NHESP File: 05-17576

Dear Ms. Morneau,

Thank you for contacting the Natural Heritage and Endangered Species Program ("NHESP") of the MA Division of Fisheries & Wildlife for information regarding state-protected rare species in the vicinity of the above referenced sites. At this time we are not aware of any rare plants or animals in the vicinity of the proposed project sites.

This evaluation is based on the most recent information available in the NHESP database, which is constantly being expanded and updated through ongoing research and inventory. Should your site plans change, or new rare species information become available, this evaluation may be reconsidered.

If you have any questions regarding this review, please call Joanne Theriault, Environmental Review Assistant, at ext. 310.

Sincerely,

Thomas W. French

Thomas W. French, Ph.D.
Assistant Director