



9/30/08
received

25 September 2008

Certified Mail - Return Receipt Requested
Certified Mail No. 7007-3020-0002-0932-1576

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

Re: Notice of Intent (NOI) for Coverage under the Massachusetts Noncontact
Cooling Water (NCCW) General Permit, MAG250000
Saint-Gobain Containers, Milford, MA

Dear Sir or Madam:

To comply with the provisions of the Federal Clean Water Act and the Massachusetts Clean Waters Act relating to noncontact cooling water (NCCW) discharges, Saint-Gobain Containers, Inc. ("Saint-Gobain") hereby submits a Notice of Intent (NOI) for coverage under the Massachusetts NCCW General Permit MAG250000, issued on 18 July 2008. According to the NOI instructions in Appendix 4 of the General Permit, the EPA NOI form is sufficient for both Federal and State submittal; no separate form is required for submission to MADEP.

The Facility's discharges were previously permitted under the expired General Permit MAG250911, the coverage of which was administratively stayed following its expiration in 2005.

The Facility's NCCW discharges are unchanged since the previous NOI submittal in January 2005. Note, however, that Saint-Gobain requests in the enclosed NOI for the receiving waterbody designation to be revised from "Charles River" to "wetlands adjacent to the Charles River." Saint-Gobain seeks the clarification to more precisely describe the discharge locations. Furthermore, because the receiving wetlands have no continuous flow and no continuous surface connection to the Charles River, Saint-Gobain seeks a reprieve from the requirements to calculate the heat load to the receiving waterbody and to monitor the upstream and downstream parameters of the receiving waterbody.

If you have any questions regarding the enclosed material, please contact me at (765) 741-7207.

Sincerely,



Robert J. Ganter
Senior Vice President and General Manager

Enclosures (Application Package):

EPA Suggested NOI Form
NOI Attachment 1 - Topographic Map
NOI Attachment 2 - Documentation of Endangered Species Act (ESA) Eligibility
NOI Attachment 3 - Supporting Analytical Data
January 2005 submittal for renewal of coverage under MAG250911, including Payment Transmittal Form

Cc:

Massachusetts Department of Environmental Protection (with enclosures)

Certified Mail No. 7007-3020-0002-0932-1569

Division of Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608

S. Jean	M. Decelles	J. Keener
V. Krulic	R. Metzger	J. Plante (ERM)
P. Velarde	M. Evans	

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: <i>Saint-Gobain Containers, Inc.</i>		Type of Business: <i>Glass container manufacturing</i>
Facility Location Address : <i>1 National Street Milford, MA 01757</i> longitude: <i>-71.518057</i> latitude: <i>42.129169</i>	Facility SIC codes: <i>3221</i>	Facility Mailing Address (if not location address) : <i>Same as location address</i>
b) Name of facility owner: <i>Saint-Gobain Containers, Inc.</i>		Email address of owner: <i>robert.j.ganter@saint-g</i>
Owner's Tel #: <i>(765) 741-7207</i>	Owner is (check one): 1. Federal _____ 2. State _____	
Owner's Fax #: <i>(765) 741-7110</i>	4. Private ☒ 4. Other _____	
Address of owner (if different from facility address) <i>1509 South Macedonia Avenue P.O. Box 4200 Muncie, Indiana 47307-4200</i>		
Legal name of Operator, if not owner: <i>Same as owner</i>		
Operator Contact Name: <i>Mia DeCelles, EHS Manager</i>		
Operator Tel Number: <i>(508) 634-7217</i> Fax Number: <i>(508) 634-7209</i>		
Operator's email: <i>mia.decelles@saint-gobain.com</i>		
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 monitoring points. Map attached? <i>Yes, as Attachment 1. Note that Attachment 1 does not include upstream and downstream the receiving water bodies are wetlands with no continuous flows.</i>		
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: <i>MAG250911</i>		
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 <i>NA</i>		
4. Is there a pending application on file with EPA for this discharge? Yes ☒ No _____ If Yes, date of submittal: <i>31 January</i>		

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

a.) Name of receiving water into which discharge will occur: Wetlands adjacent to the Charles River

State Water Quality Classification: NA: discharge is to wetlands Freshwater: ☒ Marine Water: NA

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

Noncontact cooling water (NCCW) discharges for compressor cooling tower (No. 001), and electrode and hot end distributor cooling (No. 003)

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: NA: discharge is to wetlands

d.) Number of outfalls 2

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.

Outfall No. 001	Max Daily Flow	<u>115,200</u>	GPD	Average Flow	<u>10,000</u>	GPD
Outfall No. 003	Max Daily Flow	<u>100,000</u>	GPD	Average Flow	<u>63,000</u>	GPD

f.) What is the maximum daily and average monthly temperature of the discharge (in degrees F)?

Outfall No. 001	Max Temp.	<u>86.3 °F</u>	Average Temp.	<u>86.3 °F</u>
Outfall No. 003	Max Temp.	<u>81.1 °F</u>	Average Temp.	<u>62.3 °F</u>

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

Outfall No. 001	Max pH	<u>8.3</u>	Min pH	<u>6.8</u>
Outfall No. 003	Max pH	<u>7.9</u>	Min pH	<u>6.2</u>

h.) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.

Outfall No. 001	Yes	☒	No	☐
Outfall No. 003	Yes	☒	No	☐

i.) Is the discharge continuous?

Outfall No. 001 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) I

If (P), number of days or months per year of the discharge NA and the specific months of discharge NA;

If (I), number of days/year there is a discharge 15 days/year.

Outfall No. 003 Yes ☒ No ☐

2. Discharge information (continued)

j) Latitude and longitude of each discharge within 100 feet:

Outfall No. 001 long. -71.515392 lat. 42.128022

Outfall No. 003 long. -71.510775 lat. 42.127025 (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: discharge is to wetlands
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: NA

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: Milford Water Company

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: 220118501

b) If source water is surface water: NA

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:

The facility uses only municipal water to satisfy its noncontact cooling water needs.

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. NA

Include in your description: NA

- _____ 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

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

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)).

No chemicals are added to the NCCW.

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

The US F&W web site does list an endangered species (the small whorled pogonia, see Attachment 2) in Worcester County. However, neither 50 CFR 17 nor 226 specifies critical habitat locations for the plant. The National Heritage and Endangered Species (NHESP) 2006 Priority and Estimated Habitats Map (see Attachment 2) does not show any priority habitats proximate to the discharges.

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 or 3) 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.

A summary of analytical data from the facility's NCCW Discharge Monitoring Reports (DMRs) is provided as Attachment 3.

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., storm water) 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: *Saint-Gobain Containers, Inc. Milford, MA*

Operator signature: 

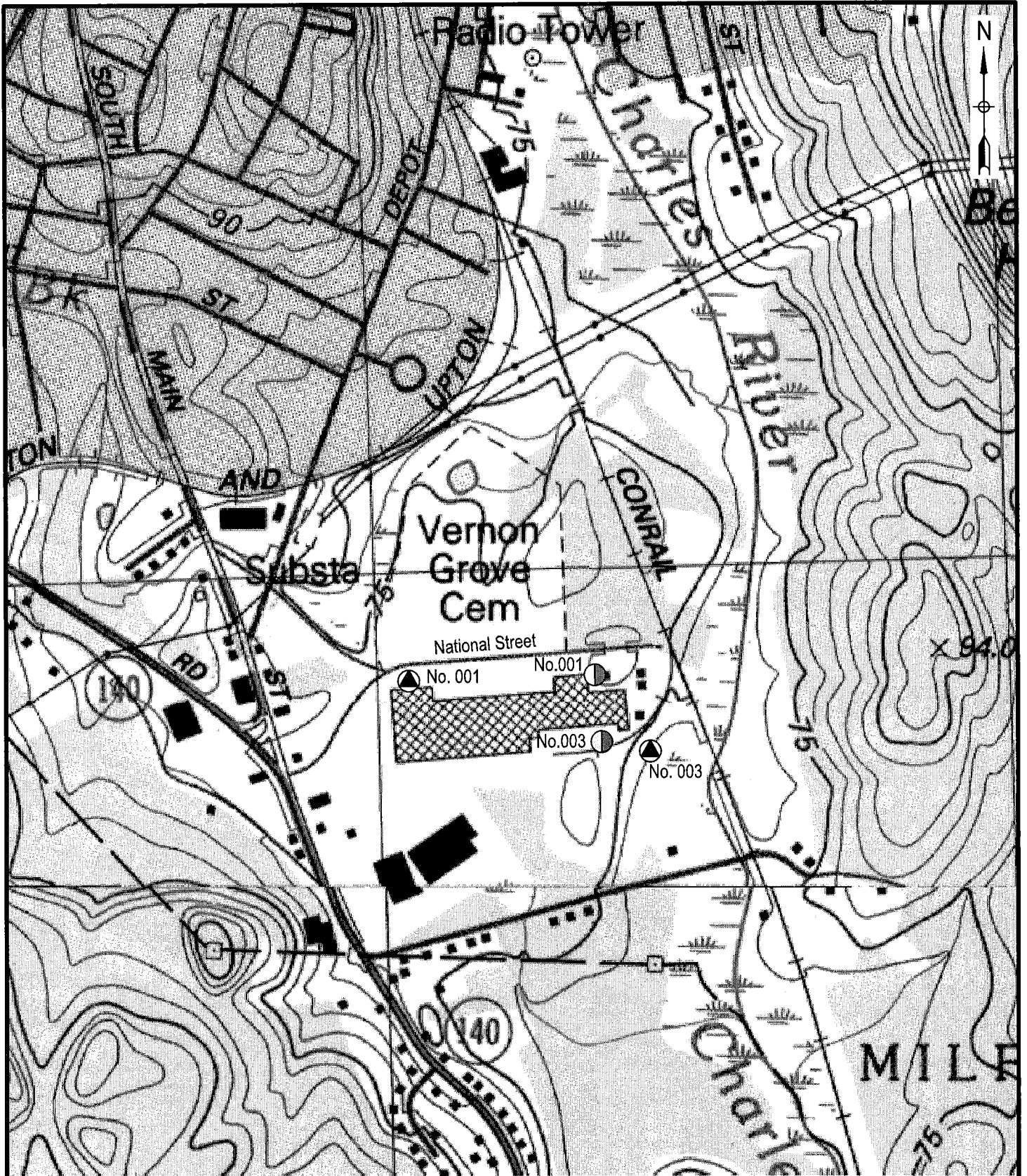
Title: *Robert J. Ganter, Senior Vice President and General Manager*

Date: *9-25-08*

Federal regulations require this application to be signed as follows:

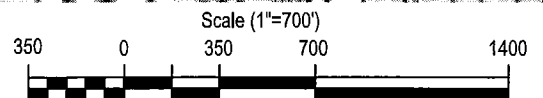
1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer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

NOI Attachment 1
Topographic Map Showing
NCCW Discharge Locations
and Sampling Points



Legend

-  Sampling Location for NCCW Discharge
-  Outfall for NCCW Discharge



Attachment 1 - Discharge Locations
 September 2008
 Saint-Gobain Containers
 1 National Street, Milford, MA



*NOI Attachment 2
Documentation of
Endangered Species Act
(ESA) Eligibility*

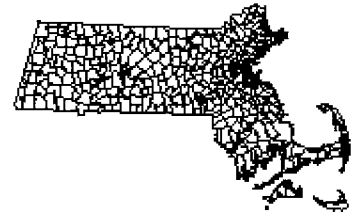
- (1) US F&WS Listing of Endangered
and Threatened Species in
Massachusetts
- (2) Map from 2006 NHESP *Priority and
Estimated Habitats Atlas*

Massachusetts

Common Name	Scientific Name	Status	Distribution
FISHES:			
Sturgeon, shortnose*	Northeastern bulrush	E	Atlantic coastal waters and rivers (Conn. R.)
REPTILES:			
Turtle, bog	Clemmys muhlenbergii	T	Berkshire County
Turtle, green*	Chelonia mydas	T	Oceanic straggler in southern New England
Turtle, hawksbill*	Eretmochelys imbricata	E	Oceanic straggler in southern New England
Turtle, leatherback*	Dermochelys coriacea	E	Oceanic summer resident
Turtle, loggerhead*	Caretta caretta	T	Oceanic summer resident
Turtle, Atlantic ridley*	Lepidochelys kempii	E	Oceanic summer resident
Turtle, Northern red-bellied couter (Plymouth redbelly)	Chrysemys rubriventris bangsi	E	Plymouth & Dukes Counties
BIRDS:			
Plover, piping		T	Atlantic coast, nesting
Tern, roseate	Charadrius melodus	E	Atlantic coast/islands, nesting
	Sterna dougallii dougallii		
MAMMALS:			
Bat, Indiana		E	Berkshire County/historic
Whale, blue*	Myotis sodalis	E	Oceanic
Whale, finback*	Balaenoptera musculus	E	Oceanic
Whale, humpback*	Balaenoptera physalus	E	Oceanic
Whale, right*	Megaptera novaeangliae	E	Oceanic
Whale, sei*	Eubalaena spp. (all species)	E	Oceanic
Whale, sperm*	Balaenoptera borealis	E	Oceanic
	Physeter catodon		
MOLLUSKS:			
Wedgemussel, dwarf		E	Hampshire, Franklin County
	Alasmidonta heterodon		
INSECTS:			
Beetle, Puritan tiger		T	Hampshire County
Beetle, Northeastern beach	Cicindela puritana	T	Dukes & Bristol Counties
Beetle, American burying	Cicindela dorsalis dorsalis	E	Penikese & Nantucket Isl., reintroduced populations
	Nicrophorus americanus		
PLANTS:			
Small whorled pogonia		T	Hampshire, Essex, Hampden, Worcester, Middlesex Counties
	Isotria medeoloides		
Sandplain gerardia		E	Barnstable & Dukes Counties
Northeastern bulrush	Agalinus acuta	E	Franklin County
	Scirpus ancistrochaetus		

* Except for sea turtle nesting habitat, principal responsibility for these species is vested with the National Marine Fisheries Service
Rev. 1/8/02

BioMap produced by Natural Heritage & Endangered Species Program



Legend

- Surrounding States
- Permanently Protected Open Space
- BioMap Core Habitat
- BioMap Supporting Natural Landscapes

NOI Attachment 3
Supporting Analytical Data

Attachment 3 - Supporting Analytical Data

Saint-Gobain Containers, Inc.
 Milford, MA
 NCCW NOI

Summary of NCCW Discharge Monitoring Reports (DMRs) - Jan 2007 to Jun 2008**Outfall No. 001**

Date	Daily Max Temp (deg F)	Monthly Ave Temp (deg F)	Max pH	Min pH	Flow (MGD)	Notes
Jan-07	no flow	no flow	no flow	no flow	no flow	
Feb-07	no flow	no flow	no flow	no flow	no flow	
Mar-07	no flow	no flow	no flow	no flow	no flow	
Apr-07	no flow	no flow	no flow	no flow	no flow	
May-07	no flow	no flow	no flow	no flow	no flow	
Jun-07	no flow	no flow	no flow	no flow	no flow	
Jul-07	no flow	no flow	no flow	no flow	no flow	
Aug-07	86.3	86.3	6.8	6.8	0.01	
Sep-07	no flow	no flow	no flow	no flow	no flow	1
Oct-07	no flow	no flow	no flow	no flow	no flow	
Nov-07	no flow	no flow	no flow	no flow	no flow	
Dec-07	no flow	no flow	no flow	no flow	no flow	
Jan-08	no flow	no flow	no flow	no flow	no flow	
Feb-08	no flow	no flow	no flow	no flow	no flow	
Mar-08	no flow	no flow	no flow	no flow	no flow	
Apr-08	no flow	no flow	no flow	no flow	no flow	
May-08	no flow	no flow	no flow	no flow	no flow	
Jun-08	no flow	no flow	no flow	no flow	no flow	
AVERAGE	86.3	86.3	6.8	6.8	0.01	
					10000	GPD

Outfall No. 003

Date	Daily Max Temp (deg F)	Monthly Ave Temp (deg F)	Max pH	Min pH	Flow (MGD)	Notes
Jan-07	62	62	6.4	6.4	not recorded	
Feb-07	58.8	58.8	7.3	7.3	not recorded	
Mar-07	58.1	58.1	6.6	6.6	not recorded	
Apr-07	49.5	49.5	7.5	7.5	0.072	
May-07	57.9	57.9	6.2	6.2	0.054	
Jun-07	68	68	6.9	6.9	0.072	
Jul-07	71.4	71.4	7.3	7.3	0.072	
Aug-07	77.9	77.9	7.04	7.04	0.043	
Sep-07	68.4	68.4	7.77	7.77	0.072	1
Oct-07	65.1	65.1	7.5	7.5	0.07	
Nov-07	61	61	7.1	7.1	0.04	
Dec-07	64.4	60.2	7.6	7.2	0.07	
Jan-08	55.9	54	7.1	6.9	0.05	
Feb-08	53.7	53	6.8	6.6	0.05	
Mar-08	60.6	52.2	7.9	7	0.09	
Apr-08	56.8	56.2	7.7	7	0.05	
May-08	60.8	58.1	7.1	6.7	0.1	
Jun-08	71.6	65.1	7	6.6	0.04	
AVERAGE	62.3	60.9	7.2	7.0	0.06	
					63000	GPD

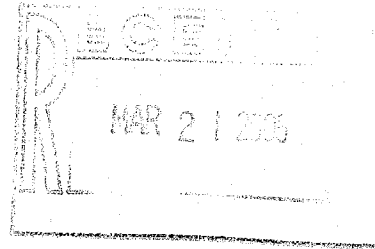
Note 1: The Sept-2007 DMR submitted to USEPA showed no discharge for Outfall No. 003 and a flow of 0.072 MGD from Outfall No. 001. However, the site believes that the Sept-2007 data were mistakenly transposed. To accurately assess the maximum and average discharge parameters, the Sept-2007 data are corrected in this attachment and in calculating the discharge information in Section 2 of the NOI.

*Saint-Gobain Containers, Inc.
Milford, MA
NCCWNOI*

*January 2005 Submittal for
Permit Renewal*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 1
1 CONGRESS STREET, SUITE 1100
BOSTON, MASSACHUSETTS 02114-2023



CERTIFIED MAIL - RETURN RECEIPT REQUESTED

March 17, 2005

Ms. Jayne E. Browning
Saint-Gobain Containers, Inc.
1509 South Macedonia Avenue
P.O. Box 4200
Muncie, IN 47307-4200

TO: RAY TAYLOR
FOR YOUR FILE
JAYNE.

RE: NPDES Notice of Intent for the Non-Contact Cooling Water General Permit
MAG250911 - (Saint-Gobain Containers, LLC)

Dear Ms. Browning:

This letter is to acknowledge that your Notice of Intent (NOI) for the Non-contact Cooling Water General Permit has been received and has been reviewed by this office. The information submitted appears to be complete and will be kept in our offices until such time as a new Non-contact Cooling Water General Permit is reissued. Until the new permit is issued, and since you submitted a timely Notice of Intent (NOI), your facility is administratively continued under the old permit. It is expected that the new General Permit will be reissued in the fall of 2005.

Please note that should there be any changes to your processes which may affect your final permit, do not hesitate to contact me or my Department of Environmental Protection counterpart, Kathleen Keohane. I can be reached at (617)918-1519 and Kathleen can be reached at (508)767-2856 respectively.

Sincerely,

Olga Vergara for
Olga Vergara

Environmental Protection Specialist
Municipal Assistance Unit

cc: K. Keohane, MA DEP



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Watershed Management, 627 Main Street 2nd Floor, Worcester, MA 01608

MITT ROMNEY
Governor

KERRY HEALEY
Lieutenant Governor

ELLEN ROY HERZFELDER
Secretary

ROBERT W. GOLLEDGE, Jr.
Commissioner

February 8, 2005

Jayne Browning
Saint-Gobain Containers, Inc.
1509 South Macedonia Avenue
P.O. Box 4200
Muncie, IN 47307-4200

**Re: NPDES General Permit for Non-Contact Cooling Water Discharges
Transmittal #W058346 MAG250911 Renewal**

Dear Ms. Browning:

The Department of Environmental Protection (DEP), Division of Watershed Management, has received your state permit application for the National Pollutant Discharge Elimination System (NPDES) General Permit for Non-Contact Cooling Water Discharges. We have reviewed the BRP WM 11 application for administrative completeness, including proper fee payment, and have determined that all the application requirements have been fulfilled.

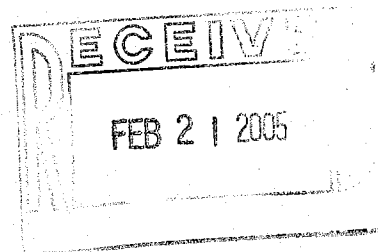
NPDES/Surface Water Discharge Permits are issued jointly by DEP and the U. S. Environmental Protection Agency (US EPA). EPA has not yet issued a new general permit for NCCW discharges, however, your coverage will be administratively continued and remains in force as described in Section I.D.3.c of the permit. You will receive written confirmation from EPA.

If you have any questions, please feel free to call me at 508-767-2856 or email kathleen.keohane@state.ma.us.

Very truly yours,

Kathleen Keohane
Environmental Engineer

Cc: Paul Hogan
Olga Vergara/EPA
Ron Taylor/Saint-Gobain, Milford



This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

<http://www.state.ma.us/dep> • Phone (508) 792-7470 • Fax (508) 791-4131

Printed on Recycled Paper



January 31, 2005

Certified Mail – Return Receipt Requested

Olga T. Vergara
US Environmental Protection Agency, Region 1
1 Congress Street, Suite 1100
Boston, MA 02114-2023

RE: Renewal of Non-Contact Cooling Water Permit
Saint-Gobain Containers, Milford, MA

Dear Ms. Vergara:

Enclosed is the completed Massachusetts Department of Environmental Protection form BRP WM 11 for the renewal of the non-contact cooling water general permit number MAG250911 for the Saint-Gobain Containers facility located in Milford, Massachusetts.

If you have any questions regarding this matter, please contact me at (765) 741-7112.

Sincerely,

Jayne E. Browning
Environmental Engineer

Enclosure (EPA Application Package)

cc: Kathleen Keohane, with enclosure (MADEP Application Package)
Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street, 2nd floor
Worcester, MA 01608

Commonwealth of Massachusetts, with enclosure (Transmittal form & check package)
Massachusetts Department of Environmental Protection
P. O. Box 4062
Boston, MA 02211

Ray Taylor, with enclosure

MAILED
JEB 1/31/05



Brian Jaggernaut
Jeff Forgang

Enclosure Packages:

1. EPA Package Includes:
 - Original Cover Letter
 - Original Form BRP WM 11
 - USGC Topo Map
2. MADEP Package Includes:
 - Copies of all of the above plus:
 - Original transmittal form
 - Copy of check for application fee payment
3. Transmittal Form and Check Package Includes:
 - Copy of Transmittal form
 - Original Check Number 02049400, dated January 20, 2005, in the amount of \$385.00



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
BRP WM 11
Request for General Permit Coverage
Surface Water Discharge Of Non-Contact Cooling Water

W058346
Transmittal Number

Date Received

A. Facility Information

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



1. Project owner:

Saint-Gobain Containers, Inc.

Name

1509 S. Macedonia Ave., PO Box 4200

Street Address/PO Box

IN

State

Jayne Browning

Contact Person

Muncie

City

47307-4200

Zip Code

765-741-7112

Telephone Number

2. Project operator (if different from above):

Saint -Gobain Containers, Inc.

Name

1 National Street

Street/PO Box:

MA

State

Ray Taylor

Contact Person

Milford

City

01757

Zip Code

508-478-2500, Ext. 7231

Telephone Number

3. Facility data (attach topographic map or other map showing facility location):

Saint-Gobain Containers, Inc.

Name

1 National Street

Street/ PO Box

Milford

City

MA

State

01757

Zip Code

Ray.J.Taylor@saint-gobain.com

Email address (optional)

508-478-2500, Ext. 7231

Telephone Number

Ray Taylor, Manager Plant Engineering

Contact Person

4. Standard Industrial Codes (SIC) and description:

3221

Standard Industrial Code (SIC)

Manufacture glass containers

Description



Massachusetts Department of Environmental Protection
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B. Effluent Characteristics

Refer to general permit in Federal Register Volume 65, Number 80, April 25, 2000, page 24195-24211:

	Average Monthly	Maximum Daily
Flow, gpd [< 1 MGD]	001=25,280 GPD; 003=48,800 GPD	001=115,200 GPD; 003=72,000 GPD
Temperature [Warm water fishery must be $< 83^{\circ}\text{F}$ (28.3°C)] [Cold water fishery effluents must be $< 68^{\circ}\text{F}$ (20°C)]	001=70.43F; 003=68F	001=79.34F; 003=81.14F
pH (freshwater 6.5-8.3, saltwater 6.5-8.5)	001=7.07; 003=6.64	001=8.3; 003=7.39
Total Residual Chlorine (for potable water supply source only): 0		

Water source of non-contact cooling water (e.g., municipal, stream withdrawal):

Municipal

Receiving waterbody:

Charles River

C. Certifications

1. The applicant certifies that the discharge consists solely of non-contact cooling water to reduce temperature, and does not come in direct contact with any raw materials, intermediate product, waste product (other than heat), or finished product.

☒ Yes ☐ No

2. The applicant certifies that no biocides or other chemical additives for any purpose are used in the non-contact cooling water.

☒ Yes ☐ No

I certify that the discharge for which I am seeking coverage under the general permit consists solely of non-contact cooling water. 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 inquiry of the persons or persons directly responsible for gathering the information, I certify that the information 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.

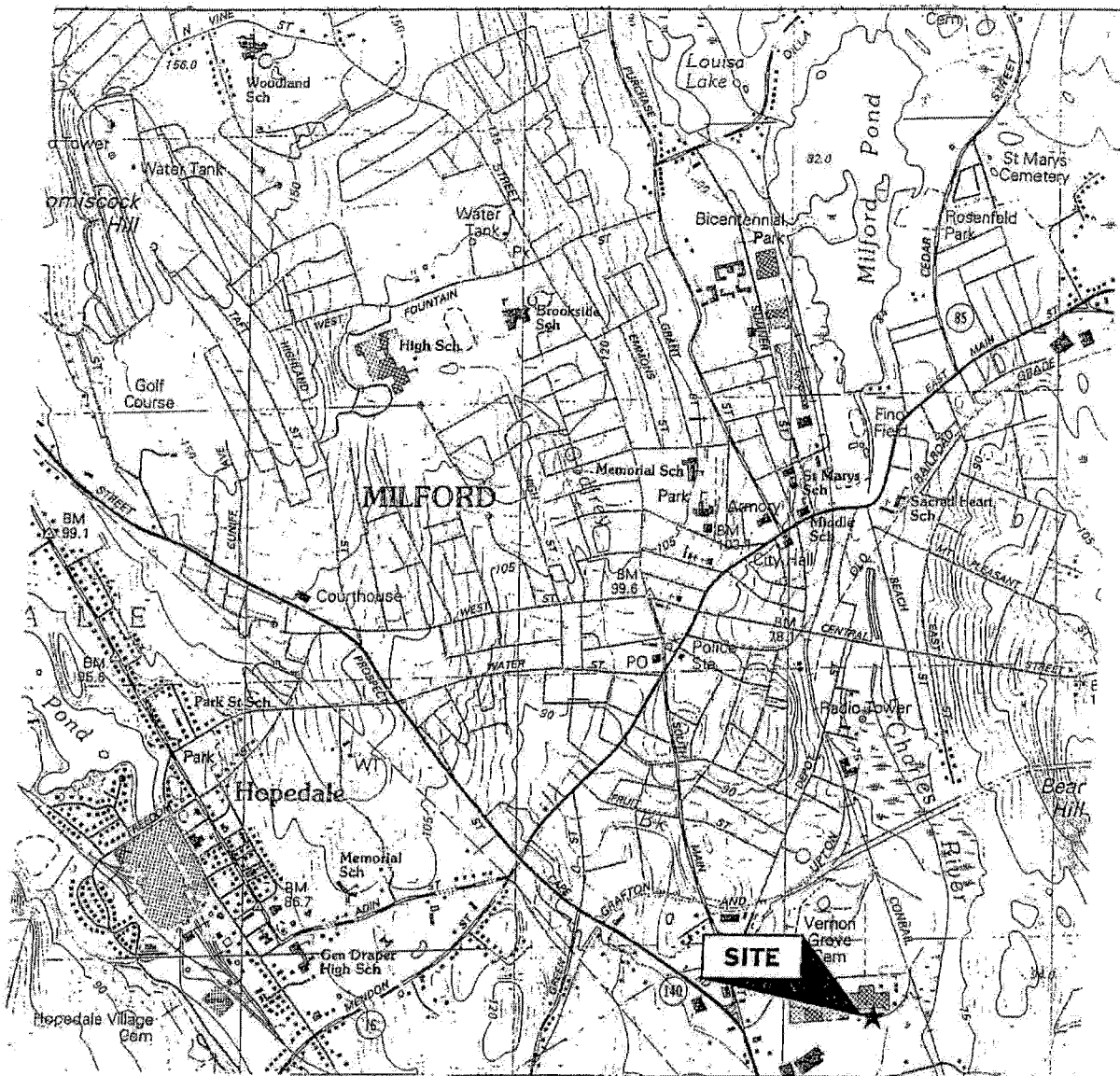
Signature

Brian Jaggernauth, Plant Manager

Printed Name and Title

Date

01/24/04



Milford Quadrangle

SAINT-GOBAIN
CONTAINERS



O'BRIEN & GERE
ENGINEERS, INC.
Syracuse, New York

1 National Street, Milford, MA

USGS SITE LOCUS MAP

FILE NO.

5677.007

DATE

June 1996

DWG NO.

Figure 1



Enter your transmittal number

W058346

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.mass.gov/dep/counter/transmfrm.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

BRPWM11

Permit for Non-Contact Cooling Water

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

2. Name of Permit Category

Renewal of Discharge Permit Number MAG250911

3. Type of Project or Activity

B. Applicant Information - Firm or Individual

Saint-Gobain Containers, Inc.

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

2. Last Name of Individual

3. First Name of Individual

4. MI

5. Street Address

1509 South Macedonia Avenue

IN

47307

765-741-7112

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Jayne Browning

jayne.e.browning@saint-gobain.com

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Saint-Gobain Containers, Inc.

1. Name of Facility, Site Or Individual

1 National Street

2. Street Address

Milford

MA

01757

508-478-2500

3. City/Town

4. State

5. Zip Code

6. Telephone #

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)*

Same as 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

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

1. ☒ 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.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

02049406
Check Number\$385.00
Dollar Amount1-20-2005
Date



Check No. - 2049400
Check Date - 01/20/05

Detach Statement Before Deposition

Stub 1 of 1

Invoice Number	Date	Description	Gross Amount	Deductions	Amount Paid
01172005	01/17		385.00		385.00
			385.00		385.00

PNC Bank, National Association
JEANNETTE, PA

CHECK NO. 02049400

60-162/433

SAINT-GOBAIN
CONTAINERS

1509 S. Macedonia Ave
Muncie, IN 47302-3664

DATE	AMOUNT
------	--------

20167 01/20/05	\$*****385.00
----------------	---------------

Pay

THREE HUNDRED EIGHTY FIVE AND 00/100 *****

TO THE
ORDER OF:

COMMONWEALTH OF MASSACHUSETTS
DEPT OF ENVIRONMENTAL PROTECTION
PO BOX 4062
BOSTON MA 02211

Void after 90 days

Authorized Signatures