



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
SOLDIER SYSTEMS CENTER  
KANSAS STREET  
NATICK, MA 01760-5049

Copy  
Office

Environmental Office

October 17, 2008

SUBJECT: Notice of Intent Non Contact Cooling Water

Water Technical Unit  
U.S. Environmental Protection Agency  
P.O. Box 8127  
Boston, MA 02114

Dear NPDES Non Contact Cooling Water Program Manager:

Enclosed please find the U.S. Army Soldier System Center (SSC) Notice of Intent (NOI) application for non-contact cooling water (prior NOI included also).

We currently have no plans for upcoming calendar year 2009 to discharge non-contact cooling water but would like to keep options available for out-year planning. Should future needs include non-contact cooling water requirements we will notify you in advance.

Please contact me at (508) 233-5993 if you require additional information.

Sincerely,

G. Terence Garrahan  
Environmental Engineer

Attachment

Copy Furnished:

Kathleen Keohane, Massachusetts Department of Environmental Protection (MASS DEP), Division of Watershed Management, 627 Main Street, 2<sup>nd</sup> Floor Worcester, MA 01608;



A DOD S&T REINVENTION LABORATORY

**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.S. Army Natick Soldier Systems Center                                                                                                                                                                                                         |                                                  | Type of Business: Military Installation                                                                                                                                                                                       |
| Facility Location Address :<br>Kansas Street<br>Natick, MA 01760-5049<br>Longitude: -71° 21' 46" W<br>Latitude: 42° 17' 22" N                                                                                                                                        | Facility SIC codes:<br>9711<br>National Security | Facility Mailing Address (if not location address)<br>U.S. Army Natick Soldier Systems Center<br>Attn: Terence Garrahan<br>Kansas Street<br>Natick, MA 01760-5049                                                             |
| b) Name of facility owner: U.S. Army                                                                                                                                                                                                                                 |                                                  | Email address of owner: <u>terry.garrahan@us.army.mil</u>                                                                                                                                                                     |
| Owner's Tel #: (508) 233-4205<br>Owner's Fax # (508) 233-5993                                                                                                                                                                                                        |                                                  | Owner is (check one): 1. Federal <input checked="" type="checkbox"/> 2. State <input type="checkbox"/> 3. Tribal <input type="checkbox"/><br>4. Private <input type="checkbox"/> 4. Other <input type="checkbox"/> (Describe) |
| Address of owner (if different from facility address)                                                                                                                                                                                                                |                                                  |                                                                                                                                                                                                                               |
| Legal name of Operator, if not owner: _____                                                                                                                                                                                                                          |                                                  |                                                                                                                                                                                                                               |
| Operator Contact Name: _____                                                                                                                                                                                                                                         |                                                  |                                                                                                                                                                                                                               |
| Operator Tel Number: _____ Fax Number: _____                                                                                                                                                                                                                         |                                                  |                                                                                                                                                                                                                               |
| Operator's email: _____                                                                                                                                                                                                                                              |                                                  |                                                                                                                                                                                                                               |
| 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? <input type="checkbox"/> yes <input checked="" type="checkbox"/> SEE FIGURES 1 AND 2 |                                                  |                                                                                                                                                                                                                               |
| e) Check Yes or No for the following:                                                                                                                                                                                                                                |                                                  |                                                                                                                                                                                                                               |
| 1. Has a prior NPDES permit been granted for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Permit Number: <u>MAG250035, MA0001724</u>                                                                                   |                                                  |                                                                                                                                                                                                                               |
| 2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                       |                                                  |                                                                                                                                                                                                                               |
| 3. Is the facility covered by an individual NPDES permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number _____                                                                                                            |                                                  |                                                                                                                                                                                                                               |
| 4. Is there a pending application on file with EPA for this discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: South Pond of Lake Cochituate

State Water Quality Classification: B Freshwater: X Marine Water: \_\_\_\_\_

b) Describe the discharge activities for which the owner/applicant is seeking coverage: **SEE ATTACHMENT 1**

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: SEE ATTACHMENT 1

d) Number of outfalls 4

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 \_\_\_\_\_ GPD Average Flow \_\_\_\_\_ GPD **SEE ATTACHMENT 1**

f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. \_\_\_\_\_ Average Temp. \_\_\_\_\_ **SEE ATTACHMENT 1**

g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH \_\_\_\_\_ Min pH \_\_\_\_\_ **SEE ATTACHMENT 1**

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

i) Is the discharge continuous? Yes \_\_\_\_\_ No X 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 \_\_\_\_\_ and the specific months of discharge \_\_\_\_\_;

If (I), number of days/year there is a discharge SEE ATTACHMENT 1

j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. \_\_\_\_\_ lat. \_\_\_\_\_; outfall 2: long. \_\_\_\_\_ lat. \_\_\_\_\_;  
outfall 3: long. \_\_\_\_\_ lat. \_\_\_\_\_ (See [http://www.epa.gov/tri/report/siting\\_tool](http://www.epa.gov/tri/report/siting_tool)) **SEE ATTACHMENT 1**

k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water Not applicable – discharge is to Lake Cochituate 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: SEE ATTACHMENT 1

Name of Source Water: \_\_\_\_\_

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

Yes \_\_\_\_\_ No X

If yes, registration number: \_\_\_\_\_

b) If source water is surface water:

i) Is it a freshwater river or stream Yes \_\_\_\_\_ No \_\_\_\_\_

ii) Is it a lake? X reservoir? \_\_\_\_\_

iii) Is it tidal river? \_\_\_\_\_ estuary? \_\_\_\_\_ ocean? \_\_\_\_\_

c) Is the source water groundwater? Yes \_\_\_\_\_ No X 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 X

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 X If No, explain: **CWIS has been removed, and surface water is not currently withdrawn from lake for cooling water. No withdrawal has occurred for over twelve years.**

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<sub>50</sub> in percent for aquatic organism(s)). **Not applicable. No chemicals are added to 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 X SEE ATTACHMENT 1
- b) Has any consultation with the federal services been completed? Yes \_\_\_\_\_ No X
- c) Is consultation underway? Yes \_\_\_\_\_ No X
- 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:**

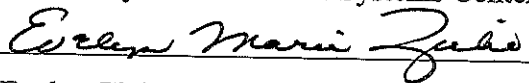
- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes X No \_\_\_\_\_
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes \_\_\_\_\_ 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? 2

**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 violations.

|                     |                                                                                                     |
|---------------------|-----------------------------------------------------------------------------------------------------|
| Facility Name:      | U.S. Army Natick Soldier Systems Center                                                             |
| Operator signature: | <br>Evelyn Zicko |
| Title:              | Acting Garrison Manager                                                                             |
| Date:               | 10/9/08                                                                                             |

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.

## ATTACHMENT 1

### Discharge Information

The requested permit is for the emergency discharge of non-contact cooling water from the existing closed loop system at Natick Soldier Systems Center to the South Pond of Lake Cochituate. This discharge would occur if the existing system were to become unavailable for use. This discharge was previously authorized from Outfalls 001 through 004 by the NPDES non-contact cooling water general permit MAG250035 which expired April 25, 2005, as described below.

| Outfall | Latitude         | Longitude         | Average<br>Monthly Flow<br>(mgd) | Maximum<br>Daily Flow<br>(mgd) | pH<br>Min.<br>(s.u.) | pH<br>Max.<br>(s.u.) | Temp.<br>Min.<br>(°F) | Temp.<br>Max.<br>(°F) |
|---------|------------------|-------------------|----------------------------------|--------------------------------|----------------------|----------------------|-----------------------|-----------------------|
| 001     | 42° 17' 19.52" N | -71° 21' 40.11" W | 1                                | 1                              | 6.5                  | 8.3                  |                       | < 83                  |
| 002     | 42° 17' 23.41" N | -71° 21' 58.50" W | 0.43                             | 0.75                           | 6.5                  | 8.3                  |                       | < 83                  |
| 003     | 42° 17' 20.72" N | -71° 21' 59.14" W | 0.43                             | 0.75                           | 6.5                  | 8.3                  |                       | < 83                  |
| 004     | 42° 17' 15.76" N | -71° 21' 39.92" W | 1                                | 1                              | 6.5                  | 8.3                  |                       | < 83                  |

Temperature rise. 7Q10 flows which are the basis for the calculations shown in Appendix A are not applicable for Lake Cochituate. The effect of one day's discharge can be estimated, however, by multiplying the difference in temperature between the discharge and the lake by the ratio of discharge volume to lake volume. The South Pond of Lake Cochituate has an area of 0.39 square miles and an average depth of 19.8 feet (Friesz and Church. Pond-Aquifer Interaction at South Pond of Lake Cochituate, Natick, Massachusetts, USGS WRIR 01-4040, 2001).

The estimated mass of water in South Pond is  $(0.39 \text{ s mi}) * (27,878,400 \text{ s ft/s mi}) * (19.8 \text{ ft}) * (62.4 \text{ lbs/c ft}) = 13,433,285,100 \text{ lbs}$   
The mass of the daily maximum discharge is  $(3,500,000 \text{ gallons}) * (8.34 \text{ lbs/gal}) = 29,190,000 \text{ lbs}$

For 1 °F temperature difference, the temperature change in the lake is:  $(\text{mass of discharge} / \text{mass of lake}) * (1 \text{ °F})$   
Temperature change in lake = 0.00217 °F.

### NCCW Source Water Information

Since 1995 no NCCW has been used by the Natick SSC, consequently, there are no effluent test results. The NOI applies to discharging NCCW taken from South Pond of Lake Cochituate should a backup source be needed. SSC will notify EPA/Mass DEP in accordance with General Permit requirements should planning requirements include NCCW.

### **Contaminant Information**

No chemical additives are added to the non-contact cooling water.

### **Determination of Endangered Species**

Natick SSC is located in the Town of Natick, Middlesex County, Massachusetts. The USF&W web site identifies no federally listed endangered species in Middlesex County. A single threatened species is identified for Middlesex County: the Small Whorled Pogonia in the Town of Groton, approximately 25 miles away. This woodland plant is unlikely to be affected by the proposed discharge. Appendix 2 of the General Permit does not identify the following federally listed endangered species or their habitat in the Town of Natick or Lake Cochituate: Dwarf Wedge Mussel, Shortnose Sturgeon, Bog Turtle, and Northern Redbelly Cooter.

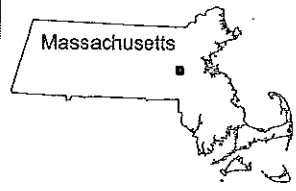
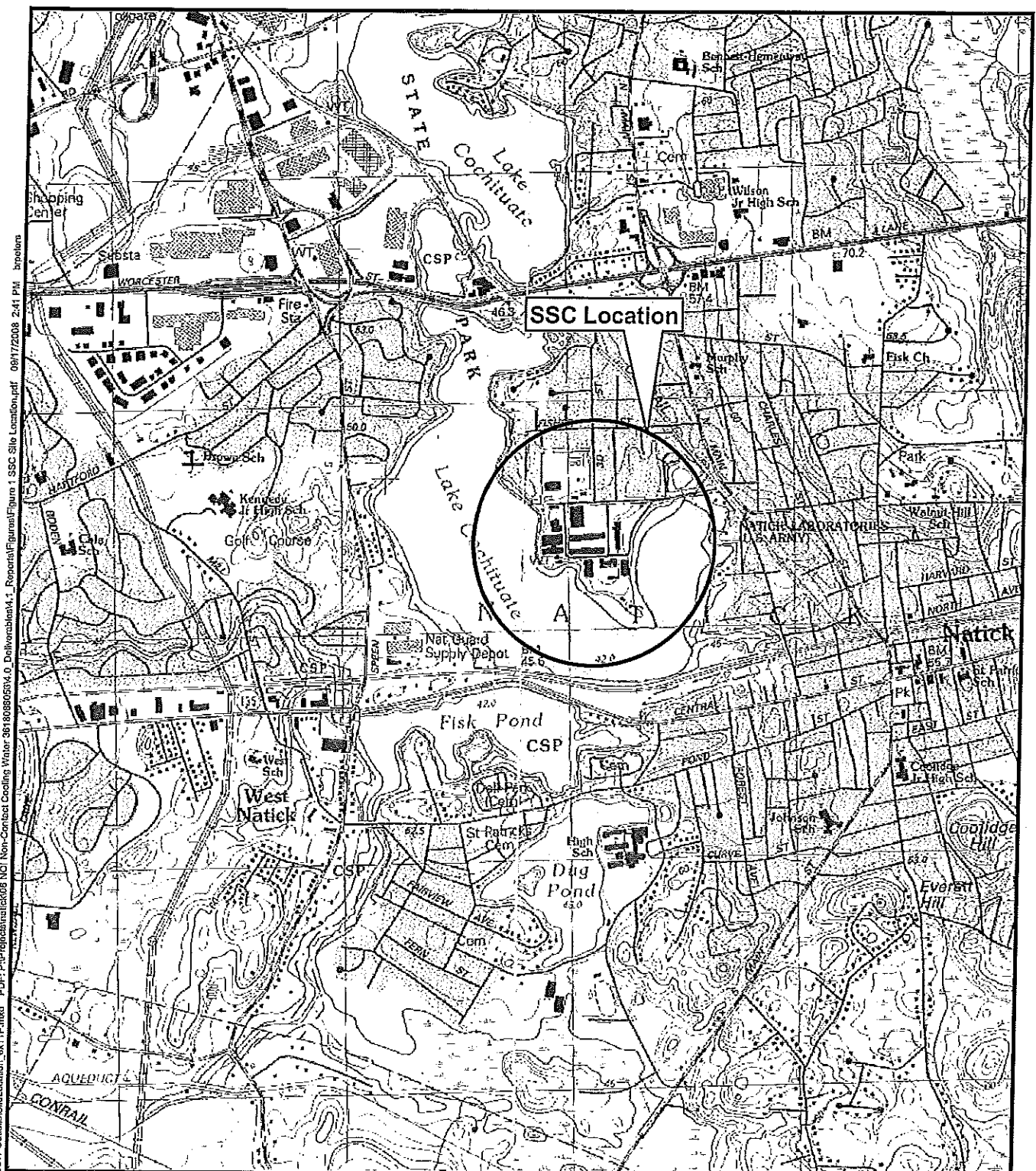
There is no federally-designated critical habitat in Middlesex County (General Permit, footnote, page 17). The Massachusetts Department of Conservation and Recreation does not list any Areas of Critical Environmental Concern within the Town of Natick (<http://www.mass.gov/dcr/stewardship/acec/listACEC.pdf>, March 2007).

Based on the above, it is concluded that no federally-listed endangered or threatened species or critical habitats are in proximity to the point where authorized discharges reach the receiving waters and that eligibility criteria A under the ESA is met.

### **Historic District Consideration:**

Natick SSC is currently being considered a Cold War Historic District. It is not anticipated NCCW discharges in accordance with the General Permit would have any impact to proposed historic district. Natick SSC will comply with the National Environmental Policy Act (NEPA), including coordinating proposed actions with regulators.

Document: P:\Projects\US-ECOSIS\MapDocuments\CCW\_Outfalls\SiteLocation\_8x11P.mxd PDF: P:\Projects\US-ECOSIS\MapDocuments\CCW\_Outfalls\SiteLocation\_8x11P.mxd 09/17/2008 2:41 PM



Source: 1:24,000 scale digital topographic map obtained from Office of Geographic and Environmental Information (MassGIS), Commonwealth of Massachusetts Executive Office of Environmental Affairs at <http://www.mass.gov/mgis/massgis.htm>

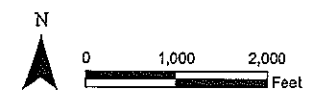
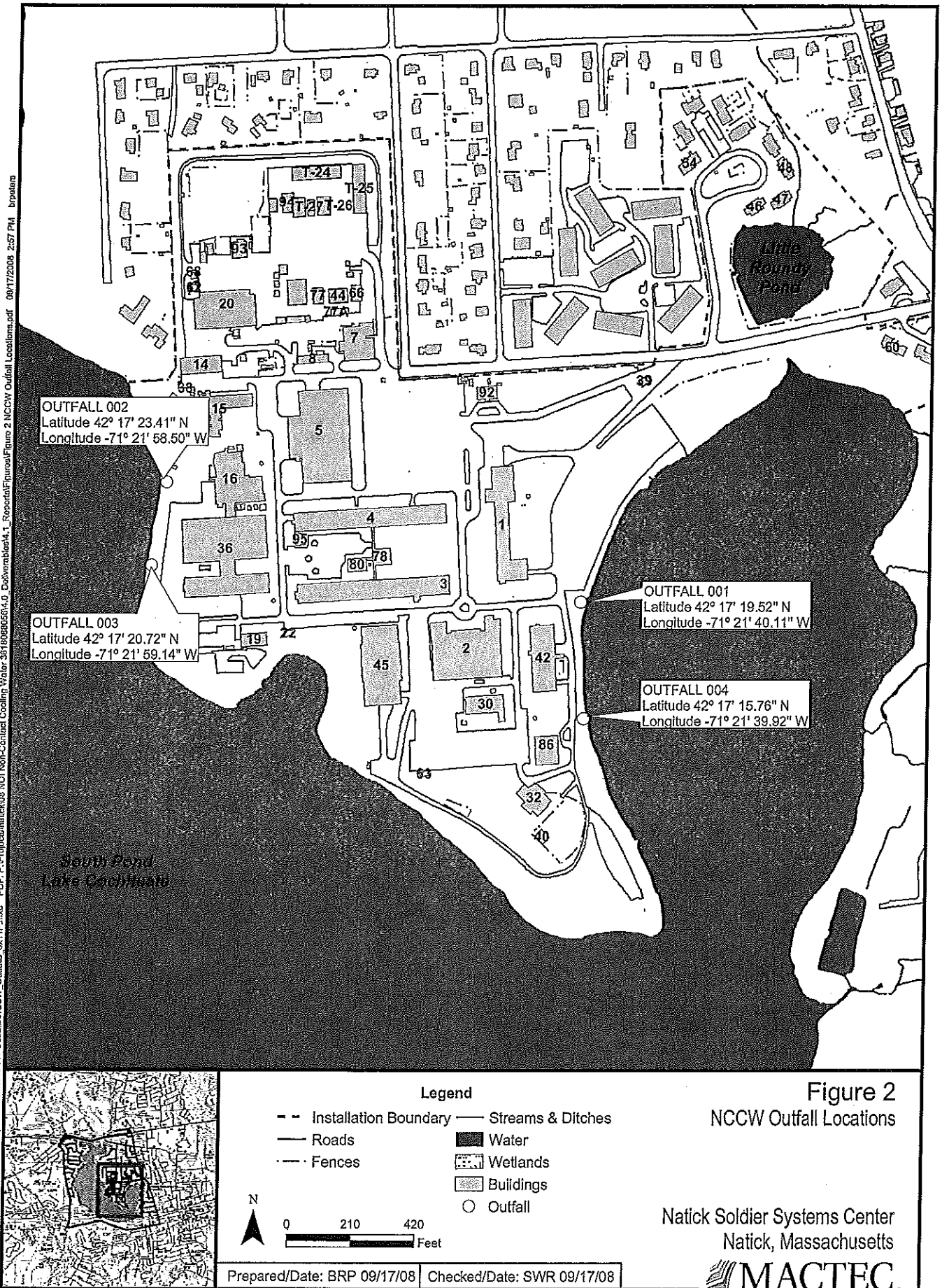


Figure 2.1  
SSC Location Map

Natick Soldier Systems Center  
Natick, Massachusetts



Document: P:\Polio\GIS\EC\GISMapDocuments\NCCW Outfalls\NCCW Outfalls\_8x11P.mxd PDF: P:\Polio\GIS\EC\GISMapDocuments\NCCW Outfalls\NCCW Outfalls\_8x11P.mxd PDF: P:\Polio\GIS\EC\GISMapDocuments\NCCW Outfalls\NCCW Outfalls\_8x11P.mxd  
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Enter your transmittal number

W 000013

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> 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

BRP WM 11

NPDES General Permit

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

2. Name of Permit Category

Surface water discharge of non-contact cooling water

3. Type of Project or Activity

## B. Applicant Information - Firm or Individual

U.S. Army Soldier Systems Center

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

Kansas Street

5. Street Address

Natick

MA

01760-5049

(508) 233-5993

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Mr. Terence Garrahan

11. Contact Person

12. e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

U.S. Army Soldier Systems Center

1. Name of Facility, Site Or Individual

Kansas Street

2. Street Address

Natick

MA

01760-5049

(508) 233-5993

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)\*

MACTEC Engineering and Consulting, Inc.

1. Name of Firm Or Individual

P.O. Box 7050

2. Address

Portland

ME

04112-7050

(207) 775-5401

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Randy Talbot

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

## 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).

Permit No:

Rec'd Date:

Reviewer:

\$385

Check Number

Dollar Amount

Date



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Watershed Permitting Program  
**BRP WM 11**

W 000013

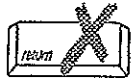
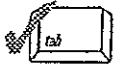
Transmittal Number

Request for General Permit Coverage  
Surface Water Discharge Of Non-Contact Cooling Water

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:

U.S. Army Soldier Systems Center

Name

Kansas Street

Street Address/PO Box

Massachusetts

State

Mr. Terence Garrahan

Contact Person

Natick

City

01760-5049

Zip Code

(508) 233-5993

Telephone Number

2. Project operator (if different from above):

Name

Street/PO Box:

City

State

Zip Code

Contact Person

Telephone Number

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

U.S. Army Soldier Systems Center

Name

Kansas Street

Street/ PO Box

Natick

City

Massachusetts

State

01760-5049

Zip Code

Email address (optional)

(508) 233-5993

Telephone Number

Mr. Terencer Garrahan

Contact Person

4. Standard Industrial Codes (SIC) and description:

SIC 9711 National Security (NAICS 92811):

Standard Industrial Code (SIC)

Establishments of the armed forces engaged in national security and related activities. SSC's mission includes research in food engineering; food science; clothing, equipment, and materials engineering; and aero-mechanical engineering for the U.S. military.

Description



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

W 000013  
Transmittal Number

Date Received

## 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]                                                                                                                                                   | <u>see Attachment 1</u>               | <u>see Attachment 1</u>               |
| Temperature                                                                                                                                                              | <u><math>&lt; 83</math> degrees F</u> | <u><math>&lt; 83</math> degrees F</u> |
| [Warm water fishery must be $< 83^{\circ}\text{F}$ ( $28.3^{\circ}\text{C}$ )]<br>[Cold water fishery effluents must be $< 68^{\circ}\text{F}$ ( $20^{\circ}\text{C}$ )] |                                       |                                       |
| pH (freshwater 6.5-8.3, saltwater 6.5-8.5)                                                                                                                               | <u>6.5 - 8.3</u>                      | <u>6.5 - 8.3</u>                      |

Total Residual Chlorine (for potable water supply source only):  
 $< 0.5$  ppm for municipal water supply

Water source of non-contact cooling water (e.g., municipal, stream withdrawal):  
Town of Natick municipal water supply or South Pond of Lake Cochituate

Receiving waterbody:  
South Pond of Lake Cochituate

## 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

CHRISTOPHER S. CONNOLLY, Garrison  
Manager

Date

9 NOV 04

Check List for Application BRP WM 11a  
Request for General Permit Coverage  
Surface Water Discharge of Non-Contact Cooling Water

|                  | Package 1                                                                                                                                                             | Package 2                                                                   | Package 3                                                                                       | File copies |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|
| Forward to       | Department of Environmental Protection<br>ATTN: Kathleen Keohane<br>Division of Watershed Management<br>627 Main Street, 2 <sup>nd</sup> Floor<br>Worcester, MA 01608 | Department of Environmental Protection<br>P.O. Box 4062<br>Boston, MA 02211 | EPA New England<br>1 Congress Street, Suite 1100<br>Boston, MA 02114-2023<br>ATTN: Olga Vergara | SSC         |
| Check            | copy                                                                                                                                                                  | original                                                                    | not required                                                                                    |             |
| Transmittal Form | original                                                                                                                                                              | copy                                                                        | not required                                                                                    | copy        |
| Letter to EPA    | not required                                                                                                                                                          | not required                                                                | not required                                                                                    | copy        |
| Application Form | original                                                                                                                                                              | not required                                                                | original                                                                                        | copy        |
|                  |                                                                                                                                                                       |                                                                             | copy                                                                                            | copy        |

Check:

Amount = \$385.00

Payable to: Commonwealth of Massachusetts

Transmittal Form:

Consists of 1-page form

Enter Check number and date at bottom of page

Application consists of:

2 page form

Attachment 1 to form

Figure 1

Figure 2

Application signature:

Review certifications on 2<sup>nd</sup> page of application.

Application must be "signed and dated in ink by a legally responsible official".