

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NEW ENGLAND - REGION I
ONE CONGRESS STREET, SUITE 1100
BOSTON, MASSACHUSETTS 02114-2023

Request for General Permit Authorization to Discharge Wastewater
(Notice of Intent to be covered by the General Permit (NOI))

Potable Water Treatment Facility (PWTF)
NPDES General Permit No. MAG640000 and NHG640000

MAR 16 2010

A. Facility Information

1. Facility Owner:

Name GEORGETOWN WATER DEPARTMENT e-mail gsmith@georgetownma.gov
Street/PO Box 1 Moulton Street City GEORGETOWN
State MASSACHUSETTS Zip Code 01833
Contact Person GLENN F. SMITH Telephone Number (978) 352 - 5750

2. Facility Operator (if different from above):

Name _____ e-mail (optional) _____
Street/PO Box _____ City _____
State _____ Zip Code _____
Contact Person _____ Telephone Number _____

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):

Name GEORGETOWN WATER TREATMENT PLANT e-mail (optional) _____
Street/PO Box 75 West Street City GEORGETOWN
State MASSACHUSETTS Zip Code 01833
Contact Person GLENN F. SMITH / RONALD FARWELL Telephone Number (978) 352 - 5738
Facility Latitude +4272020 Facility Longitude -7102208

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:

SIC Code(s) 4941 - WATER SUPPLY
Description(s) WATER TREATMENT RESIDUAL FILTRATE

5. Current Permitting Status (please check yes or no):

1. Has a prior NPDES permit been granted for the discharge? Yes ☒ (Permit Number: MAG 640048)
No _____
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 _____ (Permit Number _____) No _____
4. Is there a pending application on file with EPA for this discharge? Yes _____ (Date of submittal: _____)
_____) No ☒

B. Discharge Information

1. Name of Receiving Waterbody PARKER RIVER
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) RIVER - 75 ACRE BEAVER DAM IMPOUNDMENT
3. State Water Quality Classification: "B" Freshwater: x Marine Water: _____
4. Describe the discharge activities for which the owner/applicant is seeking coverage, including process discharges not specifically authorized in the PWTF GP which need to be authorized for discharge (and which attain the

effluent limits and other conditions of the general permit). This description should include all treatment methods used on the wastewater prior to discharge including lagoons, baffles, filter presses etc. If lagoons are used at the facility, please include the number and size of lagoons; the size and elevation of the entry pipe; the time of travel from the entry point of the discharge into the lagoon to the entry point to the receiving water; and the length of backwash cycle for any combination of number of filters. (attach extra sheets if necessary):

THE DISCHARGE IS FILTERED AND/OR DECANTED WATER FROM TWO RESIDUALS LAGOONS. THE RESIDUALS ARE FROM THE IRON & MANGANESE REMOVAL PROCESS USING GREENSAND TREATMENT. THE UNDERDRAINS ARE LEFT OPEN TO DRAIN CONTINUOUSLY. THE FILTERS ARE BACKWASHED DAILY DURING THE SUMMER AND EVERY 3-4 DAYS IN THE WINTER WITH 62,500 GAL. WATER AT UP TO 850 GPM. THE BACKWASH IS DISCHARGED TO AN 80,000 GAL. SURGE TANK THAT LIMITS THE FLOW INTO THE LAGOON TO <120GPM. ONLY ONE LAGOON IS ONLINE AT A TIME. EACH LAGOON IS APROX. 80,000 GALS. TIME TRAVEL THROUGH THE LAGOON IS UP TO 12 HRS. THE LENGTH OF TIME FOR FLOW FROM THE SURGE TANK IS 19 HRS. THE LAGOON INFLUENT IS AT ELEV. 87.75 FT. THE UNDERDRAIN PIPE IS AT ELEV. 83.7 FT. DECANT OVERFLOW ELEVATION IS 89 FT.

5. Please provide a diagram depicting the treatment methods, outfalls, and receiving water.

6. Number of outfalls: 1 Latitude and Longitude for each outfall (attach additional pages if necessary)
 OUTFALL # Latitude +4243180 Longitude -7101220
 OUTFALL # Latitude _____ Longitude _____

For each outfall:

7. What is the proposed sampling location(s) and proposed consistent times of the month for collecting samples:

SAMPLES ARE TAKEN FROM THE LAGOON DISCHARGE PIPE AS IT ENTERS THE CHANNEL TO THE WETLAND - ONCE WEEKLY. FOR TEN YEARS
 SAMPLES HAVE BEEN COLLECTED FOR TSS, CHLORINE RESIDUAL, pH AND TURBIDITY, WEEKLY TESTING FOR ALUMINUM STARTED 3/8/10

C. Effluent Characteristics

1. List here and attach information on any water additives used at the facility (Including chemicals for pH adjustment, dechlorination, control of biological growth, and control of corrosion and scale in water pipes): KOH AND LIME ARE USED FOR pH ADJUSTMENT, KMnO4 IS USED FOR MANGANESE REMOVAL, 12% NaOCl IS USED FOR IRON REMOVAL & DISINFECTION

2. Please report here any known remediation activities or water-quality issues in the vicinity of the discharge.

3. Are aluminum-containing coagulants used at this facility? Yes No ✓

4. Does the discharge contain residual chlorine? Yes ✓ No

5. Does the facility provide treatment to remove arsenic from the raw water source? Yes No ✓

6. Are phosphorus-containing chemicals added to the treated water at this facility? Yes No ✓

7. All applicants must attach a separate sheet listing all laboratory results (minimum of five) for total recoverable aluminum (in micrograms per liter) taken within the last six months. Do not include dilution when recording your results. See Section 4.4.5 of General Permit for more information.

8. Please include the following effluent data for each outfall:

Characteristic (report if measured)	Average Monthly	Maximum Daily
Discharge Flow (gpd)	<u>31,000</u>	<u>65,000</u>
TSS (mg/l)	<u>2.8</u>	<u>21.0</u>
pH (s.u.)	(min) <u>6.6</u>	(max) <u>7.1</u>
Total Recoverable Aluminum (ug/l)	<u>TO BE DETERMINED</u>	<u>0.03mg/L (the only test result to date)</u>
Total Residual Chlorine (ug/l)	<u>200</u>	<u>600</u>

(continued on next page)

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 NOT MEASURED and/or C-NOEC NOT MEASURED

9. If the discharge contains aluminum and/or residual chlorine, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water, the dilution factor, and attach any calculations used to support stream flow and dilution calculations (See Appendix VII for dilution calculations and additional information):

7Q10 0.137 cfs Dilution Factor 2.8 cfs

D. Endangered Species Act Eligibility

1. Using the instructions in Appendix I of the PWTF GP, under which criterion listed in Part II are you eligible for coverage under this general permit?

A ☒ B ☐ C ☐ D ☐ E ☐ F ☐

2. If you selected criteria D or F, has consultation with the federal services been completed? Yes ☐ No ☐

3. If consultation with U.S. Fish and Wildlife Service and/or NOAA Fisheries Service was completed, was a written concurrence finding that the discharge is "not likely to adversely affect" listed species or critical habitat received? Yes ☐ No ☐

4. Attach documentation of ESA eligibility as described below and required at Part 3.4.1 and Appendix I, Part III, Step 4, of the General Permit.

Criterion A - No federally-listed threatened or endangered species or federally-designated critical habitat are present. A copy of the most current county species list pages for the county(ies) where your site or facility and discharges are located. You must also include a statement on how you determined that no listed species or critical habitat are in proximity to your site or facility or discharge locations.

Criterion B - Section 7 consultation completed with the Service(s) on a prior project. A copy of the USFWS's and/or NMFS's, as appropriate, biological opinion or concurrence on a finding of "unlikely to adversely effect" regarding the ESA Section 7 consultation.

Criterion C - Activities are covered by a Section 10 Permit. A copy of the USFWS's and/or the NMFS's, as appropriate, letter transmitting the ESA Section 10 authorization.

Criterion D - Concurrence from the Service(s) that the discharge is "not likely to adversely affect" federally-listed species or federally-designated critical habitat (not including the four species of concern identified in Section I of Appendix I): A copy of the USFWS's and/or the NMFS's, as appropriate, letter or memorandum concluding that the discharge is consistent with the general permit's "not likely to adversely affect" determination.

Criterion E - Activities are covered by certification of eligibility. A copy of the documents originally used by the other operator of your site or facility (or area including your site) to satisfy the documentation requirement of Criteria A, B, C or D.

Criterion F - Concurrence from the Service(s) that the discharge is "not likely to adversely affect" species of concern, as identified in Section I of Appendix I: A copy of the USFWS and/or the NMFS, as appropriate, concurrence with the applicant's determination that the discharge is "not likely to adversely affect" listed species.

E. National Historic Properties Act Eligibility

1. Using the instructions in Appendix III of the PWTf GP, under which criterion listed in Part III are you eligible for coverage under this general permit?

1 ☒ 2 ☐ 3 ☐

2. Have any State or Tribal historic preservation officers been consulted in this determination? Yes ☐ No ☒
If yes, attach the results of the consultation(s).

F. Certification

I certify that the discharge for which I am seeking coverage under the general permit consists solely of a surface water discharge from a potable water treatment facility. 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 person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature  Date 3/12/2010
Printed Name and Title GLENN F. SMITH, SUPERINTENDENT

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 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.

Note: Permits No. MAG640000 and NHG640000 may be found at www.epa.gov/region1/npdes/pwtfgp.html

NPDES INFO UPDATE - February 2009

REQUESTED INFORMATION TO UPDADE and/or VERIFY THE US EPS ICIS-NPDES DATABASE

You may use additional pages and/or other format to submit this information by March 31, 2008. All information on this form is required on permit applications.

NPDES # MAG 640048Permittee Name: Georgetown Water DepartmentFacility Name: Georgetown Water Treatment PlantLocation Address: 75 West Street, Georgetown MA 01833Cognizant Official (and title) Glenn F. Smith, SuperintendentTelephone # : (978) 352 - 5750 ext. e-mail gsmith@georgetownma.govMailing Address: Georgetown Water Department, One Moulton Street, Georgetown, MA 01833Design Flow (POTW) 2.5 MGD (MGD or other)

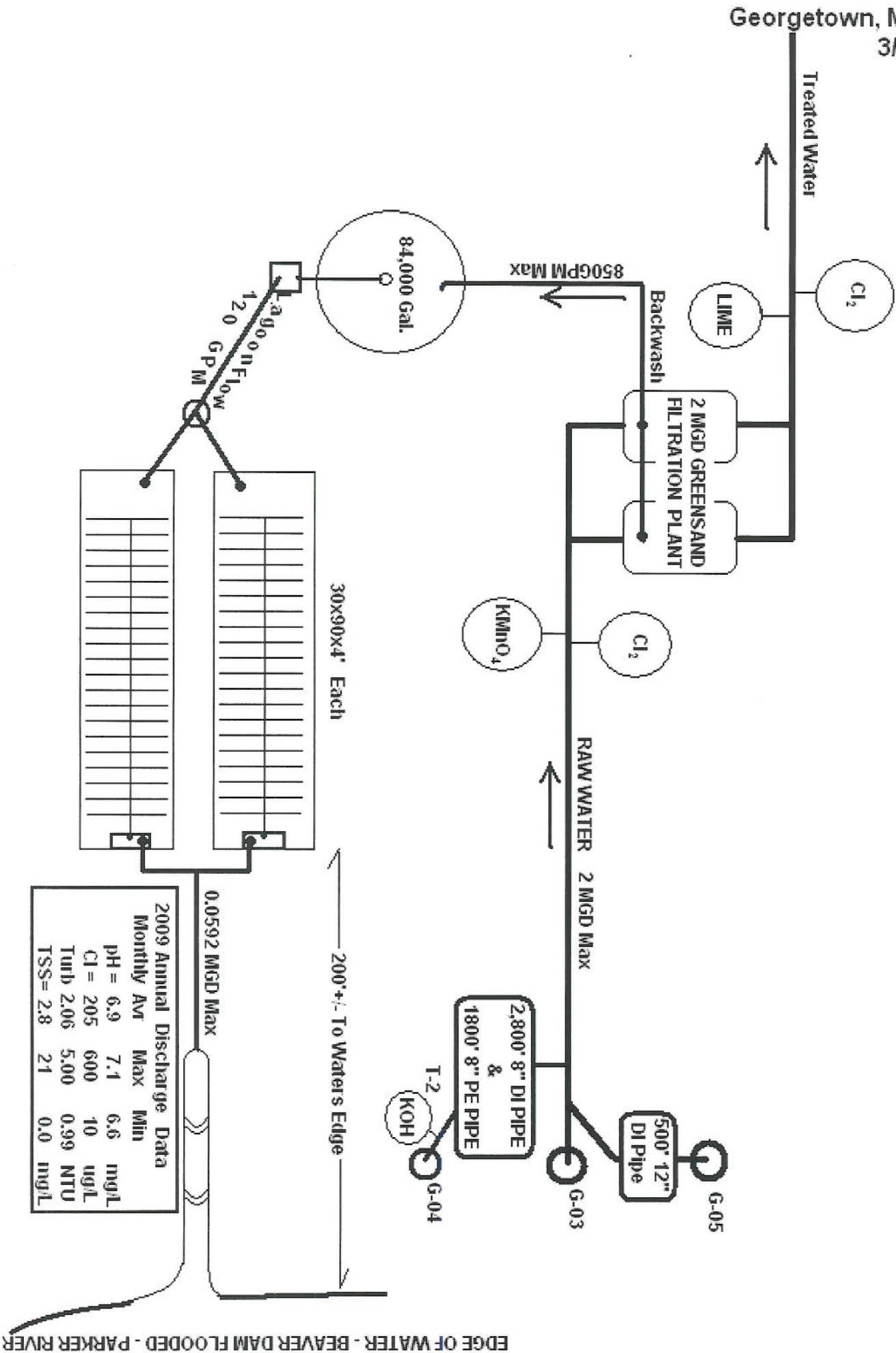
Other Contact(s) specify relationship; Operating Contractor, DMR mailing address (if different than Cognizant address, Pretreatment, Biosolids, Laboratory:

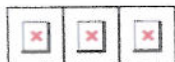
Name, title, relationship Treatment Plant Operator, or Robert Dash, Assistant SuperintendentTelephone# (978) 352 - 5738 ext. e-mail Mailing Address C/O Water Department, One Moulton Street, Georgetown, MA 01833

Outfall Information for each 'end point' discharge including CSO's: (If you have more than 2 outfalls, make copies of this page before filling in the outfall information.) For each CSO, provide actual annual outfall flow, if available.

Outfall # 001AName or Description Water Treatment Residuals Lagoon EffluentLatitude: 42.721688 N (Decimal Degree)+4243180Longitude: 71.022263 W (Decimal Degree)-07101220Method of determination (GPS or map) GIS MapFrom: EPA NPDES web siteProvide Annual Average Flow 0.033 (MGD or other)0.07 MGD MAX

GEORGETOWN, MASSACHUSETTS PWS ID# 3105000-T1
FLOW DIAGRAM



**MAPQUEST.**

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Georgetown, MA 01833-1324



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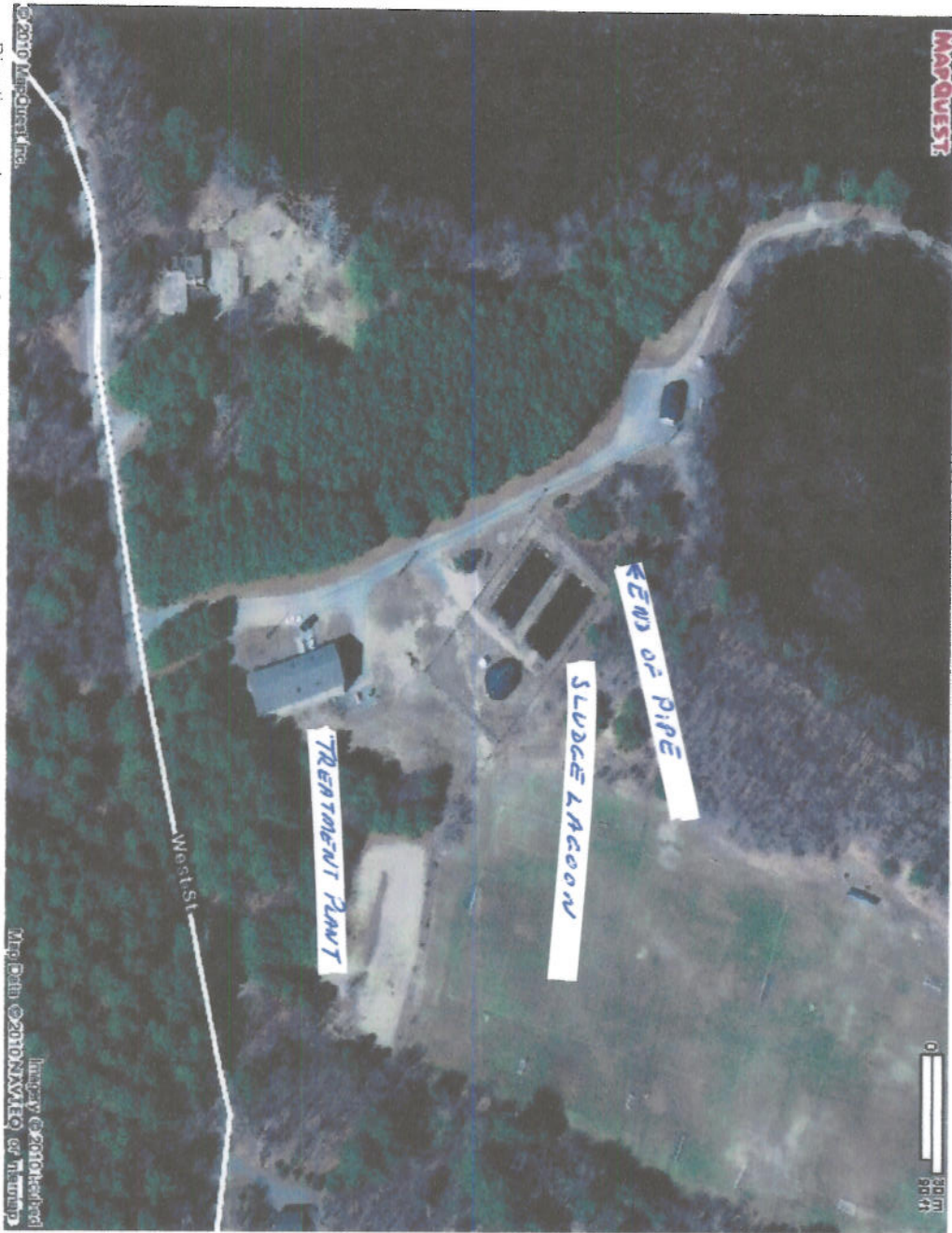


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