APPENDIX IV
NOTICE OF INTENT INSTRUCTIONS AND SUGGESTED FORMS

I. Notice of Intent (NOI) Instructions

A. Required Information

In order to be covered by the Potable Water Treatment Facility General Permit (PWTF GP) applicants must submit a written NOI to EPA and the appropriate state agency. The NOI consists of either the suggested NOI form included in this Appendix or another form of official correspondence that contains all of the required information listed in the General Permit and the suggested NOI form.

B. Signature Requirements

The Notice of Intent must be signed and dated in accordance with the signatory requirements of 40 CFR Section 122.22, including the certification statement shown on the suggested NOI form.

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.

C. Submission of NOI to EPA

Signed and completed NOI forms and attachments must be submitted to EPA at the address included in Appendix VI. A copy of the NOI form and any additional state required forms must also be submitted to the appropriate state agency at the addresses included in Appendix VI. See Part 4.2 and Appendix VI of the PWTF GP for additional State requirements.

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

A. Facility Information

1. Facility Owner:
   Name Town of Ipswich DPU Water Department e-mail thenry@town.ipswich.ma.us
   Street/PO Box 272 High Street / PO Box 151 City Ipswich
   State MA Zip Code 01938
   Contact Person Timothy J. Henry, Utilities Director Telephone Number 978-356-6635 ext 109

2. Facility Operator (if different from above):
   Name Joseph F. Ciccotelli e-mail (optional) jciccotelli@town.ipswich.ma.us
   Street/PO Box 274 High Street / PO Box 151 City Ipswich
   State MA Zip Code 01938
   Contact Person Joseph F. Ciccotelli Telephone Number 978-356-6639

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):
   Name Town of Ipswich Water Treatment Facility e-mail (optional) _____
   Street/PO Box 274 High Street / PO Box 151 City Ipswich
   State MA Zip Code 01938
   Contact Person Joseph F. Ciccotelli Telephone Number 978-356-6639
   Facility Latitude 42.6966 Facility Longitude 70.8720

4. Standard Industrial Classification (SIC Codes) and Descriptions of Processes:
   SIC Code(s) 4941
   Description(s) (2) Water Supply

5. Current Permitting Status (please check yes or no):
   1. Has a prior NPDES permit been granted for the discharge? Yes ✓ (Permit Number: MAG 640025)
   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 Bull Brook

2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Stream

3. State Water Quality Classification: B Freshwater: Yes 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):

There are not typically any scheduled / routine discharges from this facility to any surface water bodies or wetlands as part of the routine water treatment process. All settled residuals / solids from the water treatment process (i.e.- sludge) along with all pre-treated water is gravity transferred or pumped to a series of 3 holding lagoons. All clarified water (supernatant) from the holding lagoons, along with all washwater from the filter backwashing process, is recycled to the headworks of the water treatment facility for reuse. All dried sludge residuals are removed from the holding lagoons and hauled off-site to our in-Town composting facility. There are really only 2 scenarios that would result in a facility discharge. The 1st would occur during backwashing filter-to-waste (drain), a procedure necessary following a filter media (GAC) changeout. The 2nd would occur as a result of a significant malfunction / breakdown of the related equipment / underdrain valves. The last discharge from this facility occurred in October 2007 when both filters' media was removed and replaced with new GAC.

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 42° 41' 48.772 N Longitude 70° 52' 13.634 W
   OUTFALL # Latitude _____ Longitude _____

For each outfall:

7. What is the proposed sampling location(s) and proposed consistent times of the month for collecting samples:
Not Applicable

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): Polyaliminum Chloride, Potassium Hydroxide, Sodium Hypochlorite and Chlorine Dioxide.

2. Please report here any known remediation activities or water-quality issues in the vicinity of the discharge.
None

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)	October 2007	0.096 MG
TSS (mg/l)		0.9 - 2.2 mg/l
pH (s.u.)	(min) 6.52	(max) 7.81
Total Recoverable Aluminum (ug/l)		3 ug/l
Total Residual Chlorine (ug/l)		110 ug/l

(continued on next page)

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 Not Applicable and/or C-NOEC Not Applicable

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 Not Applicable cfs Dilution Factor Not Applicable 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

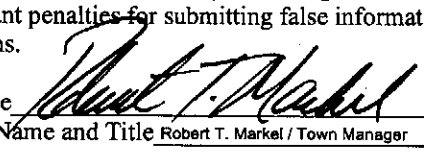
1. Using the instructions in Appendix III of the PWTF GP, under which criterion listed in Part III are you eligible for coverage under this general permit?

   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

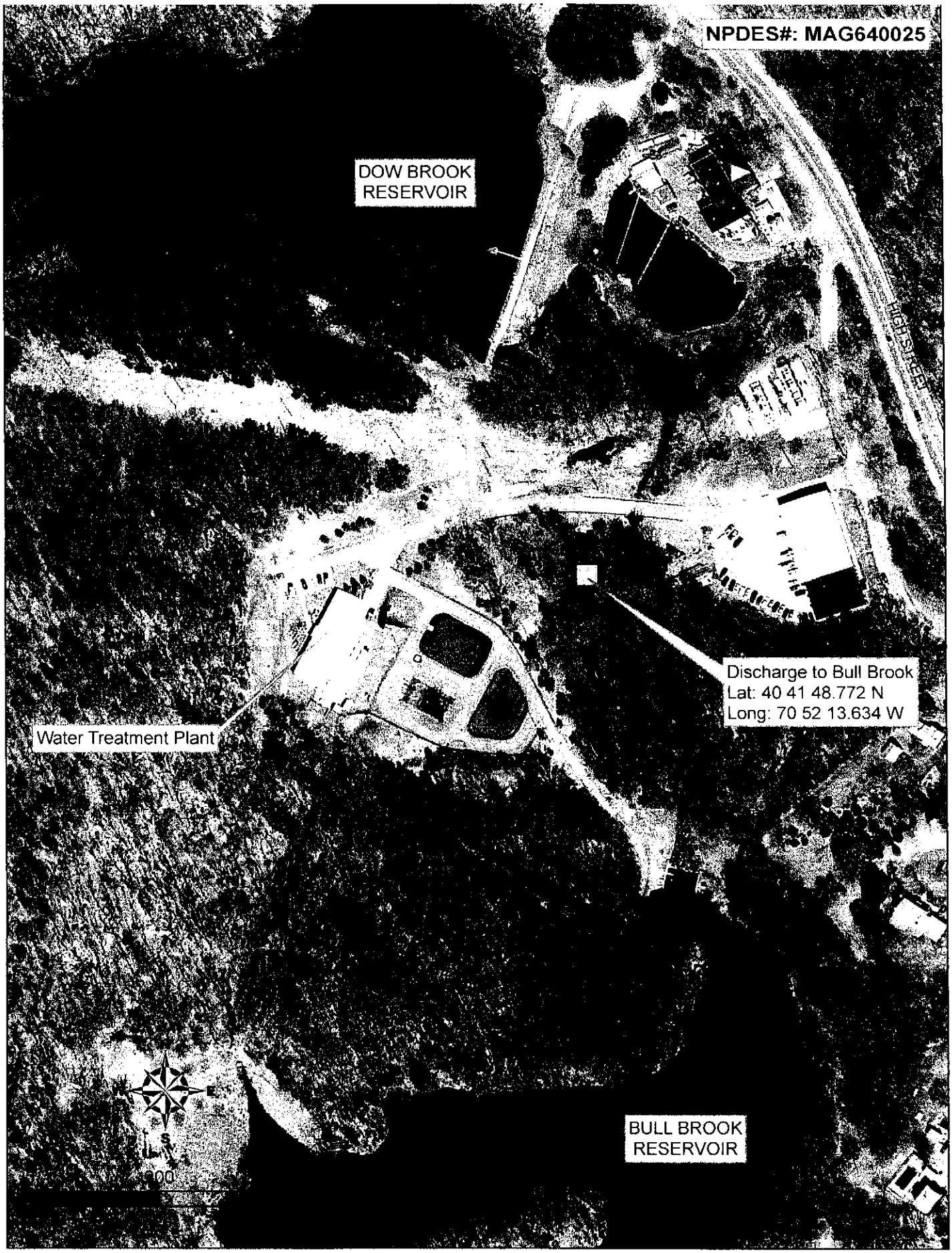
I certify that the discharge for which I am seeking coverage under the general permit consists solely of a surface water discharge from a potable water treatment facility. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance 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 12/16/09

Printed Name and Title Robert T. Markel / Town Manager

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#: MAG640025
DOW BROOK
RESERVOIR
HIGH STREET
Discharge to Bull Brook
Lat: 40 41 48.772 N
Long: 70 52 13.634 W
Water Treatment Plant
BULL BROOK
RESERVOIR
N
E
S
W
200

United States Department of the Interior

FISH AND WILDLIFE SERVICE
New England Field Office
70 Commercial Street, Suite 300
Concord, New Hampshire 03301-5087
http://www.fws.gov/northeast/newenglandfieldoffice

January 2, 2009

To Whom It May Concern:

This project was reviewed for the presence of federally-listed or proposed, threatened or endangered species or critical habitat per instructions provided on the U.S. Fish and Wildlife Service's New England Field Office website:

(http://www.fws.gov/northeast/newenglandfieldoffice/EndangeredSpec-Consultation.htm)

Based on the information currently available, no federally-listed or proposed, threatened or endangered species or critical habitat under the jurisdiction of the U.S. Fish and Wildlife Service (Service) are known to occur in the project area(s). Preparation of a Biological Assessment or further consultation with us under Section 7 of the Endangered Species Act is not required.

This concludes the review of listed species and critical habitat in the project location(s) and environs referenced above. No further Endangered Species Act coordination of this type is necessary for a period of one year from the date of this letter, unless additional information on listed or proposed species becomes available.

Thank you for your cooperation. Please contact Mr. Anthony Tur at 603-223-2541 if we can be of further assistance.

Sincerely yours,

Thomas R. Chapman
Supervisor
New England Field Office

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: IPSWICH WATER TREATMENT PLANT
ADDRESS: WATER TREATMENT PLANT
IPSWICH, MA 01938

FACILITY: No Associated Facility Interest
LOCATION:

ATTN:TIM HENRY

MAG640025	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MINOR

BACKWASH DISCHARGE
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		6.52	******	7.81	SU	Ø	Ø2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.3 MAXIMUM	SU		Weekly	GRAB-4
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	Ø.9	2.2	mg/l	Ø	Ø2/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 MO AVG	50 DAILY MX	mg/L		Weekly	GRAB-4
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******		******	******	Ø.ØØ3	mg/l	Ø	Ø2/31	GRAB
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB-4
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	Ø.Ø96	MGD	******	******	******	MGD	Ø	Ø2/31	CALC.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	1 DAILY MX	Mgal/d	******	******	******			Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		Ø.Ø7	Ø.11	******	mg/l	Ø	Ø2/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MO AV MN	Req. Mon. DAILY MX	******	mg/L		Weekly	GRAB-4

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Robert Markel / Town Manager	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 my 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.	978.356.6639		07	10	31
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT - CLASS B WARM WATER

R.I. ANALYTICAL
Specialists in Environmental Services

CERTIFICATE OF ANALYSIS

Ipswich Water Treatment Plant
Attn: Mr. Joseph Ciccotelli
274 High Street
P.O. Box 151
Ipswich, MA 01938

Date Received: 12/2/09
Date Reported: 12/9/09
P.O. #: 10220014
Work Order #: 0912-22163

DESCRIPTION: DEP SAMPLING - DRINKING WATER COMPLIANCE MONITORING

Subject sample(s) has/have been analyzed by our Warwick, R.I. laboratory with the attached results.

Reference: All parameters were analyzed by U.S. EPA approved methodologies.
The specific methodologies are listed in the methods column of the Certificate Of Analysis.

Data qualifiers (if present) are explained in full at the end of a given sample's analytical results.

Certification #: RI-033, MA-RI015, CT-PH-0508, ME-RI015
NH-253700 A & B, USDA S-41844

If you have any questions regarding this work, or if we may be of further assistance, please contact our customer service department.

Approved by:

Data Reporting

enc: Chain of Custody

41 Illinois Avenue, Warwick, RI 02888
Phone: 401.737.8500 Fax: 401.738.1970

nelac

131 Coolidge Street, Suite 105, Hudson, MA 01749
Phone: 978.568.0041 Fax: 978.568.0078

R.I. Analytical Laboratories, Inc.

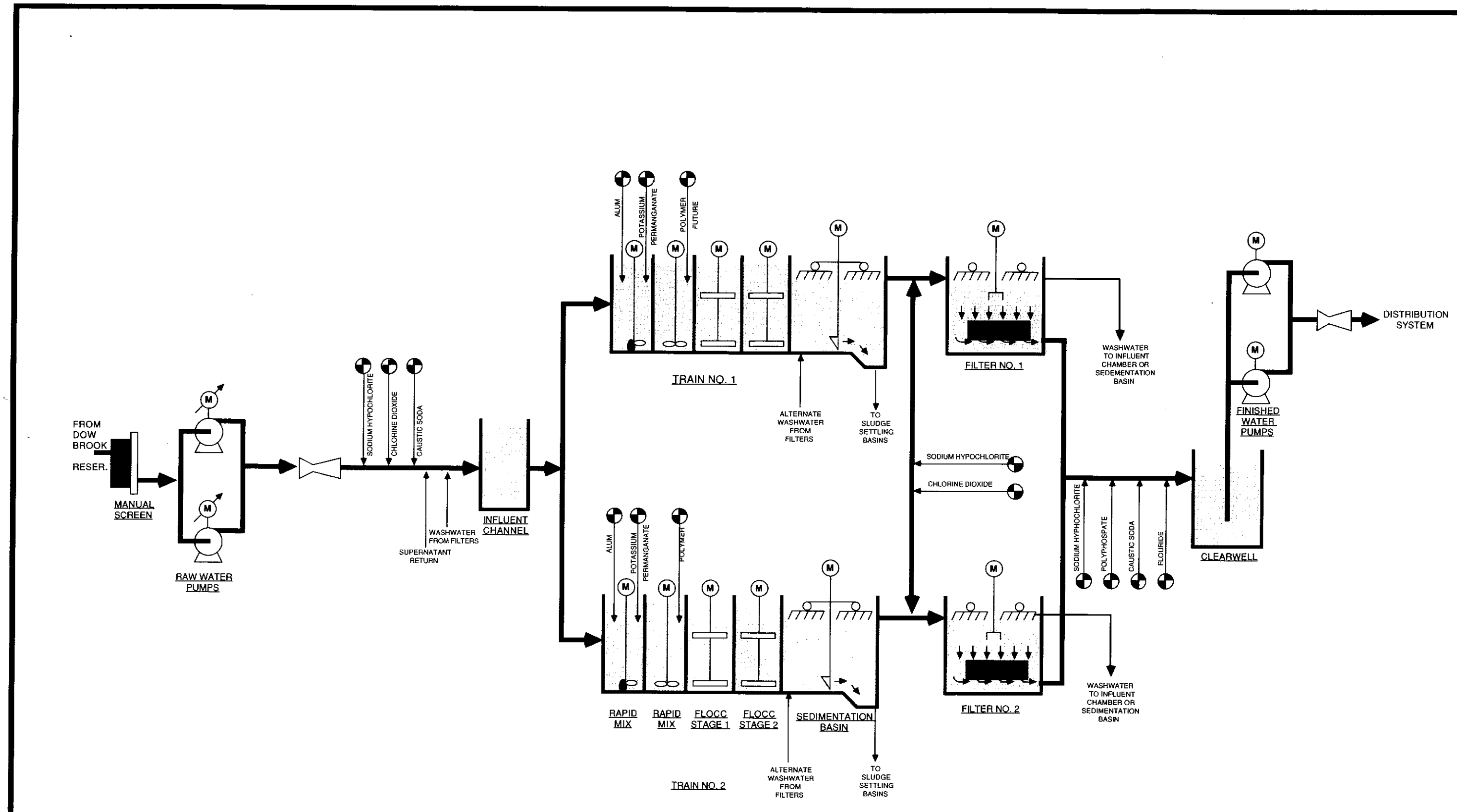
CERTIFICATE OF ANALYSIS

Ipswich Water Treatment Plant
Date Received: 12/2/09
Work Order #: 0912-22163

Approved by: _____
Data Reporting

Sample # 001
SAMPLE DESCRIPTION: RAW WATER - DOW STATION
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 12/02/2009 @ 08:17

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE ANALYZED	ANALYST
Total Metals Analyzed by ICPMS						
Arsenic	<0.001	0.001	mg/l	EPA 200.8	12/9/09	VMY



IPSWICH, WATER TREATMENT PLANT

FIGURE 1-1
PROCESS FLOW DIAGRAM