

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 (P WTF)
NPDES General Permit No. MAG640000 and NHG640000

A. Facility Information

1. Facility Owner:
Name Blandford Water Dept. e-mail _____
Street/PO Box PO Box 7 City BLANDFORD
State MASS Zip Code 01008
Contact Person B St Martin Telephone Number 413-848-8405

2. Facility Operator (if different from above):
Name _____ e-mail (optional) _____
Street/PO Box _____ City _____
State - SAME - Zip Code _____
Contact Person _____ Telephone Number _____

3. Facility Data (attach topographic map or other map showing facility and discharge location(s)):
Name _____ e-mail (optional) _____
Street/PO Box - SAME - City _____
State _____ Zip Code _____
Contact Person _____ Telephone Number _____
Facility Latitude 42.20611 Facility Longitude 73.00694

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

SIC Code(s) _____
Description(s) _____

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

1. Has a prior NPDES permit been granted for the discharge? Yes ☒ (Permit Number: MAG640071)
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 Long Pond Brook
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Stream
3. State Water Quality Classification: _____ Freshwater: ☒ Marine Water: _____
4. Describe the discharge activities for which the owner/applicant is seeking coverage, including process discharges not specifically authorized in the P WTF GP which need to be authorized for discharge (and which attain the

APR 15 2010

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):

NO DISCHARGE EVER.

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

6. Number of outfalls: NONE Latitude and Longitude for each outfall (attach additional pages if necessary)
OUTFALL # Latitude Longitude
OUTFALL # Latitude Longitude

For each outfall:

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

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): - NONE -

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>- NONE -</u>	
TSS (mg/l)		
pH (s.u.)	(min) _____	(max) _____
Total Recoverable Aluminum (ug/l)		
Total Residual Chlorine (ug/l)		

(continued on next page)

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

Bonnie St. Martin

Date

4-9-10

Printed Name and Title

Bonnie St. Martin

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

12/3/2007

PUBLIC WATER SUPPLY COMPREHENSIVE REPORT - CONTINUED

PWSID: 1033000

PWS NAME: BLANDFORD WATER DEPT

CLASS: COM

SURFACE WATER SOURCE (S)

.....

SOURCE ID : 1033000-01S SOURCE NAME : LONG POND RESERVOIR (01S)

LOCATION : GIBBS RD

STATUS : A AVAILABILITY : ACTIVE

SELLER PWSID : SELLER NAME :

WATERSHED PLAN : Y SWTR WAIVER GRANTED : TERMINAL RESERVOIR : Y

LATITUDE : 42.20611 LONGITUDE : 73.00694

SURFACE AREA (ACRES) : 280

STORAGE CAPACITY (MG) : 0 SAFE YIELD (MG) : 0

WATERSHED AREA (SQ MILES) : 0.125 GALLONS PRODUCED (MG) : 30.4198

USGS ELEVATION (FT) : 0

BASIN NUMBER : 4

TREATMENT OBJECTIVE

TREATMENT PROCESS

CHEMICAL NAME