

Town of Northumberland
Office of the Selectmen

10 Station Square

Groveton, New Hampshire 03582
603-636-1450

9/9/11
received

August 24th, 2011

U. S. EPA – New England, Region I
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, MA 02114-2023

Re: Authorization Request

To Whom It May Concern;

This serves as a request for authorization to discharge under the POTW GP. This request is for coverage under the New Hampshire General Permit NHG580000, Part II.A.

The Town of Northumberland does own/operate a facility that discharges to a receiving water that is tributary to Long Island Sound. This discharge does meet the applicable requirements of the General Permit.

Please see enclosed documentation to support this request.

Sincerely,

Selectman
For the Northumberland Board of Selectmen

Encl.

facility from which the discharge occurs receives written authorization to discharge under the POTW GP from EPA.

Facility owners/operators must submit a NOI if they are seeking coverage under this General Permit for the first time or if the facility was covered under the expired POTW GP.

Any facility operating under an individual NPDES permit may request that the individual permit be terminated and that coverage under this General Permit be granted, as outlined in 40 CFR Section 122.28(b)(3)(v). When coverage under the General Permit is granted, the individual permit is automatically terminated.

B. NOI Requirements

1. General Notification Requirements

Applicants seeking authorization to discharge under this General Permit for facilities whose discharge(s) are identified in Parts IV.A. and B. of this permit must submit to EPA and the appropriate State agency an accurate, complete, and signed Notice of Intent (NOI). NOIs shall contain the information required in Part V.B. of this permit that applies to the discharge, including:

- a. A cover letter requesting authorization to discharge under the POTW GP. The letter must specify which General Permit the applicant is seeking coverage under (either Massachusetts General Permit MAG580000, Part I.A., Minor facilities discharging to Freshwater; or Part I.B., Minor Facilities Discharging to Marine waters; or New Hampshire General Permit NHG580000, Part II.A, Discharges to Fresh Waters, or Part II.B., Discharges to Marine Waters). Owners/operators of facilities discharging to a receiving water that is tributary to Long Island Sound (i.e., a receiving water that is within the Housatonic, Connecticut, or Thames River watersheds) shall indicate this in the cover letter. This letter shall include a statement certifying that the discharge meets the applicable requirements of the General Permit.
- b. The NOI shall contain the information required by the NPDES Form 2A Application which pertains to the discharge. Specifically, all applicants are to complete the information in NPDES Form 2A, Part A, items A.1.-A.12. Applicants are also required to complete the information in NPDES Form 2A, Parts B, D, E, and F, as they apply to the discharge.

(1) NPDES Form 2A Effluent Testing Requirements:

- (a) Owners/operators of **all facilities** must complete the effluent testing information sections of NPDES Form 2A, Part A.
- (b) Owners/operators of **facilities with design flows greater than 0.1 MGD** must complete the effluent testing information sections of NPDES Form 2A, Part B.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 1 NEW ENGLAND
5 POST OFFICE SQUARE SUITE 100
BOSTON, MASSACHUSETTS 02109-3912

July 29, 2011

James Tierney, Selectman
Town of Groveton
3 State St
Groveton, NH 03582

RECEIVED AUG - 3 2011
Distributed to
Bos - W/S

Groveton WWTF, NPDES #NHG580226

Subject: National Pollutant Discharge Elimination System (NPDES) General
Permit for Publicly Owned Treatment Works—New NetDMR
Requirements

BC

Dear Mr. Tierney,

The Environmental Protection Agency (EPA) issued a Notice of Availability in the Federal Register on July 6, 2011, for the National Pollutant Discharge Elimination (NPDES) General Permits for the Discharge of Wastewater from Certain Publicly Owned Treatment Works (POTWs) and other Treatment Plants Treating Domestic Sewage in the State of New Hampshire and the Commonwealth of Massachusetts (the "POTW General Permit"). The new POTW General Permit, which became effective on July 6, 2011, replaces the existing POTW General Permit that was issued by EPA in 2005 and expired on September 22, 2010.

Your facility, the Groveton WWTF, was granted authorization to discharge under the expired POTW General Permit and EPA is anticipating that you may want to continue to maintain General Permit coverage under the new POTW General Permit. If that is the case, you need to submit a new Notice of Intent (NOI) to EPA and the appropriate state agency by October 4, 2011, in accordance with Part V. of the POTW General Permit. Additional information on the new POTW General Permit can be found on EPA Region 1's website at: <http://www.epa.gov/region1/npdes/potw-gp.html>.

In addition, we also want to make you aware of a new permit condition that requires a permittee to electronically submit their discharge monitoring reports (DMRs) to EPA and the appropriate state agency using NetDMR (See Part VI.B. of the new POTW General Permit). NetDMR is a freely available web-based tool that allows permittees to submit DMRs and reports to the EPA via a secure internet connection. Once a permittee begins submitting reports using NetDMR, they will no longer be required to submit hard copies of DMRs or other reports required by this permit to EPA and the NHDES. **Facilities have one year from the effective date of their permit to begin using NetDMR.** You can find additional information about NetDMR from the EPA Region 1's website at: <http://www.epa.gov/region1/npdes/netdmr/index.html>.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region 1
5 Post Office Square, Suite 100
BOSTON, MA 02109-3912

RECEIVED MAR 24 2010
Distributed to
905 & W/S

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

March 19, 2010

James Tierney, Selectman,
Town Hall
3 State Street
Groveton, New Hampshire 03582

Re: Publicly Owned Treatment Works General NPDES Permit No. NHG580226-
Groveton Wastewater Treatment Facility

Dear Mr. Tierney:

This letter acknowledges your submittal of a Notice of Intent (NOI), dated February 4, 2010, for coverage under the Publicly Owned Treatment Works General NPDES Permit (POTW GP) No. NHG580226. Your NOI has been received and reviewed by this office. The information submitted appears to be complete and will be kept at our offices until such a time as the POTW GP is reissued. Since you submitted a timely and complete NOI, coverage of the discharge from your facility under the current POTW GP is administratively continued until a new permit is issued, in accordance with the Administrative Procedure Act (5 U.S.C. 558(c)) and 40 CFR §122.6. Please be advised that upon reissuance of the POTW GP, an NOI for coverage will need to be submitted in accordance with the notification requirements of that permit.

Please note that should you make any change to your processes that you believe may affect your coverage under the final permit, please contact Meredith Timony of my staff at (617) 918-1533 to discuss those changes.

Sincerely,

A handwritten signature in dark ink, appearing to read "B. Pitt", is located below the "Sincerely," text.

Brian Pitt, Acting Chief
NPDES Municipal Permits Branch
Office of Ecosystem Protection

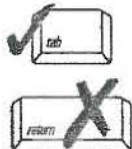
**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



**For Coverage Under the NPDES General Permit
for Publicly Owned Treatment Works (POTWs) and
Other Treatment Works Treating Domestic Sewage
With Dilution Factors Greater than Fifty**

Instructions

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



Submission of this Notice of Intent (NOI) constitutes notice that the entity named at item A1. of this form intends to be covered by the NPDES General Permit for POTWs and Other Treatment Works Treating Domestic Sewage (TWTDS) issued by EPA, in the location identified at item A1. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item A1. has read, understands and meets the eligibility conditions of Part III.K. of the NPDES General Permit for POTWs and Other TWTDS, agrees to comply with all applicable terms and conditions of the permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage.

In order to be granted coverage, all information required on this Notice of Intent form must be completed. A facility that fails to submit an NOI and/or receive written notification of permit coverage from EPA-New England is not authorized to discharge under this general permit. Please read the permit and make sure you comply with all requirements, including the requirement to contact the NH Department of Environmental Services (DES) prior to filling out this NOI. (Please contact Dan Dudley, (603) 271-0671, or Susan Willoughby (603) 271-3307 at DES.) The NOI instructions applicable to New Hampshire facilities begin on page 40 of the general permit.

Part A. Basic Application Information

A1. Facility Information:

GROUETON WASTEWATER TREATMENT FACILITY NHG580226-
Facility Name NPDES Permit Number

10 STATION SQUARE, GROUETON, N.H. 03582
Mailing Address

TRAVIS WENTWORTH SUPER. (603) 636-1450 northumberland@yahoo.com
Contact and Title Telephone E-mail (if available)

END OF FAMES STREET
Facility Address

A2. Applicant Information (if different than above)

Applicant Name

Mailing Address

Contact and Title

Telephone

E-mail (if available)

Is the applicant the owner or operator (or both) of the POTW? ☐ Owner ☐ Operator ☐ Both

A3. Facility Status:

☐ Major

☒ Minor

A4. Flow Information:

Permitted Design Flow 367 mgd

Any planned increase? ☐ Yes ☒ No

Average Daily Flow based on the most recent 24 months:

Actual Time Period JAN 09 - DEC 10

Average Daily Flow 180 mgd

**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



A5. Collection System Information:

Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each other.

- ☐ Separate sanitary sewer 60 %
- ☐ Combined storm and sanitary sewer 40 %

A6. Outfall Information:

Provide the latitude and longitude coordinates for each outfall.

Outfall Number	Latitude	Longitude
<u>001</u>	<u>44° 35 min. 30 sec.</u>	<u>71° 31 min. 28 sec.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Does this outfall have a periodic discharge? ☐ Yes ☒ No

If yes, time period during which discharge occurs: _____ days/year

A7. Receiving Water Information:

UPPER AMMONOOSUC RIVER
Name

A8. Treatment Facility Information:

Type of Wastewater Treatment Facility (Check only one)

Sand Filter ☐ Lagoon ☒ Others ☐

Type of Disinfection: Chlorination ☒ Ultraviolet Light ☐

Current sludge use and disposal practice:

Land Application ☐ Incineration* ☐ Surface Disposal ☐

Other ☒ Describe: DREDGED/PRESSED EVERY 25-30 YRS.

(*Note: Facilities incinerating their sludge are ineligible to receive coverage under this General Permit.)

A9. Topographic Map (For facilities with a design flow greater than or equal to 0.1 MGD)

Attach to this application a topographic map of the area showing the location of the treatment plant and all of the outfalls.

A10. Process Flow Diagram (For facilities with a design flow greater than or equal to 0.1 MGD)

Provide a diagram or schematic showing the processes of the treatment plant from the headworks to the outfall(s) and including any bypass piping.

**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



Part B. Applicable Limits Information

B1. Type of Receiving Water (Check One):

- ☒ Freshwater – Permit Part II.A. is applicable.
- ☐ Marine Waters – Permit Part II.B. is applicable.

Dischargers to freshwater must answer "N/A" to questions B4 through B6 below

Dischargers to marine waters must answer "N/A" to questions B7 through B8 below

B2. 7Q10 (freshwater only) 53.4 cfs (Contact DES for this information)

B3. Dilution Factor: 85:1 (Contact DES for this information)

B4. Do you discharge to marine waters used for swimming purposes? (Contact DES for this information)

- ☐ Yes Limits for Enterococci are found in Part II.B. of the general permit
- ☐ No Reporting for Enterococci are found in Part II.B. of the general permit
- ☒ N/A

B5. Choose one set of bacteria limits for the protection of the shellfishing use:

- ☐ Total Coliform - Limits for Total Coliform are found in Part II.B. of the general permit
- ☐ Fecal Coliform - Limits for Fecal Coliform are found in Part II.B. of the general permit
- ☒ N/A

B6. Chlorine limits for discharges to marine waters (From Table C in Part II.B. of the permit)

Monthly Average Limit from Table C for dilution factor of _____ (Question B3) = _____ mg/l

Maximum Daily Limit from Table C for dilution factor of _____ (Question B3) = _____ mg/l

☒ N/A

B7. Chlorine limits for discharges to freshwaters (From Table C in Part II.A. of the permit)

Monthly Average Limit from Table C for dilution factor of 85:1 (Question B3) = .94 mg/l

Maximum Daily Limit from Table C for dilution factor of 85:1 (Question B3) = 1.0 mg/l

☐ N/A

**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



B8. Do you discharge upstream of a freshwater designated beach? (Contact DES for this information)

- ☐ Yes Escherichia coli limits for bathing beach waters are found in Part II.A. of the general permit.
- ☒ No Escherichia coli limits for non-bathing beach waters are found in Part II.A. of the general permit.
- ☐ N/A

B9. Choose one set of biochemical oxygen demand limits.

- ☒ BOD₅ ☐ CBOD₅ (Concentration limits are found in Parts II.A. and II.B. of the general permit)

B10. Monthly Average Mass TSS and BOD₅ (or CBOD₅) limits

Mass TSS limit = 30 mg/l x 8.34 x permitted design flow .367 mgd (Question A4) = 92 lbs/day

AND

Mass BOD₅ limit = 30 mg/l x 8.34 x permitted design flow .367 mgd (Question A4) = 92 lbs/day

OR

Mass CBOD₅ limit = 25 mg/l x 8.34 x permitted design flow _____ mgd (Question A4) = _____ lbs/day

B11. Weekly Average Mass TSS and BOD₅ (or CBOD₅) limits

Mass TSS limit = 45 mg/l x 8.34 x permitted design flow .367 mgd (Question A4) = 138 lbs/day

AND

Mass BOD₅ limit = 45 mg/l x 8.34 x permitted design flow .367 mgd (Question A4) = 138 lbs/day

OR

Mass CBOD₅ limit = 40 mg/l x 8.34 x permitted design flow _____ mgd (Question A4) = _____ lbs/day

B12. Maximum Daily Mass TSS and BOD₅ (or CBOD₅) limits

Mass TSS limit = 50 mg/l x 8.34 x permitted design flow .367 mgd (Question A4) = 153 lbs/day

AND

Mass BOD₅ limit = 50 mg/l x 8.34 x permitted design flow .367 mgd (Question A4) = 153 lbs/day

OR

Mass CBOD₅ limit = 45 mg/l x 8.34 x permitted design flow _____ mgd (Question A4) = _____ lbs/day

**NOTICE OF INTENT
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N.H. GENERAL PERMIT #NHG580000**



Part C. Effluent Testing for All Applicants

All applicants must provide effluent testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one sample collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the past year must be included.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	# of Samples
pH* (Minimum)	6.8	s.u.			
pH* (Maximum)	7.9	s.u.			
Temperature (Winter)	40	Deg F	39.8	Deg F	1
Temperature (Summer)	74	Deg F	58	Deg F	1

* For pH please report a minimum and a maximum daily value

POLLUTANT	Max. Daily Value Discharge		Average Daily Value			Analytical Method	ML/MDL	
	Conc.	Units	Conc.	Units	# of Samples			
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	33.5	mg/l	16.2	mg/l	52	20 th 5210-B	
	CBOD5		mg/l		mg/l			
BACTERIA (Report all that are applicable)	Fecal Coliform		cts/ 100ml		cts/ 100ml			
	Total Coliform		cts/ 100ml		cts/ 100ml			
	E. Coli	233	cts/ 100ml	1.077	cts/ 100ml	104	IDEXX COLIERT	
	Enterococci		cts/ 100ml		cts/ 100ml			
TOTAL SUSPENDED SOLIDS (TSS)	44	mg/l	12	mg/l	52	2540D		

↑ ↑
"HIGH" "Ave."

**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



Part D. Effluent Testing for Applicants with Design Q $\geq$ 0.1 mgd Only

If the treatment works has a design flow greater than or equal to 0.1 mgd then provide effluent testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one sample collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the past two years must be included.

POLLUTANT	Max. Daily Value		Average Daily Value			Analytical Method	ML/MDL
	Conc.	Units	Conc.	Units	# of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS							
AMMONIA (as N)	13	mg/l	13	mg/l	1		
CHLORINE (TOTAL RESIDUAL, TRC)	1.0	mg/l	.79	mg/l	365		
DISSOLVED OXYGEN	N/A	mg/l	N/A	mg/l	—		
TOTAL KJELDAHL NITROGEN (TKN)	29	mg/l	29	mg/l	1		
NITRATE PLUS NITRITE	<0.5	mg/l	<0.5	mg/l	1		
OIL and GREASE	<5	mg/l	<5	mg/l	1		
TOTAL PHOSPHORUS	2.4	mg/l	2.4	mg/l	1		
TOTAL DISSOLVED SOLIDS (TDS)	310	mg/l	310	mg/l	1		
OTHER*							

*Report any additional parameters requested by EPA or DES here

**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



Part E. Effluent Testing for Applicants with Design Q $\geq$ 1.0 mgd Only

E1. Parameters in Table 2 of Appendix J of 40 CFR 122

If the treatment works has a design flow greater than or equal to 1.0 mgd then provide effluent testing data for the parameters in Table 2 of Appendix J of 40 CFR 122. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least one pollutant scan collected within the past two years. All available data collected in accordance with 40 CFR Part 136 within the last two years must be included.

Attach the results from your contract laboratory to this Notice of Intent and include the following:

POLLUTANT	MAXIMUM DAILY VALUE				AVERAGE DAILY VALUE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		

E2. Whole Effluent Toxicity Test Results

If the treatment works has a design flow greater than or equal to 1.0 mgd then provide the results of at least one multiple species (minimum of two species) acute whole effluent toxicity test performed on a sample of the effluent collected within the last two years. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136. If you have already submitted the information requested in this part you do not need to submit it again but you must provide the date it was submitted and a brief summary of the results (LC50 endpoints).

Attach the results from your contract laboratory to this Notice of Intent and include the following:

- a. Description of sample collection procedures (grab or 24-hour composite), site description;
- b. Names of individuals collecting and transporting samples, times and dates of sample collection and analysis on chain of custody; and
- c. General description of tests: age of test organisms, origin, dates and results of standard toxicant tests; light and temperature regime; other information on test conditions if different than procedures recommended. Reference toxicity test data must be included.
- d. Raw data and bench sheets.
- e. All chemical/physical data generated. (Include minimum detection levels and minimum quantification levels).
- f. Provide a description of dechlorination procedures (as applicable).
- g. Any other observations or test conditions affecting test outcome.
- h. Statistical tests used to calculate endpoints.

**NOTICE OF INTENT
FOR
N.H. GENERAL PERMIT #NHG580000**



Part F. Eligibility

F1. Any facility seeking coverage under this general permit must certify in its NOI that each discharge for which it is seeking coverage meets one or more of the National Historic Preservation Act (NHPA) eligibility criteria in Attachment C to the permit

Does each discharge meet one or more of the NHPA eligibility criteria? ☒ Yes ☐ No

Attach all documentation necessary to support the eligibility demonstration. *Item #1 From attachment C*

Was the State Historic Preservation Officer or Tribal Historic Preservation Officer involved in the determination of eligibility? ☒ Yes ☐ No

F2. For coverage under this general permit, a facility with a discharge outside the areas identified in Part III.K.4.b and currently covered under an individual NPDES permit can meet the ESA eligibility criteria by providing the individual NPDES permit number and certifying that the discharge is not in proximity to a dwarf wedgemussel or shortnose sturgeon population. Does your facility meet these criteria? ☒ Yes ☐ No

Attach any documentation to support this determination.

Any other facility seeking coverage under this general permit, including facilities discharging or proposing to discharge into the areas identified in Part III.K.4.b, must certify in this NOI that each discharge for which it is seeking coverage meets one or more of the Endangered Species Act eligibility criteria in Attachment D to the permit.

Have the Endangered Species Act eligibility criteria been met? ☐ Yes ☐ No

Attach all documentation necessary to support the eligibility demonstration.

Part G. Certification

The Notice of Intent must be signed in accordance with the signatory requirements of 40 CFR§122.22, including the following certification (*Original Signature Required*):

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, I certify that 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.

Bruce W. Colebank - SELECTMAN
Printed Name and Official Title

[Signature]
Signature

603-636-1450
Telephone Number

8/29/2011
Date Signed

H. Federal and State Addresses

This Notice of Intent must be sent to the U.S. Environmental Protection Agency with a copy to the New Hampshire Department of Environmental Services at the addresses listed below. Applications are due at least 180 days before the expiration date of the existing NPDES permit.

1. U.S. EPA - New England, Region I
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, Massachusetts 02114-2023
2. N.H. Department of Environmental Services
Water Division, Wastewater Engineering Bureau
Permits and Compliance Section
29 Hazen Drive – PO Box 95
Concord, New Hampshire 03302-0095



LABORATORY REPORT

Eastern Analytical, Inc. ID#: 86103

Client: Groveton, Town of

Client Designation: Groveton WWTP - Jan. 2010

Sample ID: Effluent

Lab Sample ID: 86103.01

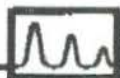
Matrix: aqueous

Date Sampled: 1/21/10

Date Received: 1/22/10

Solids Dissolved	310
Nitrate/Nitrite-N	< 0.5
Ammonia-N	13
TKN	29
Total Phosphorus-P	2.4

Analysis				
Units	Date	Time	Method	Analyst
mg/L	1/27/10	13:00	2540C	SEL
mg/L	1/24/10	13:00	353.2	KL
mg/L	1/27/10	14:30	4500NH3D	SEL
mg/L	1/27/10	12:10	4500NorgC	SEL
mg/L	1/26/10	14:00	355.3	JCC



LABORATORY REPORT

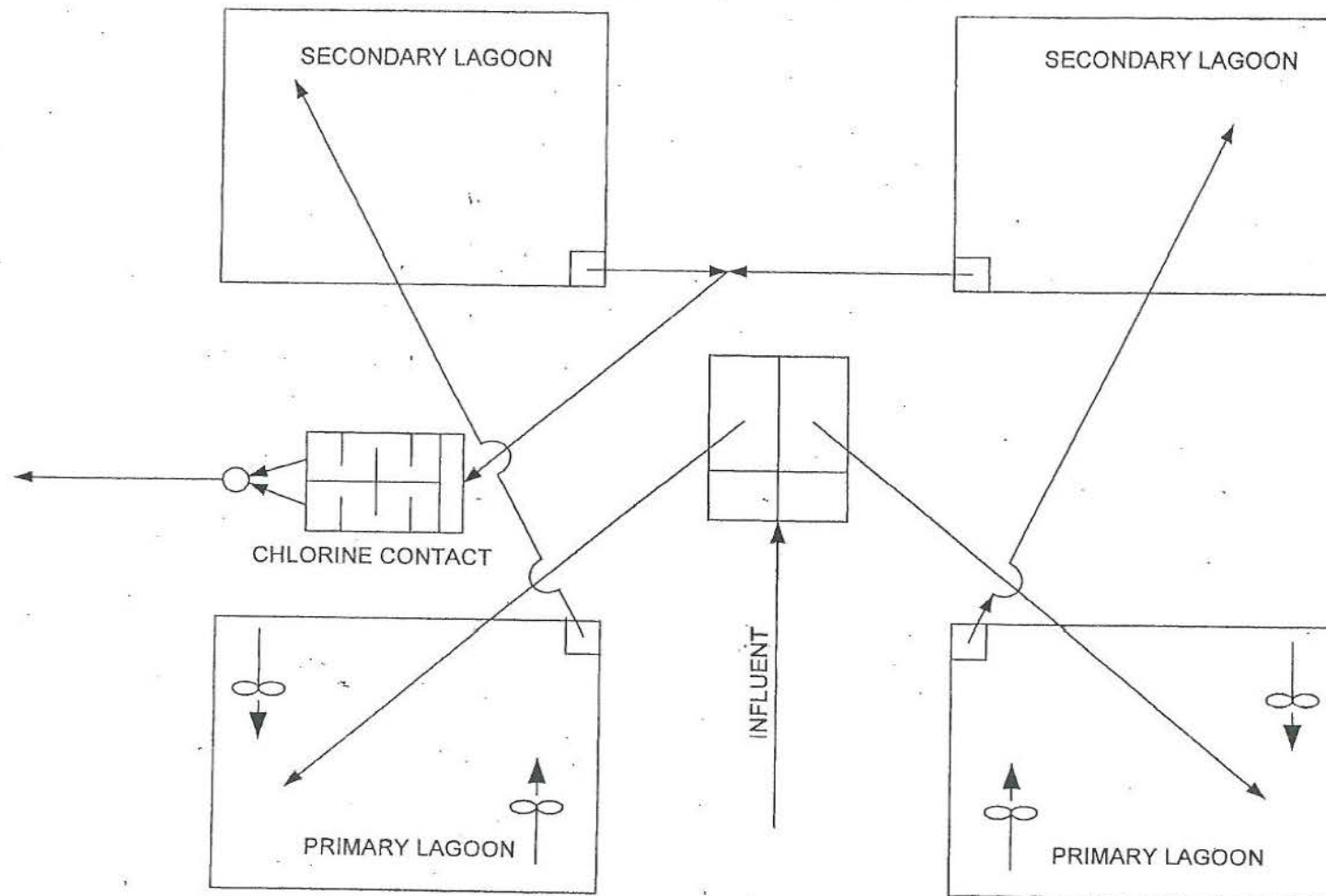
Eastern Analytical, Inc. ID#: 86103

Client: Groveton, Town of

Client Designation: Groveton WWTP - Jan. 2010

Sample ID:	Effluent
Lab Sample ID:	86103.01
Matrix:	aqueous
Date Sampled:	1/21/10
Date Received:	1/22/10
Units:	mg/L
Date of Extraction/Prep:	1/22/10
Date of Analysis:	1/22/10
Analyst:	JW
Method:	1664A
Dilution Factor:	1
Oil & Grease (HEM)	< 5

GROVETON WASTEWATER TREATMENT
FACILITY FLOW DIAGRAM



LEGEND

■ NPDES Outfalls
--- State boundary
--- County boundary
--- Town boundary

NPDES Outfalls

State boundary

-----County boundary

Town boundary

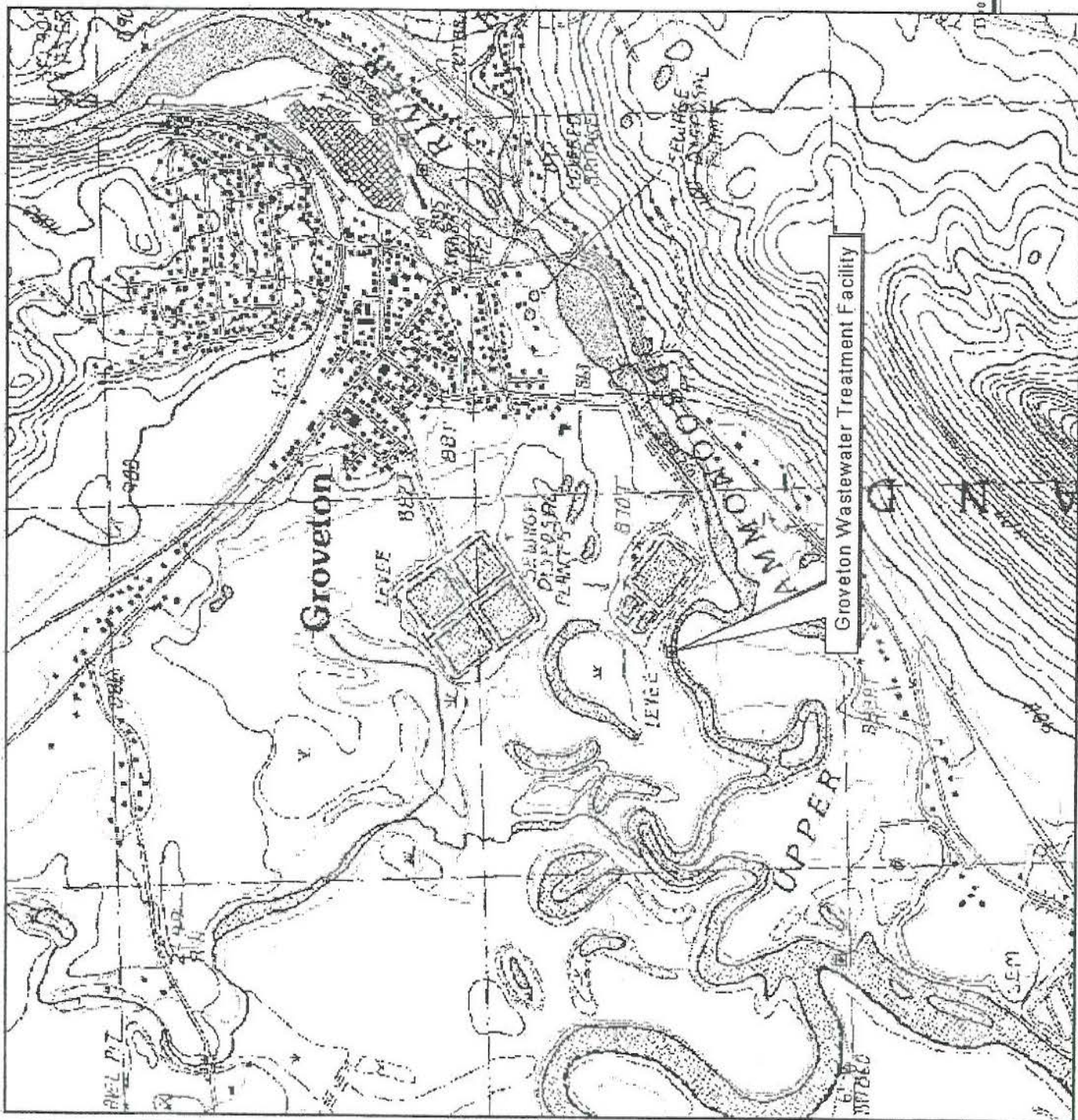
The coverage presented in this program under constant revision as new line or facilities are added. They may not necessarily contain all of the potential existing or facilities. The Department is not responsible for the use or interpretation of this information, nor for any inaccuracies.

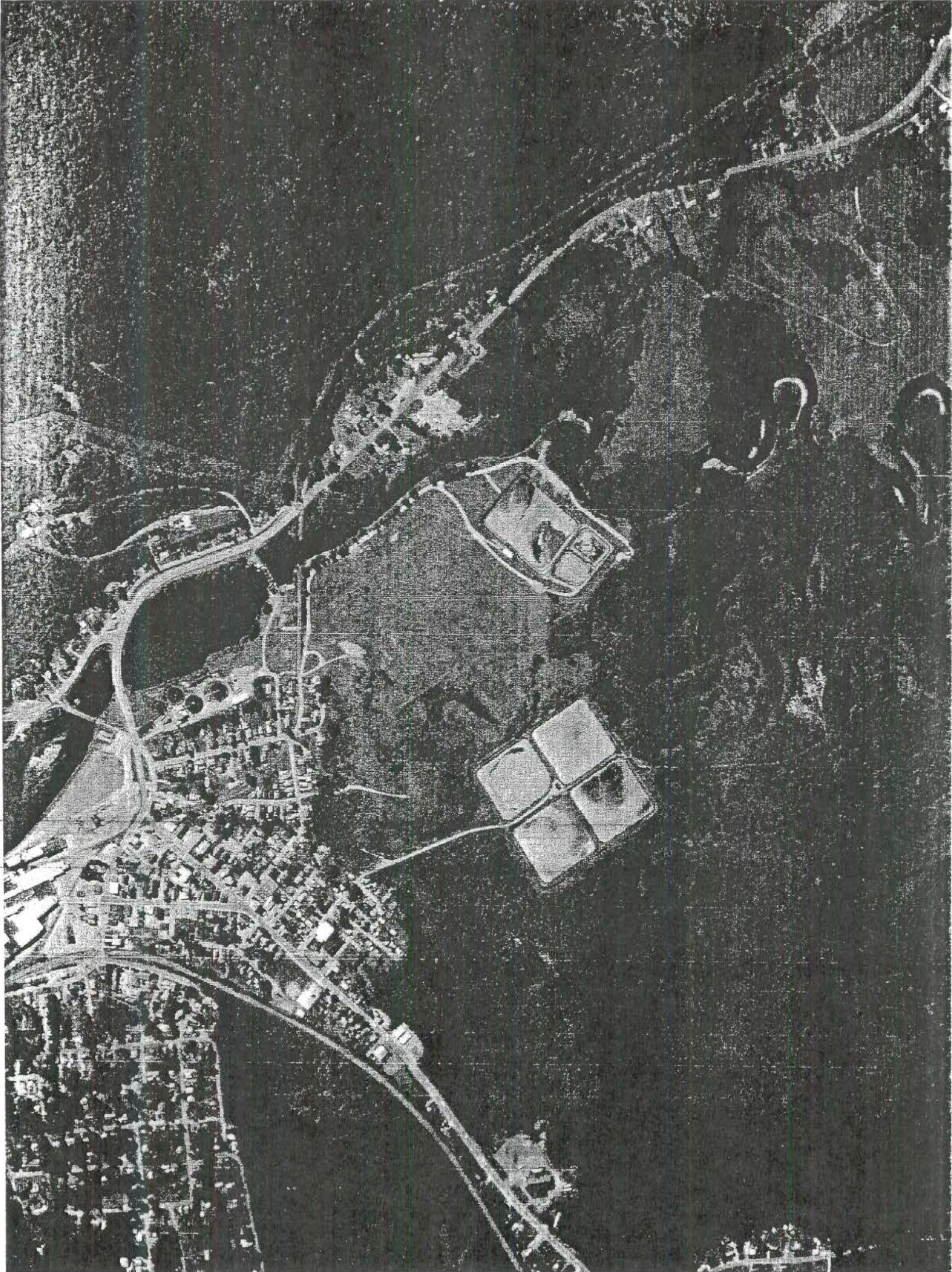
May Printed February 1, 2006.

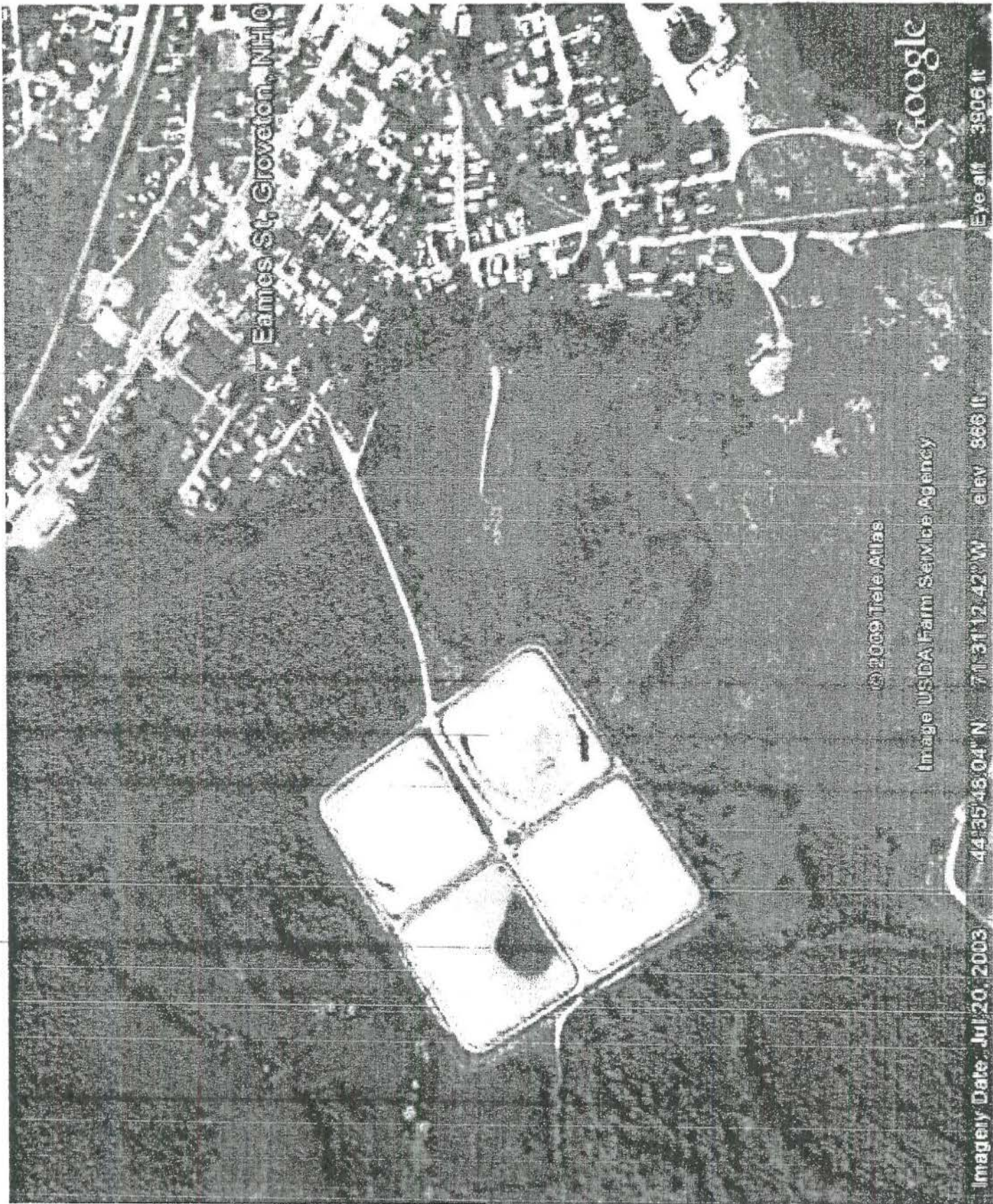
SCALE: 1:15000

0.2	0	0.2
0.2	0	0.2

1500 Post







Eames St, Groveton, NH 0

Google

© 2009 Tele Atlas

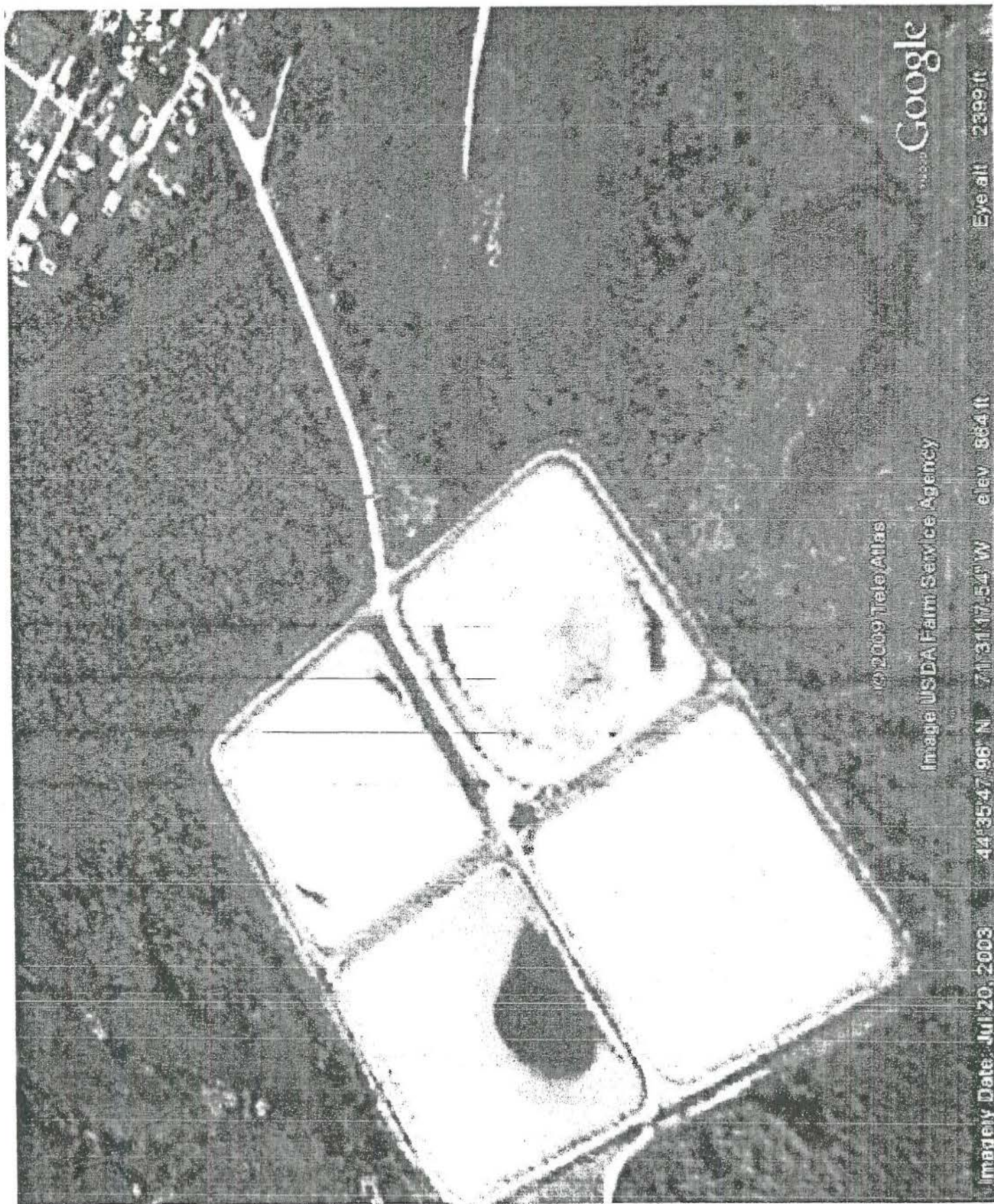
Image USDA Farm Service Agency

Eye alt 3805 ft

elev 566 ft

44°35'48.04" N 71°31'12.42" W

Imagery Date: Jul 20, 2003



Google

© 2009 TeleAtlas

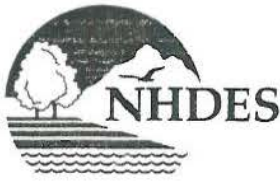
Image USA Farm Service Agency

Eye alt 2399 ft

elev 864 ft

44°35'47.96" N 71°31'17.54" W

Imagery Date: Jul 20, 2003



The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES



Thomas S. Burack, Commissioner

January 13, 2009

Travis Wentworth, Superintendent
Groveton WWTF
Town Hall
3 State Street
Groveton, NH 03582

RECEIVED JAN 19 2010

Re: Groveton WWTF
Notice of Intent Requirements for NPDES General Permit NHG580226

Dear Mr. Wentworth:

This is to follow up on our telephone conversation regarding the POTW General Permit, and the Notice of Intent (NOI) required by EPA's letter dated September 23, 2009 (copy attached). Part III.M.2.h (page 41) of the general permit requires that the Town confirm certain information with the New Hampshire Department of Environmental Services (NHDES) prior to submitting the NOI. Accordingly, NHDES is providing the following information for use in completing the NOI form:

<u>NOI Part</u>	<u>Description</u>	<u>Value</u>
A4.	Treatment Plant Design Flow	0.367 mgd
B2.	Annual 7Q10 Stream Flow	53.4 cfs
B3.	Dilution Factor	85
B7.	Monthly Average Total Residual Chlorine Limit	0.94 mg/l
B7.	Maximum Daily Total Residual Chlorine Limit	1.0 mg/l
B8.	Is the Discharge Upstream of a Freshwater Designated Beach?	No
B10.	Monthly Average Mass TSS Limit	92 lbs/day
B10.	Monthly Average Mass BOD ₅ Limit	92 lbs/day
B11.	Weekly Average Mass TSS Limit	138 lbs/day
B11.	Weekly Average Mass BOD ₅ Limit	138 lbs/day
B11.	Maximum Daily Mass TSS Limit	153 lbs/day
B11.	Maximum Daily Mass BOD ₅ Limit	153 lbs/day

You should attach a copy of this letter to your completed NOI form. Please call me at 271-0671 if you have questions.

Sincerely,

Daniel Dudley, P.E.
Sanitary Engineer
NHDES Wastewater Engineering Bureau

Enclosure: EPA letter dated September 23, 2009

cc: Brian Pitt, EPA-New England
Paul L. Heirtzler, NHDES



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 1

1 CONGRESS STREET, SUITE 1100
BOSTON, MASSACHUSETTS 02114-2023

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

September 23, 2009

Lorna R. Aldrich, Town Manager
Town of Northumberland
Town Hall
3 State Street
Groveton, NH 03582

RE: Reapplying under the New Hampshire General Permit for **certain** POTWs and other Treatment Works - NHG580226- Groveton Wastewater Treatment Facility

Dear Ms. Aldrich:

Please be advised that the General Permit for **certain** POTWs and Sanitary Wastewater Facilities in the State of New Hampshire will be expiring on September 23, 2010. This permit will be administratively continued in accordance with the Administrative Procedures Act and will remain in effect as long as a new Notice of Intent for your facility is received by March 26, 2010. Please refer to page 38, Part III.L.3, of the POTW General Permit concerning the continuation conditions and page 39, Part III.M.3, of this permit for the Notice of Intent requirements. The complete POTW General Permit is at EPA's website: <http://www.epa.gov/region1/npdes/potw-gp.html>.

The Notice of Intent (NOI) form to reapply for General Permit coverage is the New Hampshire Department of Environmental Services' NOI form that is available at:

http://des.nh.gov/organization/divisions/water/web/documents/notice_of_intent_form.pdf. Please contact Dan Dudley at 603-~~3~~71-0671 with any questions concerning this form.

2

Failure to submit the Notice of Intent by the deadline date would violate Section 301(a) of the Clean Water Act, and would render you subject to the civil and/or criminal enforcement provisions of the Act.

Should you have any questions pertaining to this matter please do not hesitate to contact me at 617/918-1545.

Sincerely,

Shelley Puleo
Environmental Protection Specialist
Municipal Assistance Unit

cc: Dan Dudley, NHDES ✓

H. Federal and State Addresses

This Notice of Intent must be sent to the U.S. Environmental Protection Agency with a copy to the New Hampshire Department of Environmental Services at the addresses listed below. Applications are due at least 180 days before the expiration date of the existing NPDES permit.

1. U.S. EPA - New England, Region I
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, Massachusetts 02114-2023
2. N.H. Department of Environmental Services
Water Division, Wastewater Engineering Bureau
Permits and Compliance Section
29 Hazen Drive - PO Box 95
Concord, New Hampshire 03302-0095

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