

**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 Lynnfield Center Water District e-mail \_\_\_\_\_  
 Street/PO Box 83 Phillips Road City Lynnfield  
 State Massachusetts Zip Code 01940  
 Contact Person Kenneth Burnham Telephone Number 781-334-3901

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/discharge location):

Name Phillips Road Pumping Station #3 (Greensand Filter Facility) e-mail (optional) \_\_\_\_\_  
 Street/PO Box 83 Phillips Road City Lynnfield  
 State Massachusetts Zip Code 01940  
 Contact Person Kenneth Burnham Telephone Number 7813343901  
 Latitude 42.545833 Longitude -71.050278

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

SIC Code(s) 4941  
 Description(s) 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: MAG640017)  
 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 Beaverdam Brook
2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) Brook
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

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 N/A and/or C-NOEC \_\_\_\_\_

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 \_\_\_\_\_ cfs Dilution Factor \_\_\_\_\_ cfs The discharge at the Lynnfield WTP does not contain aluminum and/or residual chlorine.

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. Please see Attachment 3.

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 affect" 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 Kenneth + Burnham Date 12-30-09  
Printed Name and Title Kenneth Burnham, 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](http://www.epa.gov/region1/npdes/pwtfgp.html)