II. Suggested Notice of Intent (NOI) Form

1. General facility information. Please provide the following information about the facility.

a) Name of facility: Dover Road Pump Station	**Mailing Address for the Facility:** Wastewater Treatment Facility, 50 Piscataqua Road (Route 4) Durham, NH 03824	
b) Location Address of the Facility (if different from mailing address): 46 Dover Road, Durham, NH	**Facility Location** **longitude:** 70d 54' 47 W **latitude:** 43d 08' 07 N	**Type of Business:** Municipal Pump Station **Facility SIC codes:**

c) Name of facility owner: Dan Peterson, Superin. of Waste Water **Owner's email:** dpeterson@ci.durham.nh.us

Owner's Tel #: 603-868-2274 **Owner's Fax #:** 603-868-8063

Address of owner (if different from facility address)

Wastewater Treatment Facility, 50 Piscataqua Road (Route 4), Durham, NH 03824 Township

Owner is (check one): 1. Federal____ 2. State _____ 3.Tribal_____ 4. Private_____ 4. Other _✓_ (Describe)

Legal name of Operator, if not owner: Griffin Dewatering-New England, Inc. & Weston & Sampson CMR, Inc.

Operator Contact Name: Donald T. McQuilkin (Griffin) / John M. Sykora III (W&S)

Operator Tel Number: (860) 643-9585 **Fax Number:** (860) 646-0192

Operator's email: Don.McQuilkin@griffindewatering.com / sykorai@wseinc.com

Operator Address (if different from owner)

299 Hop River Road, Rt. 6, PO Box 9187, Bolton, CT 06043-7411

d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? ✓

e) Check Yes or No for the following:

1. **Has a prior NPDES permit been granted for the discharge? Yes ____ No ✓ If Yes, Permit Number: _____**
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_____ No ✓ If Yes, Permit Number ____**
4. **Is there a pending application on file with EPA for this discharge? Yes ____ No ✓ If Yes, date of submittal:**

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed)

a) Name of receiving water into which discharge will occur: Oyster River
State Water Quality Classification: Class B Freshwater: _____ Marine Water: Tidal

b) Describe the discharge activities for which the owner/applicant is seeking coverage:
1. Construction dewatering of groundwater intrusion and/or storm water accumulation.
2. Short-term or long-term dewatering of foundation sumps.
3. Other.

c) Number of outfalls 1

For each outfall:

d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow 432,000 GPD
Average Monthly Flow n/a GPD

e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH TBD Min pH TBD

f) Identify the source of the discharge (i.e. potable water, surface water, or groundwater). If groundwater, the facility shall submit effluent test results, as required in Section 4.4.5 of the General Permit.

g) What treatment does the wastewater receive prior to discharge? See Attached Dewatering Procedure

h) Is the discharge continuous? Yes ✓ No _____ If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) _____
If (P), number of days or months per year of the discharge _____ and the specific months of discharge _____;
If (I), number of days/year there is a discharge _____
Is the discharge temporary? Yes ✓ No _____
If yes, approximate start date of dewatering August 2010 approximate end date of dewatering Novemeber 2010

i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. 70d 54 46.90W lat. 43d0806.43N;
Outfall 2: long._____ lat._____; Outfall 3: long._____ lat._____.

j) If the source of the discharge is potable water, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water and attach any calculation sheets used to support stream flow and dilution calculations Not Potable Water cfs
(See Appendix VII for equations and additional information)

MASSACHUSETTS FACILITIES: See Section 3.4 and Appendix 1 of the General Permit for more information on Areas of Critical Environmental Concern (ACEC):

k) Does the discharge occur in an ACEC? Yes _____ No _____
If yes, provide the name of the ACEC: _____

3. Contaminant Information

a) Are any pH neutralization and/or dechlorination chemicals used in the discharge? If so, include the chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC_{50} in percent for aquatic organism(s)).

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

4. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendices III and IV. In addition, respond to the following questions.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes____No ✓
b) Has any consultation with the federal services been completed ? Yes ✓ No__
c) Is consultation underway? Yes____ No ✓
d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): a "no jeopardy" opinion ____or written concurrence ✓ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat.
e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D,or E) have you met? a
f) Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website.

5. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes _____ No ✓
b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes ✓ or No _____ If yes, attach the results of the consultation(s). * Ongoing - Review Application Attached.
c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 o3) have you met? Ongoing

6. Supplemental Information: Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit

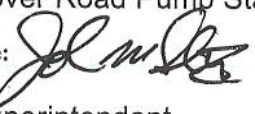
7. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the dewatering system; (2) the discharge consists solely of dewatering and authorized pH adjustment and/or

dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product or finished product; (4) if the discharge of dewatering subsequently mixes with other permitted wastewater (i.e.stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for dewatering discharge; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) 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 certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility Name: Dover Road Pump Station

Operator signature: 

Title: Project Superintendant

Date: 6/29/10

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.

Dewatering Procedure

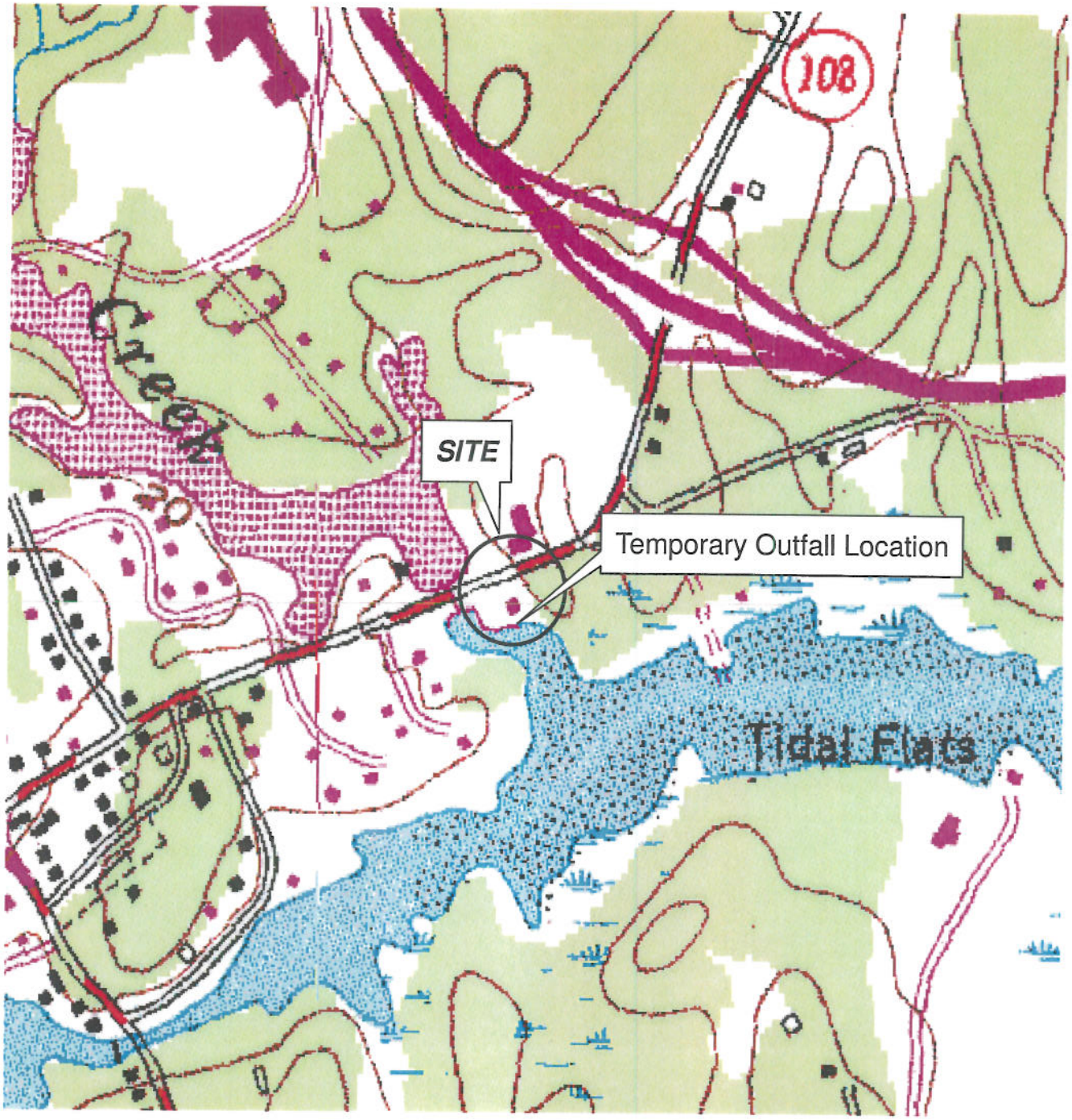
Dewatering Procedure

Weston & Sampson CMR, Inc. has proposed the following procedure for the dewatering discharge:

Two 480-Volt 10 hp pumps will be utilized for the dewatering; the pumps will be connected via a manifold piping system. The influent from the dewatering will enter a bi-level frac tank which will allow sedimentation through its own weir. The discharge from the frac tank will then enter a sand media filtration unit via a hose by a diesel pump. The effluent will then be discharged to a sedimentation bag or other means (silt fence, hay bales, straw wattles) before entering the Oyster River. Once the dewatering discharge has run clean, the Frac tank & sand media will be removed from the site and the sedimentation bag or other means will remain. The dewatering system will be connected to a standby power generator system which will allow for an automatic transfer of power during power outages. This standby power system will prevent the dewatering system from failure and will prevent another start-up which can cause sedimentation.

General or incidental site dewatering for yard piping, temporary sewer, etc. shall be conducted using accepted BMPs. Dewatering will be accomplished in a manner that will prevent sediment from migrating into any resource area. Weston & Sampson can utilize various methods of sediment capture to prevent siltation of the waterway including sediment bags, silt fence, straw wattles and haybales.

USGS Map



0 400 800 1,600 Feet

DATA SOURCE: NH GRANIT, New Hampshire's GIS Clearinghouse. http://www.granit.unh.edu/data/search
USGS Topographic Map - Dover West

N

FIGURE 1

TOWN OF DURHAM
46 DOVER ROAD

SITE LOCUS MAP

SCALE: NOTED JUNE 2010

Weston&Sampson

P:\GIS\New_Hampshire\Town\Portsmouth\Figures\Sprague

Request for Project Review NH Division Historical Resources