



10/1/08
NHG-250465

September 26, 2008

United States Environmental Protection Agency
NCCW GP Processing
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, Massachusetts 02114-2023

RE: Notice of Intent
New Hampshire General Permit Number NHG250465
Non-Contact Cooling Water

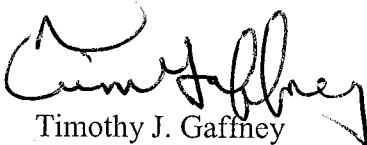
Dear Sir or Madam:

In accordance with your August 1, 2008 Notice of Noncontact Cooling Water General Permit Availability and Permit Application Process, enclosed please find our completed Notice of Intent for the Noncontact Cooling Water General Permit in New Hampshire.

Please contact me at (585) 538-2314 if you have any questions or require additional information.

Very truly yours,

JCI Jones Chemicals, Inc.


Timothy J. Gaffney
Executive Vice President

TJG:tg

Enclosure

Cc New Hampshire Department of Environmental Services
Water Division, Wastewater Engineering Bureau
29 Hazen Drive, P.O. Box 95
Concord, New Hampshire 03302-0095

APPENDIX 5

Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General

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

a) Name of facility: <u>JCI Jones Chemicals, Inc.</u>		Type of Business: <u>Chemical repackager, manufacturer</u>
Facility Location Address: <u>40 Railroad Avenue</u> <u>Merrimack, NH 03054</u> longitude: <u>71° 29' 18.0" (71.488333)</u> latitude: <u>42° 51' 26.0" (42.857222)</u>	Facility SIC codes: <u>2819</u>	Facility Mailing Address (if not location address) <u>SAME</u>
b) Name of facility owner: <u>JCI Jones Chemicals, Inc.</u>		Email address of owner: <u>www.jcichem.com</u> <u>tgatfney@jci</u>
Owner's Tel #: <u>(941) 330-1537</u> Owner's Fax #: <u>(941) 330-9657</u>		Owner is (check one): 1. Federal _____ 2. State _____ 3. Tribal _____ 4. Private ☒ 4. Other _____ (Describe)
Address of owner (if different from facility address) <u>JCI Jones Chemicals, Inc.</u> <u>1819 Main Street, Suite 1100</u> <u>Sarasota, FL 34236</u>		
Legal name of Operator, if not owner: <u>SAME</u>		
Operator Contact Name: <u>Brian Danforth</u> ; <u>Branch Manager</u>		
Operator Tel Number: <u>(603) 424-7212</u> Fax Number: <u>(603) 424-7343</u>		
Operator's email: <u>bdanforth@jcichem.com</u>		
Operator Address (if different from owner) <u>40 Railroad Avenue</u> <u>Merrimack, NH 03054</u>		
d) Attach topographic map indicating the locations of the facility and the receiving water; all NCCW discharge points; upstream downstream monitoring points. Map attached? <u>Yes</u> (Using various scales: 1:25,000 1:48,000 1:50,000 1:100,000)		
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: <u>NHG 250</u>		
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: <u>12/2</u>		

(Ren
to e
NHG

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

- a) Name of receiving water into which discharge will occur: Merrimack River
State Water Quality Classification: CLASS B Freshwater: X Marine Water: _____
- b) Describe the discharge activities for which the owner/applicant is seeking coverage:
The discharge under this General Permit consists solely of non-contact cooling water.
- c) FOR MASSACHUSETTS FACILITIES ONLY: Engineering Calculations: Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment A of the General Permit. Check if attached: _____ N/A
- d) Number of outfalls 1

For each outfall:

- e) What is the maximum daily and average monthly flow of the discharge? Note that EPA will use the flow reported here as the facility's permitted effluent flow limit. Max Daily Flow 288,000 GPD Average Flow 96,000 GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 70 Average Temp. 62
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.0 Min pH 7.0
- h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes _____ No _____ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts. N/A
- i) Is the discharge continuous? Yes _____ No X 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) P
If (P), number of (days) or months per year of the discharge 240 and the specific months of discharge ALL MONTHS;
If (I), number of days/year there is a discharge _____ (APPROX. 20 DAYS PER MONTH)
- j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. -71° 29' 27" lat. 42° 51' 42"; outfall 2: long. _____ lat. _____;
outfall 3: long. _____ lat. _____ (See http://www.epa.gov/tri/report/siting_tool)
- k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water N/A cfs
Please attach any calculation sheets used to support stream flow and dilution calculations. See General Permit Attachment B for equations and additional information.

MASSACHUSETTS FACILITIES: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.

Areas of Critical Environmental Concern (ACEC): Does the discharge occur in an ACEC? Yes _____ No N/A
If yes, provide the name of the ACEC: _____

3. NCCW Source Water Information. Please provide information about the NCCW source water, using separate sheets as necessary:

a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater): Source: <u>On-Site Well</u> Name of Source Water: <u>Groundwater</u> Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes <u>X</u> No _____ If yes, registration number: <u>NHDES Geological Survey</u> <u>Facility Identification Number 20156</u>	b) If source water is surface water: <u>N/A</u> i) Is it a freshwater river or stream Yes _____ No _____ ii) Is it a lake? _____ reservoir? _____ iii) Is it tidal river? _____ estuary? _____ ocean? _____ c) Is the source water groundwater? Yes <u>X</u> No _____ If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit. <u>Attached</u> d) Does the facility use both a primary and backup source of noncontact cooling water? Yes _____ No <u>X</u> If yes, attach information that identifies and explains the primary and backup sources of noncontact cooling water for and how often the backup supply was used in last three years.
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4. Best Technology Available for CWIS

Are you subject to BTA requirements at Part 4.2 of the General Permit? (Facility's discharge is covered by this General Permit and the facility withdraws noncontact cooling water from surface source water). Yes _____ No X If No, explain:
This facility does not withdraw water from surface source waters.

If YES, attach the facility-specific BTA description as required in Part 4.3 of the General Permit. For additional information and guidance, see Questions 13-23 of the NCCW Fact Sheet, posted at <http://www.epa.gov/region1/npdes/nccwgp.html>. Provide a map showing the location of each CWIS intake structure; NCCW outfall(s) and any CWIS feature referred to in the BTA description.

Include in your description:

- _____ Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- _____ A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use
- _____ The attributes of the current CWIS
- _____ Design measures of the CWIS
- _____ Operation measures of the CWIS
- _____ Historical occurrence of impinged fish for the past five years
- _____ If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system
- _____ Other components to reduce impingement and/or entrainment of aquatic life

4. BTA FOR CWIS CONTINUED: N/A

Provide the following information for each CWIS to support your attached facility-specific BTA description.

Design capacity of the of the CWIS _____ MGD

Maximum monthly average intake of the CWIS during the previous five years _____ MGD Month in which this flow occurred _____

Maximum through-screen design intake velocity _____ feet/second (fps)

For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

The source water's annual mean flow _____ cubic feet/second (cfs) as available from USGS or other appropriate source

The design intake flow as a % of the source water's annual mean flow _____ Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 _____ cfs. See Attachment B of the General Permit for more information on 7Q10 determinations.

The design intake flow as a percent of the source water's 7Q10 _____

5. Contaminant Information

If applicable, attach a listing of all non-toxic pH neutralization and/or dechlorination chemicals used, including chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)). N/A - no chemicals are added to the discharge.

6. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix 2, Part C, Step 4, of the General Permit. 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 X
- b) Has any consultation with the federal services been completed? Yes _____ No X
- c) Is consultation underway? Yes _____ No X
- d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): N/A
a "no jeopardy" opinion _____ or written concurrence _____ on a finding that the discharges are not likely to adversely affect any endangered species or
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D or E) have you met? A
- f) Attach a copy of the most current federal listing of endangered and threatened species from the USF&W web site listed in Appendices 2, 2.1 and 4 Attached

7. 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 X
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No X If yes, attach the results of the consultation(s).
- c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 or 3) have you met? 1

8. 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 *Effluent and surface water test results are attached per Section 3.c of this NOI*

9. 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 noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (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: *JCI Jones Chemicals, Inc.*

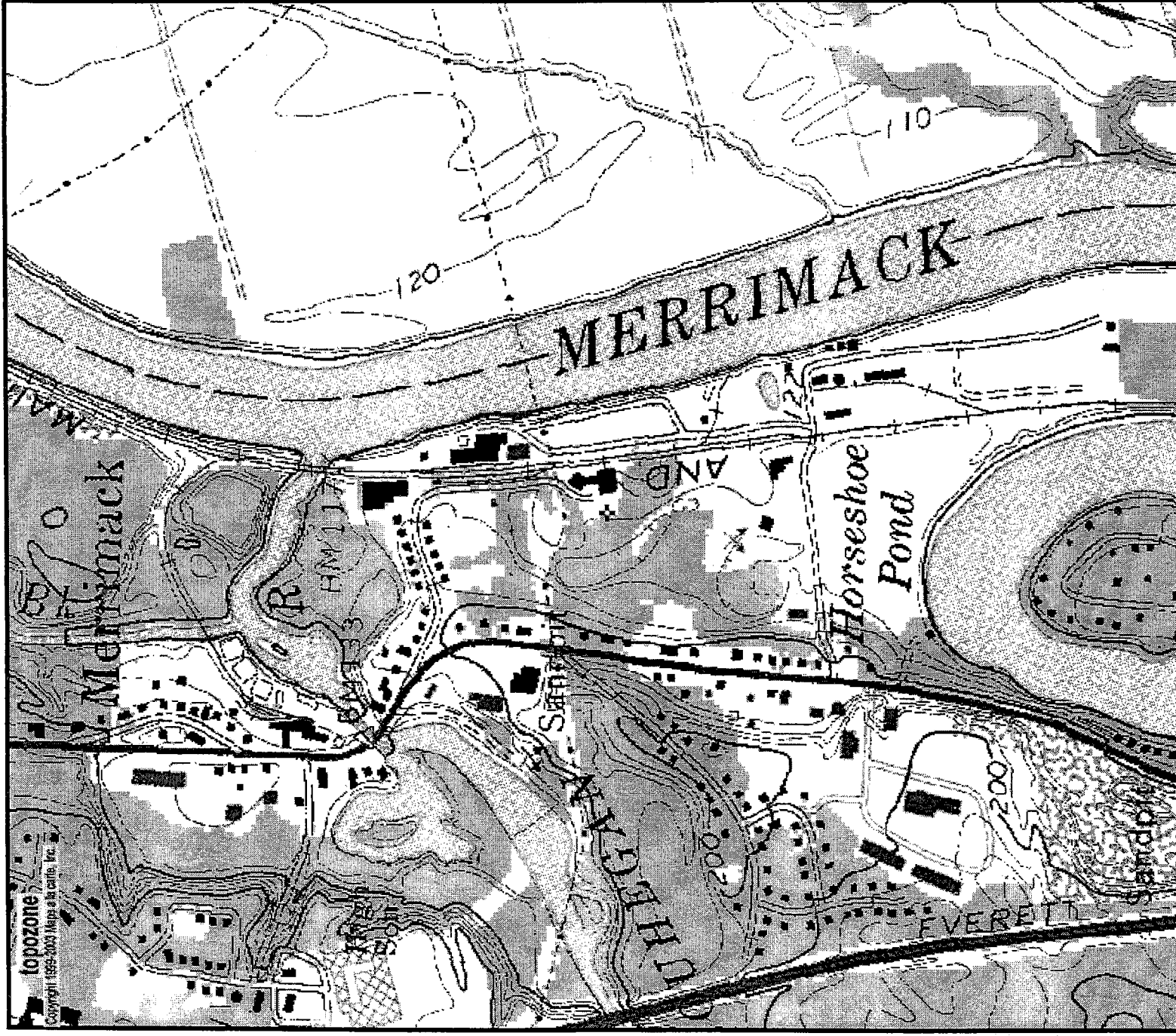
Operator signature: *Timothy J. Haffner*

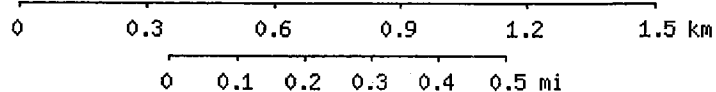
Title: *Executive Vice President*

Date: *9/26/08*

Federal regulations require this application to be signed as follows:

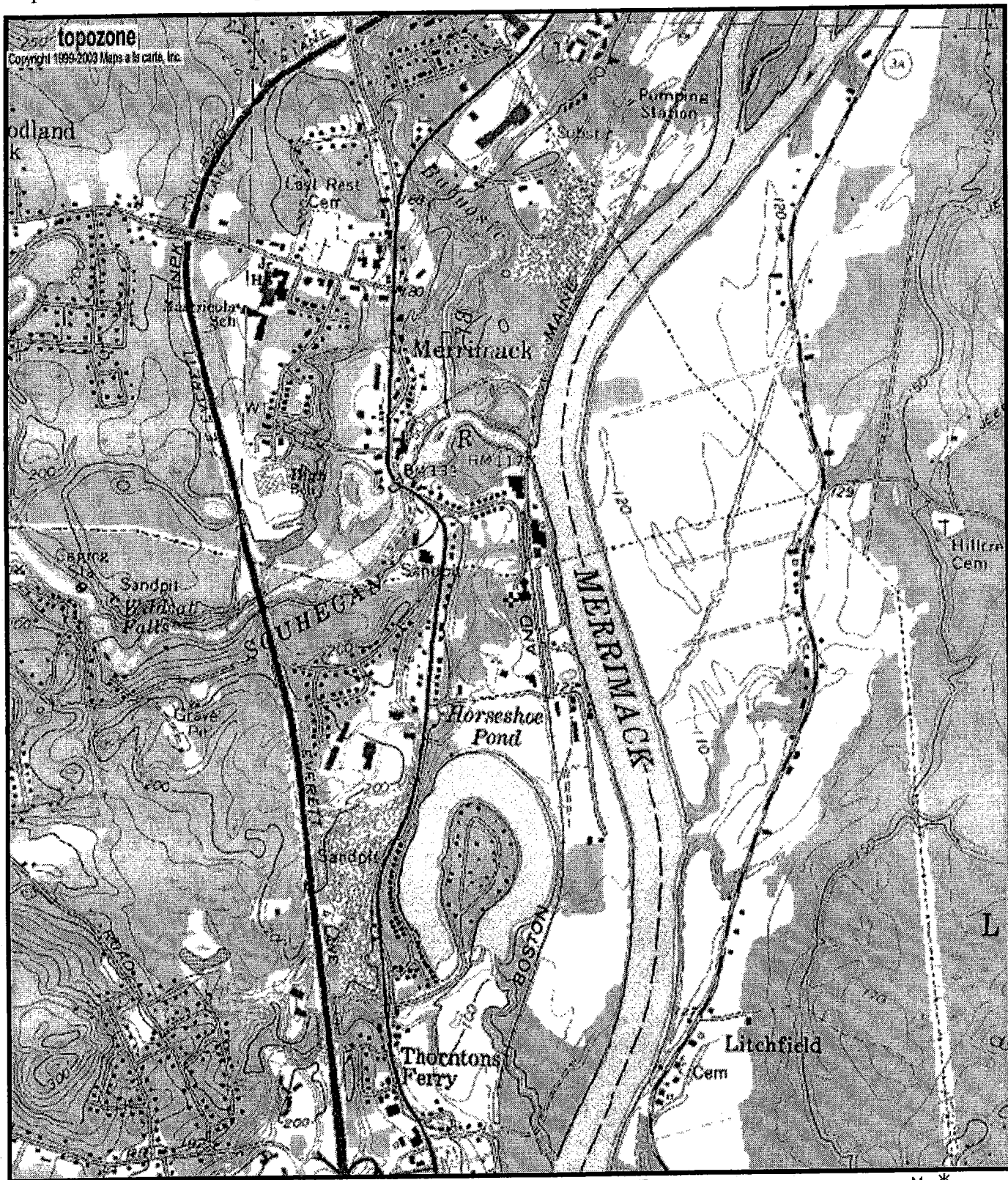
1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.





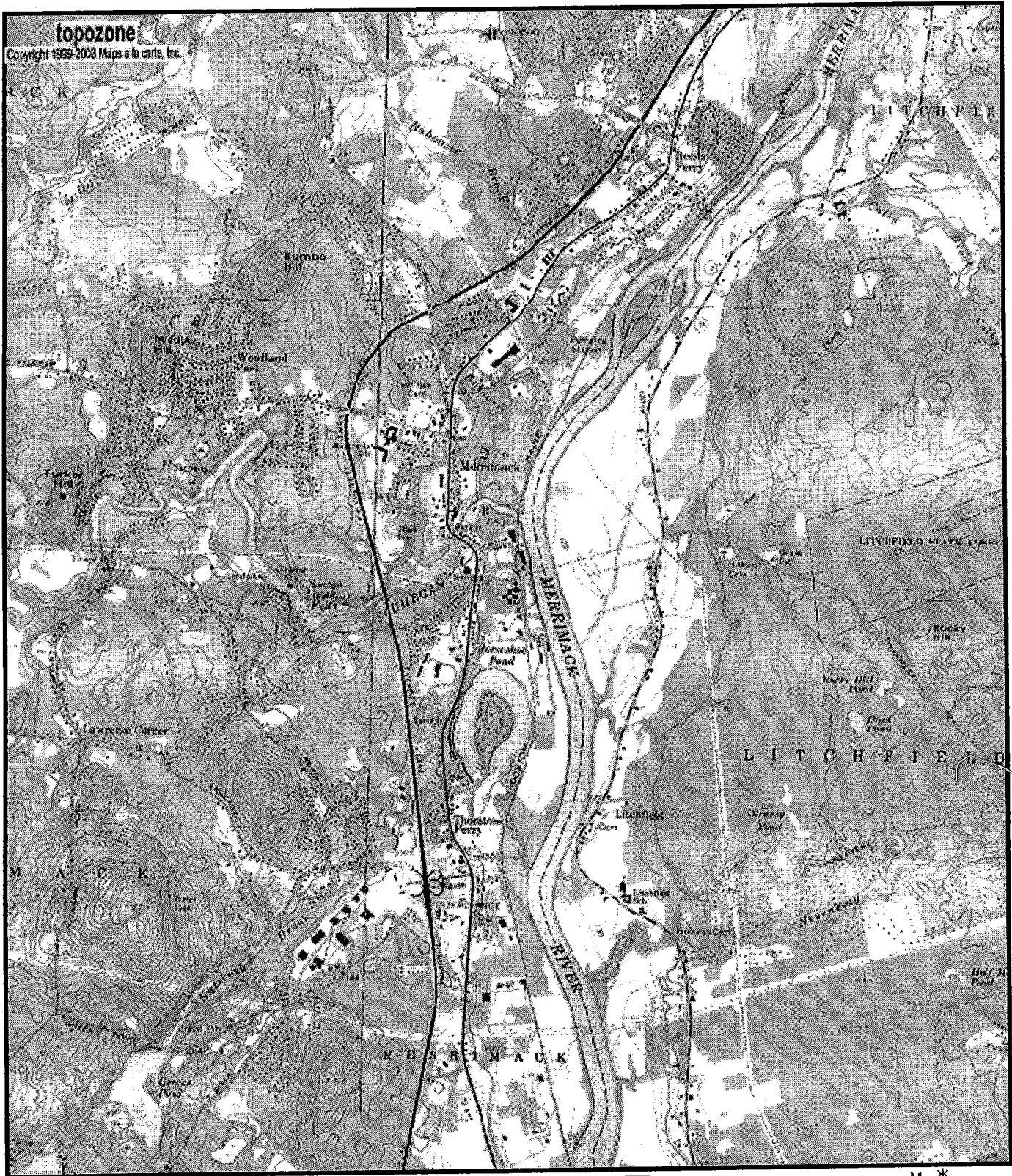
Projection is UTM Zone 19 NAD83 Datum

$M = -15.605$
 $G = -1.694$



Map center is 42.8572°N, 71.4883°W (WGS84/NAD83)
Nashua North quadrangle
 Projection is UTM Zone 19 NAD83 Datum

M=-15.605
 G=-1.694



0 0.6 1.2 1.8 2.4 3 km
0 0.4 0.8 1.2 1.6 2 mi

Map center is 42.8572°N, 71.4883°W (WGS84/NAD83)
Nashua North quadrangle
Projection is UTM Zone 19 NAD83 Datum



M=-15.605
G=-1.694



317 Elm Street
Milford, NH 03055
(603) 673-5440
Fax (603) 673-0366
Sales@chemservelab.com

Wednesday, September 24, 2008

Brian Danforth
Jones Chemical, Inc.
40 Railroad Ave
Merrimack NH 03054

Project Name: Cooling Wtr Discharge
Project #: N/A
Project Location: Merrimack, NH
Control #: 75235

Lab ID: 08090220

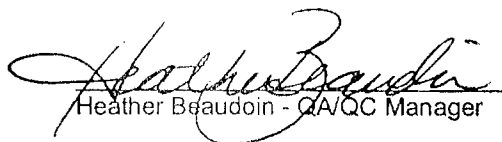
Date Received: 9/17/2008

Dear Brian Danforth

Enclosed please find the laboratory results for the above reference samples that were received by the ChemServe sample custodian on the above referenced date. Any abnormalities to the samples upon receipt would be noted on the enclosed chain of custody document. This report is not valid without a completed ChemServe chain of custody with the corresponding control number, attached.

All samples analyzed by ChemServe are subject to quality standards. These standards are as stringent or more stringent than those established under NELAP, 40 CFR Part 136, state certification programs, and corresponding methodologies. ChemServe has a written QA/QC Procedures Manual that outlines these standards, and is available for your reference, upon request. Unless otherwise stated on the Chain of Custody or within the report, all holding times, preservation techniques, container types, and analytical methods are analogous with those outlined by NELAP. All units are based on "as received" weight unless denoted "dry".

I certify that I have reviewed the above referenced analytical data and state forms, and I have found this report within compliance with the procedures outlined within NELAP.


Heather Beaudoin - QA/QC Manager

Jay Chrystal - President/Laboratory Director

This report includes 6 pages.





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(603) 673-5440
Sales@chemservelab.com

Jones Chemical, Inc.

Brian Danforth
40 Railroad Ave
Merrimack NH 03054

Control #: 75235
Project Number: N/A
Project Name: Cooling Wtr Discharge
Project Location: Merrimack, NH

Lab ID: 08090220

Date: 9/24/2008

Lab ID: 08090220

Sample Receiving and Comment Summary

Were Samples Submitted with a chain of custody?	Yes
Do all samples received match the chain of custody?	Yes
Were all samples received within holding times?	Yes
Were all containers intact when received?	Yes
Was there evidence of cooling?	Yes
Were samples for Volatile organic analysis free of headspace (per method)?	N/A
Was the cooler temperature recorded?	Yes
If the sample pH was not correct was it adjusted where applicable?	Yes
If samples for dissolved metals were not filtered were they filtered in the lab?	N/A

Sample	Method	Client Identity	Matrix	Analyst
08090220-001	SW 7041	Cooling Wtr	Wastewater	LyleH

Comment: no comment

* Blank comment sections denote "No Comment"



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Jones Chemical, Inc.
Brian Danforth
40 Railroad Ave
Merrimack NH 03054

Control #: 75235
Project Number: N/A
Project Name: Cooling Wtr Discharge
Project Location: Merrimack, NH

Analytical Results

Lab ID: 08090220
Date: 9/25/2008

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	EPA 200.7	Cooling Wtr	mg/L	Wastewater	LyleH

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Chromium	7440-47-3	< 0.01 mg/L		9/22/2008	1	0.01
Copper	7440-50-8	< 0.01 mg/L		9/22/2008	1	0.01
Hot Plate Digestion				9/22/2008	1	0
Iron	7439-89-6	< 0.05 mg/L		9/22/2008	1	0.05
Nickel	7440-02-0	< 0.01 mg/L		9/22/2008	1	0.01
Silver	7440-22-4	< 0.01 mg/L		9/22/2008	1	0.01
Zinc	7440-66-6	0.038 mg/L		9/22/2008	1	0.01

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	EPA 245.1	Cooling Wtr	mg/L	Wastewater	LyleH

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Mercury	7439-97-6	< 0.0002 mg/L		9/22/2008	1	0.0002

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	EPA 300.0	Cooling Wtr	mg/L	Wastewater	HeatherM

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Chloride	7782-50-5	152 mg/L		9/19/2008	1	1

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	SM 3500-CrD	Cooling Wtr	mg/L	Wastewater	HeatherM

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Hexavalent Chromium	7440-47-3	< 0.02 mg/L		9/17/2008 4:30:00 PM	1	0.02



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Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	SM 4500-H-B	Cooling Wtr	units	Wastewater	VickiP

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
pH		7.78 units		9/17/2008 2:55:00 PM	1	0

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	SW 7041	Cooling Wtr	mg/L	Wastewater	LyleH

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Antimony GFAA	7440-36-0	< 0.00495 mg/L		9/23/2008	0.99	0.005

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	SW 7060A	Cooling Wtr	mg/L	Wastewater	LyleH

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Arsenic GFAA	7440-38-2	< 0.005 mg/L		9/23/2008	1	0.005

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-001	SW 7131A	Cooling Wtr	mg/L	Wastewater	LyleH

Start Date/Time Sampled: 9/17/2008 2:20:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Cadmium GFAA	7440-43-9	0.001 mg/L		9/24/2008	1	0.0005

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-002	EPA 200.7	River Wtr		Wastewater	CharleneF

Start Date/Time Sampled: 9/17/2008 2:30:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Hot Plate Digestion				9/23/2008	1	0

Sample	Method	Client Identity	Units	Matrix	Analyst
08090220-002	SM 2340B	River Wtr	mg/L	Wastewater	LyleH

Start Date/Time Sampled: 9/17/2008 2:30:00 PM Composite End Date/Time:

Parameter	CAS Number	Result	Qualifier	Date/Time Analyzed	Dilution Factor	RDL
Hardness by calculation		16.7 mg/L		9/24/2008	1	0.5



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Qualifier:	Description:
B-	Method blank contaminated with target analyte.
B1-	BOD had total oxygen loss. Result reported as ">"the highest dilution.
B2-	BOD had no oxygen loss. Result reported as "<" the lowest dilution.
G-	Reporting limit elevated due to matrix interference.
H-	Method prescribed holding time exceeded.
J-	Indicates an estimated value. Value is less than the quantitation limit.
LH-	Laboratory control spike(s) was high. Results may be biased high.
LL-	Laboratory control spike(s) was low. Results may be biased low.
MH-	Matrix spike recovery high due to matrix. Results may be biased high.
ML-	Matrix spike recovery low due to matrix. Results may be biased low.
NC-	Spike recovery was not calculated due to the concentration of the analyte being >4 times the concentration of the spike added.
R-	RPD outside acceptable recovery limits.
RO-	Sample received out of holding time.
SH-	Surrogate recovery high due to matrix
SL-	Surrogate recovery low due to matrix
TNTC-	Too numerous to count.
U-	BOD/CBOD blank had an oxygen depletion greater than the suggested amount of 0.200.

Multiple COC's	Yes	No
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CHAIN OF CUSTODY

317 Elm Str
(603) 673-5

[illegible]

Sturgeon, shortnose*	Acipenser brevirostrum	E	Atlantic Coastal waters and rivers
REPTILES:			
Turtle, leatherback*	Dermochelys coriacea	E	Oceanic summer resident
Turtle, loggerhead*	Caretta caretta	T	Oceanic summer resident
Turtle, Atlantic ridley*	Lepidochelys kempii	E	Oceanic summer resident
BIRDS			
Plover, piping	Charadrius melodus	T	Atlantic coast, Rockingham County/nesting
Tern, roseate	Sterna dougallii dougallii	E	Atlantic coast/migratory
MAMMALS:			
Canada lynx	Lynx canadensis	T	Extirpated
Cougar, Eastern	Felis concolor cougar	E	Entire state/historic
Bat, Indiana	Myotis sodalis	E	Carroll County
Whale, blue*	Balaenoptera musculus	E	Oceanic
Whale, finback*	Balaenoptera physalus	E	Oceanic
Whale, humpback*	Megaptera novaeangliae	E	Oceanic
Whale, right*	Eubalaena spp. (all species)	E	Oceanic
Whale, sei*	Balaenoptera borealis	E	Oceanic
Whale, sperm*	Physeter catodon	E	Oceanic
Wolf, gray	Canis lupus	E	Entire state/historic
MOLLUSKS:			
Wedgemussel, dwarf	Alasmodonta heterodon	E	Cheshire (S. Branch, A River) Sullivan County Coos County (CT River)
INSECTS:			
Beetle, Puritan tiger	Cicindela puritana	T	Extirpated (CT Rvr Valley)
Butterfly, karner blue	Lycia melissa samuelis	E	Merrimack County
PLANTS:			
Jesup's milk-vetch	Astragalus robbinsii var. jesupi	E	Connecticut River Valley
Robbins cinquefoil	Potentilla robbinsiana	E	Coos County
Small whorled pogonia	(proposed delisting) Isotria medeoloides	T	Belknap, Strafford, Merrimack, Grafton, Carroll, Rockingham, Hillsborough Counties
Northeastern bulrush	Scirpus ancistrochaetus	E	Sullivan County

* Except for sea turtle nesting habitat, principal responsibility for these species is vested with
National Marine Fisheries Service

Rev. 1/8/02

FEDERALLY LISTED ENDANGERED AND THREATENED SPECIES
IN NEW HAMPSHIRE

There is no federally-designated Critical Habitat in New Hampshire. The following are federally-listed species by county:

Common Name	Species	Status	County/General Distribution
Shortnose sturgeon ¹	<i>Acipenser brevirostrum</i>	E	Atlantic coastal waters
Bald eagle	<i>Haliaeetus leucocephalus</i>	D ²	Nesting: Belknap, Coos, Merrimack, Cheshire, Sullivan, Strafford Migratory/ wintering: entire state
Piping plover	<i>Charadrius melodus</i>	T	Nesting: Rockingham (coastal beaches)
Roseate tern	<i>Sterna dougallii dougallii</i>	E	Nesting: Isles of Shoals Migratory: Atlantic Coast
Canada lynx	<i>Lynx canadensis</i>	T	Coos
Eastern cougar	<i>Felis concolor cougar</i>	E	Entire state/historic
Gray wolf	<i>Canis lupus</i>	E	Historic
Dwarf wedgemussel	<i>Alasmodonta heterodon</i>	E	Cheshire (S. Branch Ashuelot, Ashuelot River) Sullivan (Connecticut River main stem), Grafton (Connecticut River main stem), Coos (Connecticut River main stem, Johns River)
Puritan tiger beetle	<i>Cicindela puritana</i>	T	Extirpated (Connecticut River floodplain)
Karner blue butterfly	<i>Lycaeides melissa samuelis</i>	E	Merrimack (Concord, Pembroke)
Jesup's milk-vetch,	<i>Astragalus robbinsii</i> var. <i>jesupi</i>	E	Sullivan (Plainfield, Charlestown)
Small whorled pogonia	<i>Isotria medeoloides</i>	T	Belknap, Strafford, Grafton, Merrimack, Rockingham, Carroll, Hillsborough
Northeastern bulrush	<i>Scirpus ancistrochaetus</i>	E	Sullivan

¹ Principal responsibility for this species is vested with the National Marine Fisheries Service.

² Delisted. Protected under the Bald and Golden Eagle Protection Act and the Migratory Bird Treaty Act.