APPENDIX 5
Suggested Notice of Intent Format

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

Request for General Permit Authorization to Discharge Noncontact cooling Water
Notice of Intent (NOI) to be covered by the General Permit

Noncontact Cooling Water General Permit (NCCWGP)
NPDES General Permits No. MAG250000 and NHG250000

A. Facility Information

1. Indicated applicable General Permit for discharge: MAG250000 ☒
   NHG250000 ☐

2. Facility Information/Location:
   Facility Name FALL RIVER TOOL + DIE CO. INC.
   Street/PO Box 994 JEFFERSON ST City FALL RIVER
   State MA Zip Code 02723
   Latitude 41° 40' 21" N Longitude 71° 08' 44" W
   Type of Business _____
   SIC Codes(s) _____

3. Facility Mailing address (if different from Location Address):
   Facility Name FALL RIVER TOOL + DIE CO. INC.
   ~~Street~~/PO Box 4070 FLINT STATION City FALL RIVER
   State MA. Zip Code 02721

4. Facility Owner:
   Name FALL RIVER TOOL + DIE Co.
   E-mail FALLRIVERTD@AOL.COM
   ~~Street~~/PO Box 4070 FLINT STATION City FALL RIVER
   State MA Zip Code 02721
   Contact Person JOSEPH FONTAINE Tel 508-674-4621
   Owner is (check one): Federal ____ State ____ Tribal ____ Private ✓
   Other (describe) _____

5. Facility Operator (if different from above):
   Legal Name _____
   E-mail _____
   Street/PO Box _____ City _____
   State _____ Zip Code _____
   Contact Person _____ Tel _____

6. Current permit coverage: yes☒ no☐
   a) Has a prior NPDES permit (individual or general permit coverage) been granted for the discharge that is listed on the NOI? yes☐ no☐ If Yes, permit number MAG250017
   b) Is the facility covered by an individual NPDES permit for other discharges? yes☐ no☒
      If yes, Permit Number: _____

c) Is there a pending NPDES application on file with EPA for this discharge? yes☒ no☐
If yes, date of submittal: 9/29/2008 and permit number, if available MAG250017

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

B. Discharge Information (attach additional sheets as needed): 1 ADDITIONAL SHEET

1. Name of receiving water into which discharge will occur: SUCKER BROOK
Freshwater ☒ Marine Water ☐
State Water Quality Classification Class B
Type of Receiving Water Body (e.g., stream, river, lake, reservoir, estuary, etc.) STREAM/BROOK

2. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing to flow, treatment units, outfalls, and receiving water(s). **Line drawing or flow diagram attached?** ☒

3. Describe the discharge activities for which the owner/applicant is seeking coverage (e.g., building cooling, process line cooling, etc.) COOLING OF MANUFACTURING MACHINERY AND PRODUCTION PROCESS.

4. Number of Outfalls 6 Latitude and Longitude to the nearest second for each Outfall. See EPA's siting tool at http:/www.epa.gov/tri/reporting/siting_tool. Attach additional pages if necessary.

Outfall # 1 Latitude 41° 40' 21"N Longitude 71° 8' 45"W
Outfall # 2 Latitude 41° 40' 21"N Longitude 71° 8' 45"W
Outfall # 3 Latitude 41° 40' 21"N Longitude 71° 8' 45"W

5. For each Outfall provide the following discharge information:

Outfall # 1
a) Maximum Daily Flow .006 MGD Average Monthly Flow .002 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83 °F Average Monthly Temperature 68 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

Outfall # 2
a) Maximum Daily Flow .003 MGD Average Monthly Flow .001 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83 °F Average Monthly Temperature 68 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

Outfall # 3
a) Maximum Daily Flow .001 MGD Average Monthly Flow .0002 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83 °F Average Monthly Temperature 68 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

CONTINUED

Outfall # 4 Latitude 41°40'21"N Longitude 71°8'44"W
Outfall # 5 Latitude 41°40'21"N Longitude 71°8'44"W
Outfall # 6 Latitude 41°40'21"N Longitude 71°8'44"W

5. For each Outfall provide the following discharge information:

Outfall # 4
a) Maximum Daily Flow .003 MGD Average Monthly Flow .001 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83° °F Average Monthly Temperature 70 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

Outfall # 5
a) Maximum Daily Flow .003 MGD Average Monthly Flow .001 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83° °F Average Monthly Temperature 70 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

Outfall # 6
a) Maximum Daily Flow .001 MGD Average Monthly Flow .0002 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 83 °F Average Monthly Temperature 70 °F
c) Maximum Monthly pH 8.3 s.u. Minimum Monthly pH 6.5 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☒ seasonal ☐

6. Is the source of the NCCW potable water? yes☒ no☐
If yes, EPA will calculate a Total Residual Chlorine effluent limit for your facility.

7. Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 0.04 MGD
Attach any calculation sheets used to support stream flow and/or dilution calculations.

8. **For facilities that discharge to Massachusetts surface waters:**
   a) Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment B of the General Permit. Calculation attached? ☒
   b) Does the discharge occur in an Area of Critical Environmental Concern (ACEC)? yes☐ no☒
   If yes, provide the name of ACEC _____
   Note: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.

C. Chemical Additives

1. Are any non-toxic neutralization and/or dechlorination chemicals used in the discharge(s)? yes☐ no☒

2. If yes, attach a listing of each chemical used. Include the chemical name and manufacturer; maximum and average daily quantity used on a monthly basis, 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 typically acceptable aquatic organism).

3. Was the listing submitted with the facility's 2008 NCCWGP NOI? yes☐ no☐

D. NCCW Source Water Information

1.State the source of the NCCW (e.g., municipal water supply, private well, surface water withdrawal, etc.).
Source MUNICIPLE WATER SUPPLY CITY OF FALL RIVER Name of Source Water NORTH WATUPPA POND

2. Is the source water registered/permitted under MA Water Management Act or NHDES User Registration Rule (ENV WQ 2202)? yes☒ no☐ If yes, registration number 42609501

3. If the source water is groundwater (non-municipal well water), see Appendix 9 of the General Permit and submit effluent (and receiving water hardness) test results, as required in Part 5.4 of the General Permit.
Test results attached? ☐

4. Does the facility use both a primary and backup source of NCCW? yes☐ no☒ If yes, **attach information** that identifies and explains the primary and backup sources of NCCW and how often the backup supply was used in the past three years.

E. Best Technology Available for Cooling Water Intake Structures (CWISs)

If the facility's discharge is covered by this General Permit and the facility **withdraws non-contact cooling water from a surface water**, you are subject to the BTA requirements at Part 4.2 of the General Permit.

1. Are you subject to the BTA requirements of the General Permit? yes☐ no☒
   a) If no, explain WE DO NOT WITHDRAW SURFACE WATER and skip to F.
   b) If yes, was the facility-specific BTA description submitted with the facility's 2008 NCCW GP NOI? yes☐ no☐
   c) If yes, does that description accurately describe the facility current operations and practices? yes☐ no☐

2. If the facility is subject to the General Permit's BTA requirements and is requesting coverage under the NCCWGP for the first time, or if you answered "No" to question E.1.c. above, attach the facility-specific BTA description as required in Part 4.2 of the General Permit. For additional information and guidance, see Section IV of the Fact Sheet.

Include in your description:

a) 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.
b) 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.
c) The attributes of the current CWIS.
d) The design measures of the CWIS.
e) The operation measures of the CWIS.
f) The historical occurrence of impinged fish for the past five years.
g) If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system.
h) Other components to reduce impingement and/or entrainment of aquatic life.

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

a) The design capacity of the of the CWIS _____MGD
b) Maximum monthly average intake of the CWIS during the previous five years _____MGD
c) The month in which this flow reported in 3.b. occurred _____
d) The maximum through-screen design intake velocity _____feet/second (fps)

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

a) The source water's annual mean flow in MGD as available from USGS or other appropriate source _____ MGD
b) 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.
c) The source water's 7Q10 _____ MGD
d) The design intake flow as a percent of the source water's 7Q10 _____%

5. Provide a map showing the location of each cooling water intake structure; NCCW Outfall(s) and CWIS features referred to in the BTA description. **Map attached?** ☐

F. Endangered Species Act Eligibility Information

Using the instructions in Appendix 2 of the NCCW GP, which of the following criteria apply to your facility? USFWS Criteria: A ☐ B ☒ C ☐

1. If you selected USFWS criteria B, has consultation with the U.S. Fish and Wildlife Service been completed?
yes☒ no☐

2. If consultation with US Fish & 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☒

3. Attach documentation of ESA eligibility for USFWS as required at Part 3.4 and Appendix 2 of the General Permit.
Documentation attached? YES

4. Please indicate if your facility **directly intakes water for non-contact cooling** from any of the following waterbodies:
   - ☐ Merrimack River
   - ☐ Connecticut River
   - ☐ Piscataqua River
   - ☐ Taunton River

EPA will consult with the National Marine Fisheries Service on cooling water intakes covered under this permit in areas (in the above waterbodies) of the endangered Shortnose Sturgeon and Atlantic Sturgeon.

G. National Historic Properties Act Eligibility

1. 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☒

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).

3. Which of the three National Historic Preservation Act scenarios listed in Appendix 3, Section C have you met?
   ☒ 1 ☐ 2 ☐ 3

H. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any analytical data used to support the application. Attach any certification(s) required by the General Permit.

I. Signature Requirements

The NOI must be signed by the operator in accordance with the signatory requirements of 40 CFR § 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.

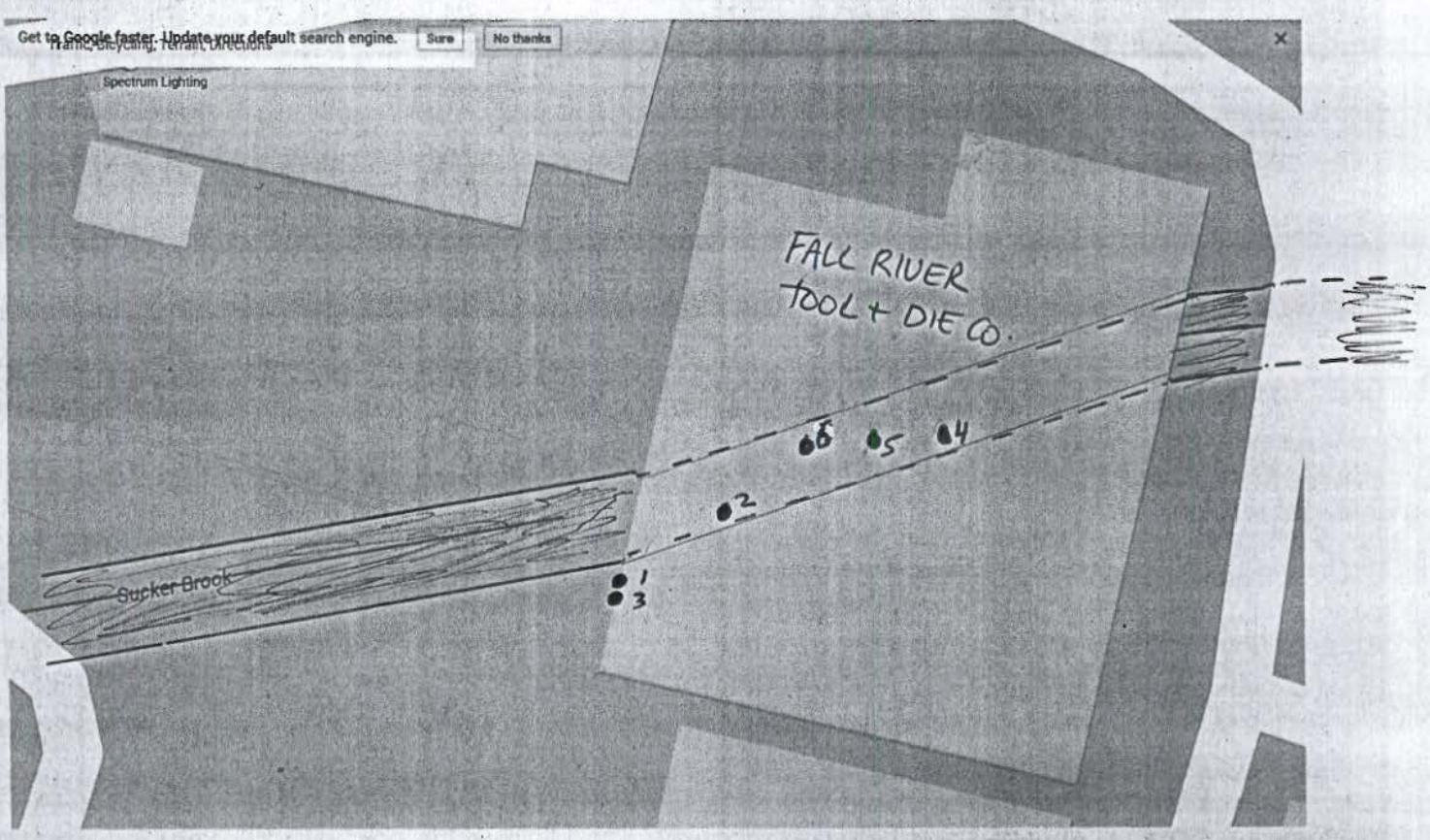
Signature _____ Date JAN 23. 2015

Printed Name and Title JOSEPH J FONTAINE PRESIDENT

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.

Fall River Tool + Die MAG250017


Get to Google faster. Update your default search engine.
Sure
No thanks
Spectrum Lighting
FALL RIVER
TOOL + DIE CO.
6
5
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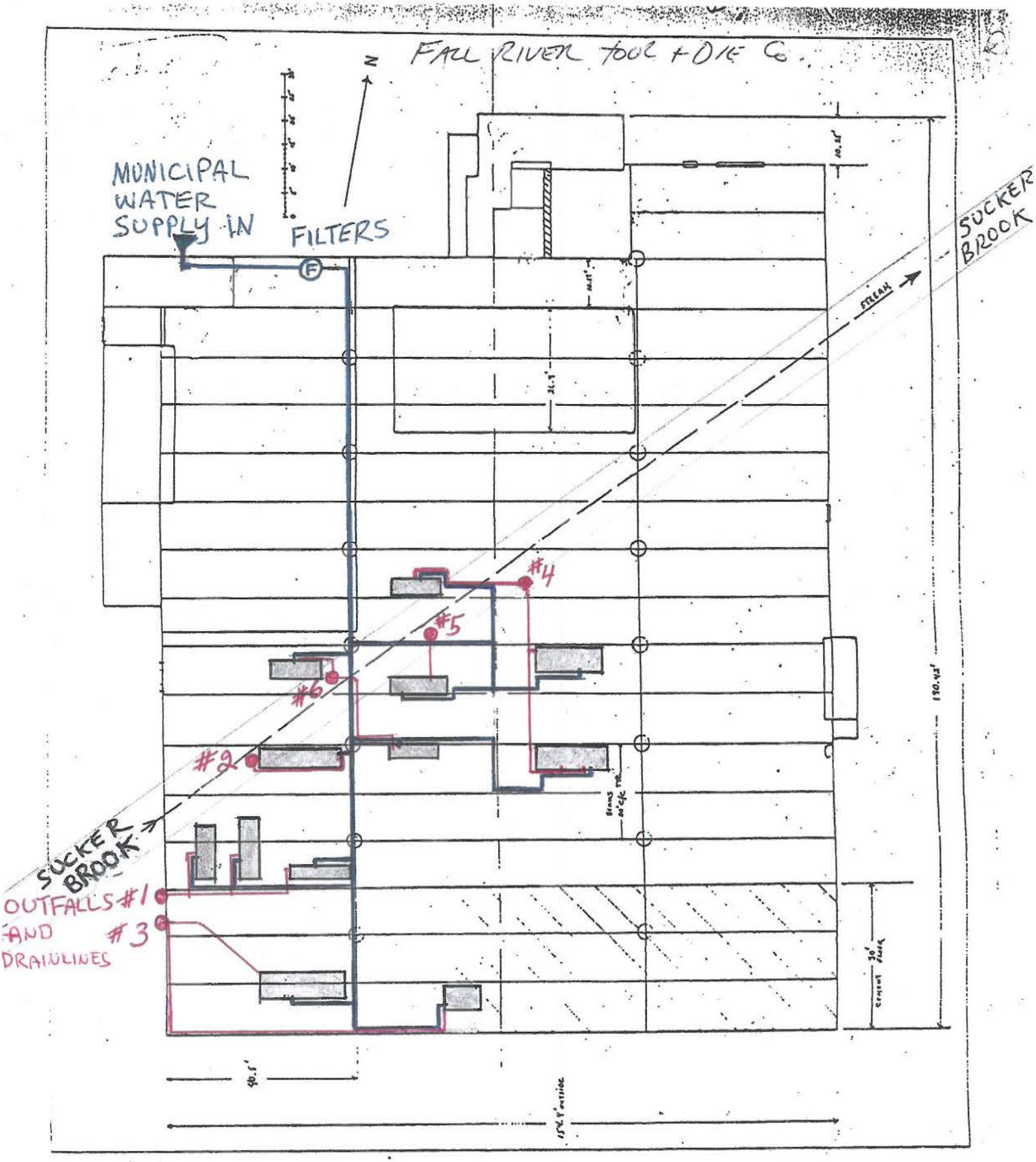
1
3
Sucker Brook
Map data ©2015 Google
20 ft


FALL RIVER TOOL + DIE Co.
N
MUNICIPAL WATER SUPPLY IN
FILTERS
SUCKER BROOK
STREAM
#4
#5
#6
#2
SUCKER BROOK
OUTFALLS #1 AND #3
DRAINLINES

NPDES NCCW ESTIMATED 7Q10

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)	7Q10 (cfs)
Ashland Hercules Water Technologies Chicopee	MAG250848	Connecticut River	**1235**	**1910**
Baker Commodities North Billerica	MAG250026	Concord River	**16.1**	**24.9**
Chemplastia Florence	MAG250960	Mill River (Connecticut)	**3.2**	**4.8**
Communications & Power Industries - Beverly Microwave Division Beverly	MAG250520	Unnamed Trib to Bass River (North Coastal)	0.01	0.01
Concrete Block Insulating Systems, Inc. West Brookfield	MAG250121	Wetlands leading to Quaboag River (Chicopee)	0.11	0.17
Eastern Point Condos Shrewsbury	MAG250018	Lake Quinsigamond (Blackstone)	Lake	
Eastport Bayside LLC Harborview Place Plymouth	MAG250020	Plymouth Harbor	Marine	
Fall River Tool & Die Fall River	MAG250017	Sucker Brook (Mount Hope Bay)	0.04	0.06
Flo Chemical Ashburnham	MAG250957	Phillips Brook (Nashua)	**0.04**	**0.07**
Fortifiber Corp. Attleboro	MAG250033	Bungay River (Ten Mile)	0.16	0.24
Four-in-One Chelmsford	MAG250244	Tributary to River Meadow Brook (SuAsCo)	**0.01**	**0.01**
Gutierrez Company Westford	MAG250976	(SuAsCo)	Wetland	
Haartz Corporation Acton	MAG250006	Conant Brook (SuAsCo)	0.01	0.01

Fall River Tool + Die Co

temp rise

$$\Delta T_r = m_p / m_r \times \Delta T_p$$

$$= \frac{.005}{.04} \times 18 = 2.25^\circ F$$

$m_p = .005$

$m_r = .04$

PLANT TEMP WINTER AVG. INTAKE $56^\circ F$

SUCKER BROOK WINTER AVG. $38^\circ F$

$$\begin{array}{r} 56 \\ -\ 38 \\ \hline 18^\circ \end{array}$$

$\Delta T_p = 18^\circ$

FALL RIVER TOOL + DIE CO

United States Department of Interior
Fish and Wildlife Service

Project name: nccw noi

Critical habitats that lie within your project area

There are no critical habitats within your project area.

FALL RIVER TOOL + DIE Co

United States Department of Interior
Fish and Wildlife Service

Project name: nccw noi

Endangered Species Act Species List

There are a total of 1 threatened or endangered species on your species list. Species on this list should be considered in an effects analysis for your project and could include species that exist in another geographic area. For example, certain fish may appear on the species list because a project could affect downstream species. Critical habitats listed under the **Has Critical Habitat** column may or may not lie within your project area. See the **Critical habitats within your project area** section further below for critical habitat that lies within your project. Please contact the designated FWS office if you have questions.

Birds	Status	Has Critical Habitat	Condition(s)
Red Knot *(Calidris canutus rufa)*	Threatened		NO ADVERSE EFFECT