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 DIGHTON WATER DISTRICT e-mail ccestodiodwd@aol.com
   Street/PO Box 192 WILLIAMS STREET City DIGHTON
   State MASSACHUSETTS Zip Code 02764
   Contact Person CHARLES CESTODIO Telephone Number 508-824-9390

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 and discharge location(s)):
   Name DIGHTON WATER TREATMENT PLANT e-mail (optional) ____
   Street/PO Box 192 WILLIAMS STREET City DIGHTON
   State MASSACHUSETTS Zip Code 02764
   Contact Person CHARLES CESTODIO Telephone Number 508-824-9390
   Facility Latitude 41.869787 Facility Longitude 71.164379

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: MAG640067) 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 SEGREGANSETT RIVER

2. Type of Receiving Waterbody (e.g. stream, lake, reservoir, estuary etc) RIVER

3. State Water Quality Classification: A Freshwater: XXXX 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

effluent limits and other conditions of the general permit). This description should include all treatment methods used on the wastewater prior to discharge including lagoons, baffles, filter presses etc. If lagoons are used at the facility, please include the number and size of lagoons; the size and elevation of the entry pipe; the time of travel from the entry point of the discharge into the lagoon to the entry point to the receiving water; and the length of backwash cycle for any combination of number of filters. (attach extra sheets if necessary):
(SEE ATTACHED)

5. Please provide a diagram depicting the treatment methods, outfalls, and receiving water.

6. Number of outfalls: 1 Latitude and Longitude for each outfall (attach additional pages if necessary)
OUTFALL # Latitude 41.869787 Longitude 71.164379
OUTFALL # Latitude ____ Longitude ____

For each outfall:

7. What is the proposed sampling location(s) and proposed consistent times of the month for collecting samples:
SETTLING LAGOON OUTFALL,SAMPLE PARAMETERS COLLECTED WEEKLY DURING DISCHARGE FLOW AND TOTALIZED MONTHLY.

C. Effluent Characteristics

1. List here and attach information on any water additives used at the facility (Including chemicals for pH adjustment, dechlorination, control of biological growth, and control of corrosion and scale in water pipes):
NON IONIC POLYMER, SODIUM HYPOCHLORITE, SODIUM HYDROXIDE, POTASSIUM PERMANGANATE

2. Please report here any known remediation activities or water-quality issues in the vicinity of the discharge.
NO THAT WE KNOW OF

3. Are aluminum-containing coagulants used at this facility? Yes ✓ No ____

4. Does the discharge contain residual chlorine? Yes ✓ No ____

5. Does the facility provide treatment to remove arsenic from the raw water source? Yes ____ No ✓

6. Are phosphorus-containing chemicals added to the treated water at this facility? Yes ____ No ✓

7. All applicants must attach a separate sheet listing all laboratory results (minimum of five) for total recoverable aluminum (in micrograms per liter) taken within the last six months. Do not include dilution when recording your results. See Section 4.4.5 of General Permit for more information.

8. Please include the following effluent data for each outfall:

Characteristic (report if measured)	Average Monthly	Maximum Daily
Discharge Flow (gpd)	26,600	26600
TSS (mg/l)	.54MG/L	.54MG/L
pH (s.u.)	(min) 7.2	(max) 7.2
Total Recoverable Aluminum (ug/l)	.066ug/L	.066ug/L
Total Residual Chlorine (ug/l)	.09	.09

(continued on next page)

8. Continued

Characteristic (report if measured)

Whole Effluent Toxicity (%) LC50 NOT MEASURED and/or C-NOEC NOT MEASURED

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 .07 cfs Dilution Factor 2.7 cfs

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.

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 effect" 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 _____ Date 03/12/10

Printed Name and Title 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