NPDES FORM 3510-9	WASHINGT NOTICE OF INTENT (NOI) FO ASSOCIATED WITH CONST	ENTAL PROTECTION AGENCY ON, DC 20460 R STORMWATER DISCHARGES RUCTION ACTIVITY UNDER AN ERAL PERMIT	Form Approved. OMB Nos. 2040-0004			
in Section II of this form meets th required prior to commencement	nt (NOI) constitutes notice that the operator identified in Sect rmit (CGP) permit number identified in Section I of this form. e eligibility requirements of Parts 1.1 and 1.2 of the CGP for of construction activity until you are eligible to terminate cov NOI form. Discharges are not authorized if your NOI is incon id of this form.	Submission of this NOI also constitute the project identified in Section III of the prage as detailed in Part 8 of the CGP	es notice that the operator identified his form. Permit coverage is			
I. Approval to Use Paper N	OI Form					
Have you been given approval from the Regional Office to use this paper NOI form*?						
If yes, provide the reason you need to use this paper form, the name of the EPA Regional Office staff person who approved your use of this form, and the date of approval:						
Reason for using paper form:						
Name of EPA staff per	son:					
Date approval obtained	:					
* Note: You are required to obta	ain approval from the applicable Regional Office prior to	using this paper NOI form.				
II. Permit Information:		Tracking Number (EPA Use	e Only) NHR12AJ88			
Permit Number: <u>NHR120000</u>	(see App	endix B of the CGP for the list of eligib	le permit numbers)			
III. Operator Information						
III. Operator Information Name: New England Power Corr	apany d/b/a National Grid					
	npany d/b/a National Grid	Fax (Optional):				
Name: New England Power Com	<u></u>	Fax (Optional):				
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u>	.com	Fax (Optional):				
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb	.com	Fax (Optional):				
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb	.com per (EIN):	Fax (Optional):				
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb Point of Contact (First Name, Mide	.com ber (EIN): dle Initial, Last Name): <u>Peter Harley</u>	Fax (Optional):				
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb Point of Contact (First Name, Mid Mailing Address:	.com ber (EIN): dle Initial, Last Name): <u>Peter Harley</u>	Fax (Optional): Zip: <u>02451</u>				
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb Point of Contact (First Name, Mid Mailing Address: Street: <u>40 Sylvan Road 3rd Floor</u> City: <u>Waltham</u>	.com ber (EIN): dle Initial, Last Name): <u>Peter Harley</u> <u>, East Wing</u>					
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb Point of Contact (First Name, Mid Mailing Address: Street: <u>40 Sylvan Road 3rd Floor</u> City: <u>Waltham</u> NOI Preparer (Complete if NOI v	<u>.com</u> ber (EIN): dle Initial, Last Name): <u>Peter Harley</u> <u>, East Wing</u> State: <u>MA</u>					
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb Point of Contact (First Name, Mid Mailing Address: Street: <u>40 Sylvan Road 3rd Floor</u> City: <u>Waltham</u> NOI Preparer (Complete if NOI v	<u>.com</u> ber (EIN): dle Initial, Last Name): <u>Peter Harley</u> <u>, East Wing</u> State: <u>MA</u> was prepared by someone other than the certifier): Initial, Last Name): <u>Kristopher P Wilkes</u>					
Name: <u>New England Power Com</u> Phone: <u>781-907-3701</u> Email: <u>peter.harley@nationalgrid</u> IRS Employer Identification Numb Point of Contact (First Name, Mid Mailing Address: Street: <u>40 Sylvan Road 3rd Floor</u> City: <u>Waltham</u> NOI Preparer (Complete if NOI v Prepared by (First Name, Middle I	<u>.com</u> ber (EIN): dle Initial, Last Name): <u>Peter Harley</u> <u>, East Wing</u> State: <u>MA</u> was prepared by someone other than the certifier): Initial, Last Name): <u>Kristopher P Wilkes</u>					

IV. Project/Site Infor	rmation							
Project/Site Name: 3315	5 Transmisison Line Ass	et Condition Refurbishment Proje	ect					
Project/Site Address:								
Street/Location: Dam Ro	bad							
City: Monroe		State: <u>NH</u>	Zip	: <u>03771</u>				
County or similar governm	ment subdivision: Grafte	<u>on</u>						
For the project/site for v	which you are seeking	permit coverage, provide the f	ollowing information	:				
Latitude/Longitude (Use o	one of three possible for	mats, and specify method)						
Latitude 1. <u>44,19.</u> 2 3		N(degrees, minutes, seconds) N(degrees, minutes, decimal) N(degrees, decimals)	•	<u>71.59.25</u>	W((degrees, minutes, seconds) (degrees, minutes, decimal) (degrees, decimals)		
Latitude/Longitude Data S	Source: 🔲 U.S.G.S topo		te 🗌	GPS	Z	Other: ArcMap		
If you used a U.S	.G.S. topographic map,	what was the scale?						
Horizontal Reference Dat	um: 🔲 NAD 27	VAD 83 or WGS 84	Unknown					
Is your project located in I	Indian Country lands?	🗌 Yes 🔽	No					
If yes, provide the country, provide the	e name of the Indian tribe he name of the Indian tri	e associated with the area of India be associated with the property:	an country (including n	ame of Indian reservatior	ı, if appli	icable), or if not in Indian		
Are you requesting covera	age under this NOI as a	"federal operator" as defined in A	ppendix A?			Yes 🖌 No		
Estimated Project Start Da	ate: 10/21/2015	Estimated Proje	ect Completion Date: 1	1/01/2017				
Estimated Area to be Dist	urbed (to the nearest qu	arter acre): 7.0						
Have earth-disturbing activ	vities commenced on yo	ur project/site?				Yes 🔽 No		
If yes, is your project an emergency-related project?						Yes 🖌 No		
Have stormwater discharges from your project/site been covered previously under an NPDES permit?						Yes 🖌 No		
lf yes, provid permit:	le the Tracking Number	if you had coverage under EPA's	CGP or the NPDES p	ermit number if you had c	overage	e under an EPA individual		
V. Discharge Informa	tion							
Does your project/site disc Sewer System (MS4)?	harge stormwater into a	Municipal Separate Storm	Yes 🔽 No					
Are there any surface wate	ers within 50 feet of your	project's earth disturbances?	Yes 🗌 No	,				
_	etlands Information: (A	ttach a separate list if necessa	iry)					
Surface water(s) to which discharge	Impaired Water	Listed Water Pollutant(s)	Tier 2, 2.5 or 3	Source		TMDL Name and Pollutant		
Connecticut River NHRIV801030205-02 & NHRIV801030203-01)	Yes	MERCURY PH/ACIDITY/CAUSTIC CONDITIONS	No	2012 NHDES 303(of Impaired Waters	d) List	Northeast Regional Mercury TMDL		
Describe the methods you	Describe the methods you used to complete the above table: Please refer to the Source(s) in the above table.							
VI. Chemical Treatme	nt Information							
ill you use polymers, flocculants, or other treatment chemicals at your construction site?				Yes 🔽 No				
lf yes, will you use	If yes, will you use cationic treatment chemicals* at your construction site?					Yes No		
If yes, have you bee filing your NOI*?	en authorized to use cat	ionic treatment chemicals by you	r applicable EPA Regio	onal Office in advance of	T Ye	es 🔲 No		

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If you have been authorized to use cationic treatment chemicals by your applicable EPA Regional Office, attach a copy of your authorization letter and include documentation of the appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of worter quality enderded.
Please indicate the treatment chemicals that you will use:
* Note: You are ineligible for coverage under this permit unless you notify your applicable EPA Regional Office in advance and the EPA office authorizes
coverage under this permit after you have included appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards.
VII. Stormwater Pollution Prevention Plan (SWPPP) Information
Has the SWPPP been prepared in advance of filing this NOI?
SWPPP Contact Information:
First Name, Middle Initial, Last Name: Joshua Holden
Organization: New England Power Company d/b/a National Grid
Phone: 781-907-3649 Fax (Optional):
E-mail: Joshua.Holden@nationalgrid.com
VIII. Endangered Species Protection
Using the instructions in Appendix D of the CGP, under which criterion listed in Appendix D are you eligible for coverage under this permit (only check 1 box)?
Provide a brief summary of the basis for criterion selection listed in Appendix D (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service, specific study):Communication with US Fish and Wildlife Service
If you select criterion B, provide the Tracking Number from the other operator's notification of authorization under this permit:
If you select criterion C, you must attach a copy of your site map (see Part 7.2.6 of the permit), and you must answer the following questions:
What federally-listed species or federally-designated critical habitat are located in your "action area":
What is the distance between your site and the listed species or critical habitat (miles):
If you select criterion D, E, or F, attach copies of any letters or other communications between you and the U.S. Fish and Wildlife Service or National Marine Fisheries Service.
IX. Historic Preservation
Is your project/site located on a property of religious or cultural significance to an Indian tribe?
If yes, provide the name of the Indian tribe associated with the property:
Are you installing any stormwater controls as described in Appendix E that require subsurface earth disturbance? (Appendix E, Step 1)
If yes, have prior surveys or evaluations conducted on the site have already determined historic properties do not exist, or that prior 🛛 Yes 🗌 No disturbances have precluded the existence of historic properties? (Appendix E, Step 2)
If no, have you determined that your installation of subsurface earth-disturbing stormwater controls will have no effect on Yes No historic properties? (Appendix E, Step 3)
If no, did the SHPO, THPO, or other tribal representative (whichever applies) respond to you within the 15 calendar days to indicate whether the subsurface earth disturbances caused by the installation of stormwater controls affect Yes No historic properties? (Appendix E, Step 4)
If yes, describe the nature of their response:
Written indication that adverse effects to historic properties from the installation of stormwater controls can be mitigated by agreed upon actions.
 No agreement has been reached regarding measures to mitigate effects to historic properties from the installation of stormwater controls. Other:
X. Certification Information

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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 gathered and evaluated 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, 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.

First Name, Middle Initial, Last Name: Peter Harley

Title:

Signature:

Date: Wednesday, October 7, 2015

E-mail: Peter.Harley@nationalgrid.com