

**MODIFICATION OF AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM**

In compliance with the provisions of the Federal Clean Water Act as amended, (33 U.S.C. §§1251 et seq.; the "CWA"), and the Massachusetts Clean Waters Act, as amended, (M.G.L. Chap. 21, §§26-53),

**Town of Northbridge**

is authorized to discharge from the facility located at

**Wastewater Treatment Plant  
644 Providence Road  
Whitinsville, MA 01588**

to receiving water named

**Unnamed Tributary to the Blackstone River**

in accordance with effluent limitations, monitoring requirements and other conditions set forth in the permit issued on September 13, 2006 and appealed by the Town on October 16, 2006, including effluent limitations, monitoring requirements, Attachment A and Part II, except as set forth herein and listed as follows:

The permit modification reflects the change in seasonal (November 1 – March 31) bacteria limitations found on the revised Page 2 of the Final Permit and footnoted on the revised Page 4 of the Final Permit.

This permit modification shall become effective on the first day of the calendar month following 60 days after signature. If no comments are received, the permit modification shall become effective on the date of signature.

This permit modification and the authorization to discharge expire at midnight, five (5) years from the last day of the month preceding the effective date.

This permit modification revises the permit that was issued on September 13, 2006 and effective on December 17, 2006, with the exception of the contested permit conditions.

This permit modification consists of 2 modified pages in Part I including effluent limitations, monitoring requirements, and 35 pages in Part II including General Conditions and Definitions.

**Signed this 14<sup>th</sup> day of MARCH, 2008**

**/S/ SIGNATURE ON FILE**

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Stephen S. Perkins, Director  
Office of Ecosystem Protection  
Environmental Protection Agency  
Boston, MA

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Glenn Haas, Director  
Division of Watershed Management  
Department of Environmental Protection  
Commonwealth of Massachusetts  
Boston, MA

Part I.A.1. During the period beginning the effective date and lasting through expiration, the permittee is authorized to discharge from outfall serial number **001**, treated effluent to an unnamed tributary to the Blackstone River. Such discharges shall be limited and monitored as specified below.

<u>EFFLUENT CHARACTERISTIC</u>		<u>EFFLUENT LIMITS</u>			<u>MONITORING REQUIREMENTS</u>		
<u>PARAMETER</u>	<u>AVERAGE MONTHLY</u>	<u>AVERAGE WEEKLY</u>	<u>AVERAGE MONTHLY</u>	<u>AVERAGE WEEKLY</u>	<u>MAXIMUM DAILY</u>	<u>MEASUREMENT FREQUENCY</u>	<u>SAMPLE<sup>1</sup> TYPE</u>
FLOW	*****	*****	2.0 MGD <sup>2,3</sup>	*****	Report MGD	Continuous	Recorder
BOD <sub>5</sub> <sup>4</sup>	Report lbs/Day	Report lbs/Day	10 mg/l	10 mg/l	Report mg/l	3/WEEK	24-HOUR COMPOSITE <sup>5</sup>
TSS <sup>4</sup>	Report lbs/Day	Report lbs/Day	10 mg/l	10 mg/l	Report mg/l <sup>1</sup>	3/WEEK	24-HOUR COMPOSITE <sup>5</sup>
pH RANGE <sup>1</sup>	6.5 - 8.3 SU - SEE PERMIT PAGE 6, PARAGRAPH I.A.1.b.					1/DAY	GRAB
FECAL COLIFORM <sup>2,6</sup> <i>April 1 to October 31</i>	*****	*****	200 cfu per 100 ml	*****	400 cfu per 100 ml	3/WEEK	GRAB
<b>FECAL COLIFORM<sup>2,6</sup></b> <i>November 1 to March 31</i>	*****	*****	<b>400 cfu per 100 ml</b>	*****	<b>800 cfu per 100 ml (1000?)</b>	<b>3/WEEK</b>	<b>GRAB</b>
TOTAL COPPER	*****	*****	6.5 ug/l <sup>7</sup>	*****	9.1 ug/l <sup>7</sup>	1/MONTH	24-HOUR COMPOSITE <sup>5</sup>
TOTAL ZINC	*****	*****	82 ug/l	*****	82 ug/l	1/MONTH	24-HOUR COMPOSITE <sup>5</sup>
TOTAL LEAD	*****	*****	1.8 ug/l <sup>7</sup>	*****	Report <sup>7</sup>	1/MONTH	24-HOUR COMPOSITE <sup>5</sup>
DISSOLVED OXYGEN April 1- October 31	NOT LESS THAN 5.0 mg/l					1/WEEK	GRAB
WHOLE EFFLUENT TOXICITY SEE FOOTNOTES 8 through 11	Acute	LC <sub>50</sub> ≥ 100% NOEC ≥ 83%				4/YEAR	24-HOUR COMPOSITE <sup>4</sup>

Footnotes are listed on Pages 4, 5 and 6

Sampling for effluent parameters shall be conducted after ultraviolet disinfection and prior to discharge to the unnamed tributary to the Blackstone River.

## Footnotes:

1. All required effluent samples shall be collected after the ultraviolet disinfection system and prior to discharge to the unnamed tributary to the Blackstone River. A routine sampling program shall be developed in which samples are taken at the same location, same time and same days of every month. Any deviations from the routine sampling program shall be documented in correspondence appended to the applicable discharge monitoring report that is submitted to EPA. All samples shall be tested using the analytical methods found in 40 CFR §136, or alternative methods approved by EPA in accordance with the procedures in 40 CFR §136. All samples shall be 24 hour composites unless specified as a grab sample in 40 CFR §136.
2. Required for State Certification.
3. For flow, report maximum and minimum daily rates and total flow for each operating date. This is a monthly average limit.
4. Sampling required for influent and effluent.
5. A 24-hour composite sample will consist of at least twenty four (24) grab samples taken during a consecutive 24 hour period (e.g. 7:00 A.M. Monday to 7:00 A.M. Tuesday).
6. This is also a State certification requirement, but only for the period of April 1 through October 31. The permit limits for the period of November 1 through March 31 *are* a requirement of the U. S. EPA permit and *are* not a requirement of the Massachusetts Department of Environmental Protection permit. ***For this latter period***, fecal coliform discharges shall not exceed a monthly geometric mean of **400** colony forming units (cfu) per 100 ml, nor shall they exceed **800** cfu per 100 ml as a daily maximum. (**should this be 1000?**) The *bacteria* limits apply year round.
7. The minimum level (ML) for copper and lead is defined as 3 ug/l. This value is the minimum level for copper and lead using the Furnace Atomic Absorption analytical method (EPA Method 220.2). For effluent limitations of less than 3 ug/l. Compliance or non-compliance will be determined based on the ML from this method, or another approved method that has an equivalent or lower ML, one of which must be used. Sample results of 3 ug/l or less shall be reported as zero on the DMR.
8. The permittee shall conduct acute toxicity tests four times per year. The permittee shall test the fathead minnow, *Pimephales promelas*, only. Toxicity test samples shall be collected during the second week of the months of January, April, July and October. The test results shall be submitted by the last day of the month following the completion of the test. The results are due no later than February 28th, May 31st, August 31st and November 30th, respectively. The tests must be performed in accordance with test procedures and protocols specified in **Attachment A** of this permit.