

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 Hampton, New Hampshire

is authorized to discharge from the facility located at

**Leavitt E. Magrath Wastewater Treatment Plant
1 Hardardt's Way
Hampton, NH 03842**

to receiving water named

**Unnamed Tributary of Tide Mill Creek
Hampton River Watershed**

in accordance with effluent limitations, monitoring requirements and other conditions set forth in the permit issued on December 17, 2020, except as modified with new language in **bold** in the Table in Part I.A.1 (Page 3) and footnote 9 of Part I.A.1 (Page 7). In addition, the State permit condition at Part I.1.11 has been removed (Page 20). In addition, footnote 10 on Page 7 has been removed as it no longer applies.

This permit modification shall become effective upon the date of signature.

This modified permit and the authorization to discharge expire at midnight, February 28, 2026.

This modified permit is issued pursuant to 40 CFR § 124.5, and revises and supersedes the relevant portions of the permit that was issued on December 17, 2020.

This permit consists of Part I; **Attachment A** (Marine Acute Toxicity Test Procedure and Protocol, July 12); **Attachment B** (Marine Chronic Toxicity Test Procedure and Protocol, November 2013) and **Part II** (NPDES Part II Standard Conditions, April 2018).

Signed this day of

KENNETH MORAFF Digitally signed by
KENNETH MORAFF
Date: 2022.09.30
16:06:48 -0400

Ken Moraff, Director
Water Division
Environmental Protection Agency
Region 1
Boston, MA

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning on the effective date and lasting through the expiration date, the Permittee is authorized to discharge treated effluent through Outfall Serial Number 001 to a Unnamed Tributary of Tide Mill Creek. The discharge shall be limited and monitored as specified below; the receiving water and the influent shall be monitored as specified below.

Effluent Characteristic	Effluent Limitation			Monitoring Requirements ^{1,2,3}	
	Average Monthly	Average Weekly	Maximum Daily	Measurement Frequency	Sample Type ⁴
Rolling Average Effluent Flow ⁵	4.7 MGD ⁵	---	---	Continuous	Recorder
Effluent Flow ⁵	Report MGD	---	Report MGD	Continuous	Recorder
BOD ₅	30 mg/L 1176 lb/day	45 mg/L 1764 lb/day	50 mg/L 1960 lb/day	2/week	Composite
BOD ₅ Removal	≥ 85 %	---	---	---	Calculate
TSS	30 mg/L 1176 lb/day	45 mg/L 1764 lb/day	50 mg/L 1960 lb/day	2/week	Composite
TSS Removal	≥ 85 %	---	---	---	Calculate
pH Range ⁶	6.5 – 8.0 S.U.			1/day	Grab
Total Residual Chlorine ^{7,8}	7.5 µg/L	---	13 µg/L	2/day	Grab
<i>Enterococci</i> ^{7,8}	35/100 mL	---	104/100 mL	1/day	Grab
Fecal Coliform ^{7,8}	14/100 mL	---		1/day	Grab
Fecal Coliform ^{7,8,9} (% of samples > 28/100mL)	---	---	≤ 10 %	1/day	Grab
Total Copper	3.7 µg/L	---	5.8 µg/L	2/month	Composite
Total Arsenic ¹⁰	Report µg/L	---	Report µg/L	2/month	Composite
Ammonia Nitrogen (May 1 - October 31)	1.1 mg/L Report lb/day	---	7.4 mg/L Report lb/day	2/week	Composite

Footnotes:

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9. The Average Monthly values for Fecal Coliform shall be determined by calculating the geometric mean using daily sample results. As a Daily Maximum, not more than 10 percent of collected samples (over a monthly period) shall exceed a Most Probable Number (MPN) of **28** per 100 mL. ~~for the 5-tube decimal dilution test. Each month the percentage of collected samples that exceeds an MPN of 43 per 100 mL for the 5-tube decimal dilution test shall be reported at the Daily Maximum value. Each month, the percentage of collected samples that exceeds an MPN of 28 per 100 mL shall be reported as the Daily Maximum value.~~ Furthermore, all Fecal Coliform data collected must be submitted with the monthly Discharge Monitoring Reports (DMRs).

See Part I.G.1 below for additional notification requirements.

10. N/A

I. STATE PERMIT CONDITIONS

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11. ~~Fecal Coliform—Daily post-disinfection effluent grab samples shall be collected and analyzed for fecal coliform using an EPA-approved analytical method (published in 40 CFR Part 136) that meets the timeliness requirements of the NHDES Shellfish Program. Results shall be reported to NHDES each month in accordance with state reporting requirements in Part I.H.6.~~