

**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),

Star Island Corporation

is authorized to discharge from the facility located at

**Star Island Wastewater Treatment Facility
Star Island (Isles of Shoals)
Rye, New Hampshire 03870**

to receiving water named

Atlantic Ocean

in accordance with effluent limitations, monitoring requirements and other conditions set forth in the permit issued on June 25, 2021, except as modified with new language in **bold** in the Table in Part I.A.1 (Page 2) and footnote 10 of Part I.A.1 (Page 6). In addition, Part I.H.11 on Page 18 has been removed, as well as footnote 11 on Page 6, to which it referred.

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

This modified permit and the authorization to discharge expire at midnight, August 31, 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 June 25, 2021.

This permit consists of Part I; **Attachment A** (Marine Acute Toxicity Test Procedure and Protocol, July 12) 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
16:06:16 -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, from April 1st through November 30th, the Permittee is authorized to discharge treated effluent through Outfall Serial Number 001 to the Atlantic Ocean. 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
Effluent Flow ⁵	0.0175 MGD	---	Report MGD	Continuous	Recorder
BOD ₅	30 mg/L 3.8 lb/day	45 mg/L 5.6 lb/day	50 mg/L 6.3 lb/day	2/week	Composite
BOD ₅ Removal	≥ 85 %	---	---	---	Calculation
TSS	30 mg/L 4.4 lb/day	45 mg/L 6.6 lb/day	50 mg/L 7.3 lb/day	2/week	Composite
TSS Removal	≥ 85 %	---	---	---	Calculation
pH Range ⁶	6.0- 8.0 S.U.			1/day	Grab
Total Residual Chlorine ^{7,8}	0.64 mg/L	---	1 mg/L	2/day	Grab
<i>Enterococci</i> ^{8,9}	35/100 mL	---	104/100 mL	1/day	Grab
Fecal Coliform Bacteria ⁸	14/100 mL	---	---	5/week	Grab
Fecal Coliform Bacteria ^{8,10, 11} (% of samples > 28/100 mL)	---	---	≤ 10%	5/week	Grab

Footnotes:

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10. The Average Monthly value for Fecal Coliform shall be determined by calculating the geometric mean using the daily sample results. As a Daily Maximum, not more than 10 percent of the 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 exceed an MPN of 43 per 100 mL for the 5-tube decimal dilution test shall be reported as 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.F.5 below for additional notification requirements.

11. ~~Additional monitoring for fecal coliform is required as part of a State 401 Certification Condition. See Part I.H.11 below.~~

H. STATE 401 CERTIFICATION 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.G.6.~~