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| **State of Hawaii, Department of Health, Clean Water Branch** |
| **NOI Form E** |
| **NOI for HAR, Chapter 11-55, Appendix E - NPDES General Permit Authorizing Discharges of Once Through Cooling Water Less Than One (1) Million Gallons Per Day** |



**All sections of this form MUST be completed for National Pollutant Discharge Elimination System (NPDES) General Permit compliance.**

***E.1 – General Information***

*You are required to fulfill all requirements and check the box below. If you do not check the box, your NOI will be considered incomplete, and the CWB may deny your request for NPDES general permit coverage with prejudice.*

I certify that:

* I will design, implement, operate, and maintain a Treatment System to ensure that my discharges associated with construction activity dewatering will not violate HAR, Chapter 11-54; HAR, Chapter 11-55; and HAR, Chapter 11-55, Appendix E.
* My Treatment System shall adequately address the minimum items in Attachment D of this form and contain appropriate measures to address Section 303(d) pollutants of concern for my receiving State water.
* Prior to any discharge of dewatering effluent, I will provide treatment to remove all pollutants of concern identified in Sections E.7 and E.8.

***E.2 –Cooling Water Discharge Information***

a. Source(s) of Once-Through Cooling Water

b. Start Date of New Discharge (For new proposed discharge only – Provide the best estimate of the date(s) on which the facility will begin to discharge.

*c. Average Frequency of Flow*

*The frequency of flow means the number of days per year and hours per day that a discharge occurs. Indicate how often the discharge into receiving State waters will occur, as applicable.*

*hours per day*

*days per week/month/year (circle one)*

*Continuous or intermittent (circle one)*

*d. Duration of any Intermittent or Seasonal Discharge*

*Duration means the number of days or hours per discharge. New dischargers shall give their best estimate.*

*days per discharge for hours per discharge*

*e. Average Flow*

*Report the average flow in gallons per day.*

*gallons per day*

***E.3 –Maps***

*Attach, title, and identify all maps (pdf - minimum 300 dpi) listed below, in Attachment A. Please reference which maps account for the features listed below.*

1. *Island on which the activity is located.*
2. *Location(s) of the proposed dewatering activity.*
3. *Topographic map or maps which clearly show the legal boundaries of the activity; location of all existing and/or proposed outfalls or discharge points; and receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.*

***E.4 – Flow Chart or Line Drawing***

*Attach or insert in Attachment A, a flow chart showing the following (Check each item, as applicable):*

a. General route taken by cooling water through the facility from intake to the discharge point.

b. Cooling water effluent treatment systems that will be utilized (i.e., cooling tower detention basins/ponds to reduce temperature, etc.).

c. Estimated quantity of flow contributed by each source (i.e., cooling tower #1, cooling tower #2, etc.) through each applicable route from cooling tower to the receiving State water.

d. Drainage system(s) receiving cooling water, as applicable (e.g., City and County of Honolulu Municipal Separate Storm Sewer System (MS4), etc.).

e. State water name(s) receiving cooling water.

Indicate which item(s) are not identified and explain why the item(s) are not identified

***E.5 - Existing or Pending Permits, Licenses, or Approvals***

*Place a check next to all applicable Federal, State, or County permits, Licenses, or approvals for the project and specify the permit number.*

*Other NPDES Permit or NGPC File No.:*

*Department of the Army Permit (Section 404):*

*If your project requires work in, above, under or adjacent to State waters, please contact the Army Corps of Engineers (COE) Regulatory Branch at (808) 438-9258 regarding their permitting requirements. Provide a copy of the COE permitting jurisdictional determination (JD) or the JD with COE Person’s Name, Phone Number, and Date Contacted.*

*Facility on SARA 313 List (identify SARA 313 chemicals on project site:*

*RCRA Permit (Hazardous Wastes):*

*Section 401 Water Quality Certification:*

*Other (Specify):*

***E.6 – North American Industrial Classification System (NAICS)***

*Complete the table below by providing all applicable North American Industrial Classification System (NAICS) United States Structure Codes and U.S. Standard Industrial Classification (SIC) Codes for your facility. See* [*http://www.census.gov/eos/www/naics/*](http://www.census.gov/eos/www/naics/) *to determine the NAICS code(s) and descriptions for your facility. See* [*http://www.census.gov/eos/www/naics/concordances/concordances.html*](http://www.census.gov/eos/www/naics/concordances/concordances.html) *to determine the corresponding SIC Code(s).*

| ***NAICS Code(s)*** | ***NAICS Code Description*** | ***Corresponding SIC Code(s)*** | ***SIC Code Description*** |
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|  |  |  |  |

***Add rows as needed.***

***E.7 – Cooling Water Parameters***

*a. You are required to fulfill all requirements and check the box below. If you do not check box, your NOI will be considered incomplete, and the CWB may deny your request for NPDES general permit coverage with prejudice.*

*I certify that:*

* *I tested all of the parameters in the Table E.7 below, and a copy of the laboratory data sheets with Quality Assurance/Quality Control and Chain of Custody documents is included in Attachment B. I understand that the quantitative data may be data collected over the past 365 days, if they remain representative of current operations, and must include maximum daily value, average daily value, and number of measurements taken*
* *In cases when the test results are not available at the time of NOI submission, the new dischargers must include estimates instead of actual sampling data, along with the source of each estimate for the parameters.*
* *Grab samples must be used for pH, temperature, oil and grease, total residual oxidants, and fecal coliform. For all other pollutants, 24-hour composite samples must be used.*
* *All test results were obtained from a representative sample as defined in HAR, Chapter 11-55, Appendix A, Section 14(a). Note: The burden of proving that sampling or monitoring is representative is on the Permittee.*
* *The test methods that I utilized were promulgated in 40 CFR Part 136 and, when applicable, listed in the references of chemical methodology for seawater analyses (see HAR, Chapter 11-54, Section 10(b)). Note: If a test method has not been promulgated for a particular parameter, you may apply for approval of an alternate test procedure by following 40 CFR Section 136.4.*
* *The test methods that I utilized have detection limits below and closest to the numerical limit specified in HAR, Chapter 11-54. For situations where the numerical limitation is below the detection limit of the test methods, I used the test method which has the detection limit closest to the numerical limitation.*

*b. Complete Table E.7 below. The test results shall be reported to the nearest decimal place or whole number as shown in the parentheses following each parameter. For example, "Temperature (0.1 °C)" -Temperature shall be reported to the nearest tenth of a centigrade and "Ammonia Nitrogen (1 µg/l)" - Ammonia Nitrogen shall be reported to the nearest whole microgram per liter. One test result may be reported for Salinity, Chloride, or Conductivity. If the test result is not detectable, indicate that the test result is "N.D." or "not detected."*

***Table E.7***

| *Parameter* | *Maximum Daily Value* | | *Average Daily Value* | | *Number of Measure-ments* | *Source of Estimate (if not tested)* |
| --- | --- | --- | --- | --- | --- | --- |
| *Mass (lbs)* | *Concen-tration* | *Mass (lbs)* | *Concen-tration* |
| *Biochemical Oxygen Demand*  *(BOD) (mg/l)* |  |  |  |  |  |  |
| *Total Suspended Solids*  *(TSS) (mg/l)* |  |  |  |  |  |  |
| *Fecal coliform*  *(MPN/100ml) {1}* |  |  |  |  |  |  |
| *Total Residual Oxidants (mg/l) {2}* |  |  |  |  |  |  |
| *Oil and Grease (mg/l)* |  |  |  |  |  |  |
| *Chemical Oxygen Demand*  *(COD) (mg/l)* |  |  |  |  |  |  |
| *Total Organic Carbon*  *(TOC) (mg/l)* |  |  |  |  |  |  |
| *Ammonia (as N) (mg/l)* |  |  |  |  |  |  |
| *Discharge flow (MGD)* |  |  |  |  |  |  |
| *pH (standard units)* |  |  |  |  |  |  |
| *Temperature (winter) (°C)* |  |  |  |  |  |  |
| *Temperature (summer) (°C)* |  |  |  |  |  |  |

*lbs = pounds ml = milliliters*

*mg/l = milligrams per liter MGD = million gallons per day*

*MPN/100 ml = millipore number per one hundred milliliters °C = degrees Celsius*

*NOTES:*

*{1} Monitor and test if fecal coliform is believed present or if any sanitary waste is or will be discharged.*

*{2} Monitor and test if chlorine is used. Total residual oxidants (TRO) is obtained using the amperometric titration method for total residual chlorine described in 40 CFR Part 136.*

*List the Discharge Point(s) that you identified in Section 6 of the e-Permitting CWB NOI Form that apply to Table E.7*

*Please ensure that all Discharge Points are accounted for. If you leave this item blank, we will assume Table E.7 applies to all Discharge Points. If needed, you may copy, paste, and complete Table E.7 for each Discharge Point with different test results.*

***E.8 – Cooling Water Additives***

*Provide the names of the cooling water additive(s) with Material Safety Data Sheets, as applicable.*

***E.9 – Treatment System***

**You are responsible for the design, implementation, operation, and maintenance of the**

**Treatment System to ensure that discharges of Once Through Cooling Water Less and One (1) Million Gallons Per Day will not cause or contribute to a violation of HAR, Chapter 11-54, Chapter 11-55, and Chapter 11-55 Appendix E.**

*Are you submitting the description of the Treatment System with your NOI?*

*Yes. My Treatment System complies with Section E.1 and the minimum requirements in Attachment C. It is included in Attachment C*

*No. My Treatment System will comply with Section E.1 and the minimum requirements in Attachment C.* ***If you do not submit the description of the Treatment System with your NOI, you acknowledge that:***

* *The CWB may not provide comments on information in Section E.9.*
* *You are required to submit Section E.9 to the DOH-CWB for comment at least 30 calendar days prior to starting discharge activities. All questions/concerns that the DOH may have must be answered to the satisfaction of the CWB.*
* *The CWB will review Section E.9 in the order received and will not expedite the review to accommodate your schedule.*
* *The CWB has no required time limits to review the Treatment System after issuance of an NGPC.*
* *You are potentially exposing yourself to significant delays.*

*No treatment is performed on cooling water because:*

***E.10 – Additional Information***

*Include any other site-specific information pertaining to the project or activity in Attachment D. If nothing is included in Attachment D, the CWB will assume you do not want to include additional information.*

***Attachment A – Maps and Flow Chart (Sections E.3 and E.4)***

*MAPS AND FLOW CHART*

***Attachment B – QA/QC and Chain of Custody (Sections E.8 and E.9)***

*QA/QC AND CHAIN OF CUSTODY*

***Attachment C – Treatment System (Section E.9)***

*The treatment system shall be submitted as an attachment to CWB NOI Form E. It shall include the information requested below:*

*a. Description of any treatment system used or to be used to comply with the basic water quality criteria specified under HAR, Section 11-54-4;*

*b. Operation and maintenance procedures to prevent or reduce the pollution of State waters, including operations plan, maintenance scheduling or action criteria, maintenance program, effluent Monitoring program (i.e., visual inspection, cessation of discharge plan, effluent control plan);*

*c. Other management practices to prevent or reduce the pollution of State waters; and*

*d. Treatment requirements.*

***Attachment D – Additional Information (Section E.10)***

*ADDITIONAL INFORMATION*