

APPENDIX 8
Notice of Change (NOC)
Suggested Forms & Instructions

A. Notice of Change Instructions

Permittees authorized to discharge under the Non-contact Cooling Water (NCCW) General Permit may request a change to certain conditions of the authorization and/or permit without submission of a new NOI. Such changes are not permit modifications as provided for under 40 CFR § 122.62. At a minimum, the permittee must provide the following information in a letter or in the suggested NOC format in part B.

1. General facility and site information:

- a. Provide the **facility/site** name and mailing address. Provide the site location, including longitude and latitude. Provide the facility SIC code(s).
- b. Provide the NPDES authorization number (permit number) assigned by EPA.
- c. Provide the site/property **owner's** name, address, telephone and fax numbers, and email address, if different from the facility/site information. Indicate whether the owner is a Federal, State, Tribal, or private entity.
- d. Provide the **operator's** name, mailing address, telephone and fax numbers, and email address, if different from the owner's information.

See **Definitions** in permit for definitions of owner/operator.

2. Types of Changes: Indicate the type of eligible change being requested by checking the boxes that apply or by providing a narrative as an attachment. Eligible changes are:

- a. **Addition or substitution of nontoxic chemicals added to the effluent for pH adjustment or dechlorination.** Include the following information about the proposed chemical additive:
 1. name and manufacturer,
 2. maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and
 3. the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)).
- b. **Use of potable water as a NCCW source.** Include the following information about water use:
 1. the start date of potable water use,
 2. if applicable, the date of projected end to potable water use, and
 3. the maximum daily flow for the facility allowed under the General Permit (maximum daily flow reported in NOI).
- c. **Temporary cessation of discharge.** For interruptions of discharge **greater than 90 days**, the permittee must submit a NOC including:
 1. The reasons for interruption/cessation,
 2. The estimated time frame when discharge will not occur, and

3. An acknowledgement that monitoring will be resumed when the discharge is re-started as required.
- d. **Change in Sampling/Outfall Location.**
- e. **Change to administrative information.** Certain administrative information may be change via an NOC, including changes in address or contact information.

3. Signature Requirements

The Notice of Change must be signed by the permittee (i.e. operator) in accordance with the signatory requirements of 40 CFR § 122.22, including the following certification:

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 gather and evaluate 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, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If filling out the suggested NOC format electronically on EPA's website, the signature page must be signed and faxed or mailed to EPA at the fax number and/or address listed in Appendix 6.

B. Notice of Change Format
1. General Site Information

The following form may be used to submit a Notice of Change to EPA. Alternatively, all of the relevant information required in part A must be included in a letter to EPA.

Please provide the following information about the Facility and Facility Owner:

Name of Facility:

NCCW Permit No.

Facility Address:

Street:

Town: **State:** **Zip:**

Name of Facility Owner:

Tel. No. (Owner)

Fax No. (Owner)

Email address (Owner)

Owner's address (if different from the Facility address):

Street:

Town: **State:** **Zip:**

Please Provide the following information about the Facility Operator:

Name of Facility Operator:

Tel. No. (Operator)

Fax No. (Operator)

Email address (Operator)

Operator's address (if different from any of addresses listed above):

Street:

Town: **State:** **Zip:**

B. Notice of Change Format
2. Types of Changes

Please check all of the changes that apply to your facility and provide the necessary information for each change:

Proposed Facility Change:

Required Information for Proposed Change:

Chemical Addition

pH Adjustment

Dechlorination

Chemical Name:

Chemical Manufacturer:

Daily quantity used (lb):

avg :

max:

Expected discharge conc. (mg/L):

avg :

max:

Vendor's reported aquatic Toxicity
(NOAEL and/or LC50 in %)

Potable water use
for NCCW

Start Date:

End Date:

Max. daily flow allowed under the permit (MGD):

Change in
outfall location

A map of the current and
proposed outfall(s) is included
with this NOC

Change in
sampling location

A map of the current and proposed sampling
locations(s) is included with this NOC

Change in
CWIS location

A map of the current and proposed
CWIS(s) is included with this NOC

Please check all of the changes that apply to your facility and provide the necessary information for each change:

Proposed Facility Change:

Required Information for Proposed Change:

Change in administrative information

Facility **Owner**
 Operator

Address: **Street:**

Town: **State:** **Zip:**

Contact Info: **Name:**

Tel.:

Fax:

Email Address:

B. Notice of Change Format
3. Signature Requirements

The Notice of Change must be signed by the permittee (i.e. operator) in accordance with the signatory requirements of 40 CFR § 122.22, including the following certification:

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 gather and evaluate 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, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility name

**Signature of
permittee**

**Print full name
and title**

Date

C. Submission of NOC forms

Signed and completed NOC forms and attachments must be submitted to EPA New England at the following address:

U.S. Environmental Protection Agency
5 Post Office Square, Suite 100
Mail Code OEP 06-04
Boston, MA 02109-3912
Attn: NCCW General Permit NOC Processing

or electronically mailed to nccw.generalpermit@epa.gov

A copy of the NOT form must also be submitted to the appropriate state agency at the address below.

Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street, 2nd floor
Worcester, MA 01608

New Hampshire Department of Environmental Services
Water Division, Wastewater Engineering Bureau
29 Hazen Drive, P.O. Box 95
Concord, New Hampshire 03302-0095