

**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).

**Board of Public Works
240 Smith Street
North Attleborough, MA 02760**

is authorized to discharge from the facility located at:

**North Attleborough WWTF
Cedar Road
North Attleborough, MA 02760**

to the receiving water named: **Ten Mile River**

in accordance with effluent limitations, monitoring requirements and other conditions set forth in the permit signed on January 4, 2007, with the following changes as set forth herein and listed as follows:

The total phosphorus limitation in effect from April 1- October 1 has been reduced to 0.1 mg/l (see Page 2).

* delete page 2 of 13 from the original permit and replace with the attached page.

This permit modification shall become effective April 1, 2008.

This permit modification, the permit, and the authorization to discharge shall expire at midnight, five (5) years from the issuance date of the permit signed on January 4, 2007.

This permit modification consists of 1 attached page.

Signed this 15th day of February, 2008

/S/ SIGNATURE ON FILE

Director
Office of Ecosystem Protection
Environmental Protection Agency
Region 1
Boston, Massachusetts

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

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning the effective date and lasting through expiration, the permittee is authorized to discharge from outfall serial number 001 treated wastewater.

Such discharges shall be limited and monitored by the permittee as specified below:

<u>Effluent Characteristics</u>	<u>Discharge Limitations</u>		<u>Monitoring Requirements</u>		
	<u>Average Monthly</u>	<u>Average Weekly</u>	<u>Maximum Daily</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
Flow, MGD ¹	4.61	----	Report	Daily	Continuous
BOD, mg/l ²					
(May 1 - October 31)	5	10	15	3/Week	24-Hr. Comp. ³
(November 1 - April 30)	15	25	30	3/Week	24-Hr. Comp. ³
TSS, mg/l ²					
(May 1 - October 31)	7	10	15	3/Week	24-Hr. Comp. ³
(November 1 - April 30)	15	25	30	3/Week	24-Hr. Comp. ³
Fecal Coliform, CFU/100 ml ^{4,5}	200	----	400	3/Week	Grab
Total Chlorine Residual, ug/l ^{6,7}	11	----	19	3/Day	Grab
Total Phosphorus, mg/l ⁸					
(April 1 - October 31)	0.1	----	Report	3/Week	24-Hr. Comp. ³
Total Phosphorus, mg/l ⁹					
(November 1 - March 31)	1.0	----	Report	2/Week	24-Hr. Comp. ³
Dissolved Ortho Phosphorus ⁹					
(November 1 - March 31)	Report	----	Report	2/Week	24-Hr. Comp. ³