

November 5, 2008

*\*Via Overnight Delivery\**

US Environmental Protection Agency  
Dewatering GP Processing  
Municipal Assistance Unit (CMU)  
1 Congress Street, Suite 1100  
Boston, MA 02114

MAG070321

**Subject: NOI Submittal for Dewatering General Permit**

To Whom It May Concern:

Please find attached Notice of Intent package, along with all associated attachments on behalf of our client, Beth Israel Deaconess Medical center (BIDMC) facility. The facility is located at 330 Brookline Ave, Boston, Massachusetts, in Suffolk County. BIDMC is applying for an EPA NPDES Construction General Permit for Dewatering.

We are requesting a review of the information contained within this submittal and determination of eligibility under the EPA NPDES Construction General Permit for Dewatering.

If you have any questions, or there are any problems with this request, please call me at 781-418-2333.

EBI Consulting

By:

*Rachel Edwards*

Rachel Edwards  
Project Engineer

Enclosure

**II. Suggested Notice of Intent (NOI) Form**

**1. General facility information. Please provide the following information about the facility.**

a) Name of facility: Beth Israel Deaconess Medical Center (BIDMC)		Mailing Address for the Facility: 330 Brookline Ave Boston, MA 02115	
b) Location Address of the Facility (if different from mailing address): same as mailing address	Facility Location  longitude: <u>71 06'21" W</u> latitude: <u>42 20'24" N</u>		Type of Business: private - hospital, medical center
	Facility SIC codes: 8062, 8071, 8011 & 8099		
c) Name of facility owner: <u>Walter Armstrong, Sr. VP</u>		Owner's email: <u>WArmstro@bidmc.harvard.edu</u>	
Owner's Tel #: <u>(617) 667-0377</u>		Owner's Fax #: <u>(617) 667-4005</u>	
Address of owner (if different from facility address) same as facility address			
Owner is (check one): 1. Federal <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Tribal <input type="checkbox"/> 4. Private <input checked="" type="checkbox"/> 4. Other <input type="checkbox"/> (Describe)			
Legal name of Operator, if not owner: <u>Gary Schweon</u>			
Operator Contact Name: <u>Gary Schweon</u>			
Operator Tel Number: <u>(617) 667-5107</u>		Fax Number: <u>(617) 667-5142</u>	
Operator's email: <u>GSchweon@bidmc.harvard.edu</u>			
Operator Address (if different from owner) same as facility address			
d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? <input checked="" type="checkbox"/> See Attachment A			
e) Check Yes or No for the following:			
1. Has a prior NPDES permit been granted for the discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number: _____			
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. Is the facility covered by an individual NPDES permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number _____			
4. Is there a pending application on file with EPA for this discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, date of submittal: _____			

**2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed)**

- a) Name of receiving water into which discharge will occur: Muddy River See Attachment A  
State Water Quality Classification: Class B Freshwater: \_\_\_\_\_ Marine Water: \_\_\_\_\_
- b) Describe the discharge activities for which the owner/applicant is seeking coverage:  
1. Construction dewatering of groundwater intrusion and/or storm water accumulation.  
2. Short-term or long-term dewatering of foundation sumps.  
3. Other. Please See Attachment B
- c) Number of outfalls 1
- For each outfall:
- d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow 5000 GPD  
Average Monthly Flow 1000 GPD
- e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.5 Min pH 6.5
- f) Identify the source of the discharge (i.e. potable water, surface water, or groundwater). If groundwater, the facility shall submit effluent test results, as required in Section 4.4.5 of the General Permit. See Attachment C for sampling results (groundwater)
- g) What treatment does the wastewater receive prior to discharge? Please see Attachment B
- h) Is the discharge continuous? Yes \_\_\_\_\_ No  If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) (I)  
If (P), number of days or months per year of the discharge \_\_\_\_\_ and the specific months of discharge \_\_\_\_\_;  
If (I), number of days/year there is a discharge 14  
Is the discharge temporary? Yes  No \_\_\_\_\_  
If yes, approximate start date of dewatering 11/28/08 approximate end date of dewatering 12/28/08
- i) Latitude and longitude of each discharge within 100 feet (See [http://www.epa.gov/tri/report/siting\\_tool](http://www.epa.gov/tri/report/siting_tool)): Outfall 1: long. 71 06'14"W lat. 42 20'23" N;  
Outfall 2: long. \_\_\_\_\_ lat. \_\_\_\_\_; Outfall 3: long. \_\_\_\_\_ lat. \_\_\_\_\_.
- j) If the source of the discharge is potable water, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water and attach any calculation sheets used to support stream flow and dilution calculations N/A cfs  
(See Appendix VII for equations and additional information)

MASSACHUSETTS FACILITIES: See Section 3.4 and Appendix 1 of the General Permit for more information on Areas of Critical Environmental Concern (ACEC):

- k) Does the discharge occur in an ACEC? Yes \_\_\_\_\_ No    
 If yes, provide the name of the ACEC:

**3. Contaminant Information**

- a) Are any pH neutralization and/or dechlorination chemicals used in the discharge? If so, include the chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC<sub>50</sub> in percent for aquatic organism(s)). No .  
b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge. Please see Attachment D

**4. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendices III and IV. In addition, respond to the following questions.**

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes \_\_\_\_\_ No   
b) Has any consultation with the federal services been completed? Yes \_\_\_\_\_ No   
c) Is consultation underway? Yes  No \_\_\_\_\_  
d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): a "no jeopardy" opinion  or written concurrence \_\_\_\_\_ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat.  
e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D,or E) have you met? A \_\_\_\_\_  
f) Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website. See Attachment E

**5. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:**

- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes \_\_\_\_\_ No  Please See Attachment F for details  
b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes  or No \_\_\_\_\_ If yes, attach the results of the consultation(s).  
c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 o3) have you met? 1 \_\_\_\_\_

**6. Supplemental Information: Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit** Analytical data is in Attachment C, associated maps are in Attachment A

**7. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:**

I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the dewatering system; (2) the discharge consists solely of dewatering and authorized pH adjustment and/or

dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product or finished product; (4) if the discharge of dewatering subsequently mixes with other permitted wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for dewatering discharge; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) 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: Beth Israel Deaconess Medical Center

Operator signature:



Title:

Director, Environmental Health + Safety

Date:

11/5/08

Federal regulations require this application to be signed as follows:

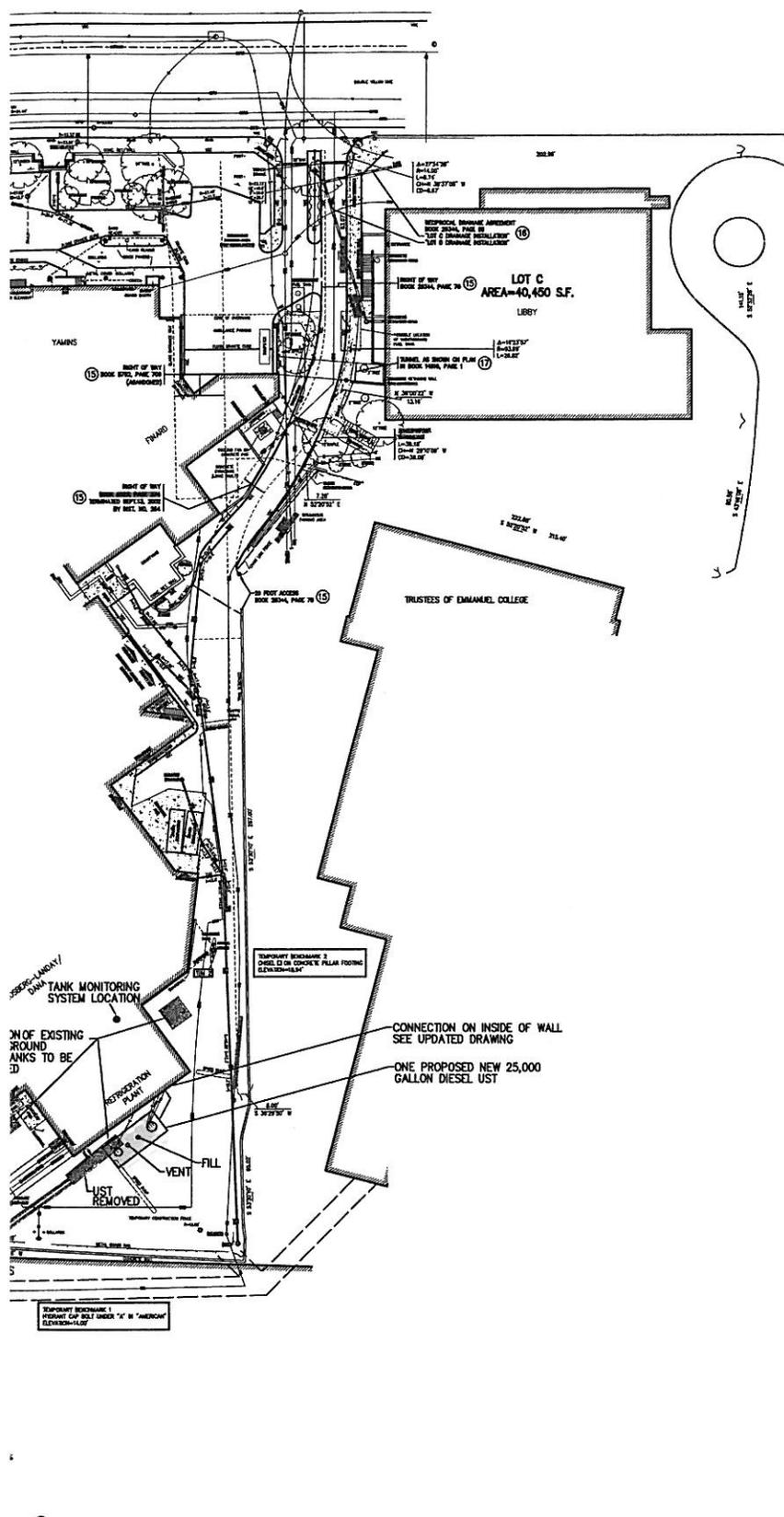
1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

## **Attachment A**

*Associated Maps (Site map, topographic, drainage pathway)*

THOMPSON  
CONSULTANTS, INC.  
525 MILL ST.  
MARION, MA. 02738  
TEL. 508-748-0830  
BOS. 868-861-7497  
FAX 508-748-0059

ENGINEERS



**Legend**

- DRAIN MANHOLE
- CATCH BASIN
- ⊙ SEWER MANHOLE
- ⊙ ELECTRIC MANHOLE
- ⊙ TELEPHONE MANHOLE
- MANHOLE
- WATER GATE
- ⊙ FIRE HYDRANT
- GAS GATE
- STREET SIGN
- ⊙ LIGHT POLE
- ⊙ UTILITY POLE
- EDGE OF PAVEMENT
- VERTICAL GRANITE CURB
- SLOPED GRANITE EDGE
- BITUMINOUS BERM
- GUARD RAIL
- CHAIN LINK FENCE
- DRAINAGE LINE
- SEWER LINE
- OVERHEAD WIRE
- UNDERGROUND ELECTRIC
- TELEPHONE LINE
- GAS LINE
- WATER LINE

EXISTING DIESEL FUEL UNDERGROUND STORAGE TANKS TO BE REMOVED

▲	July 11, 2008	Issue Clarification
▲	April 17, 2008	Addendum No.3
▲	April 8, 2008	Addendum No.2
NO.	DATE	REVISION

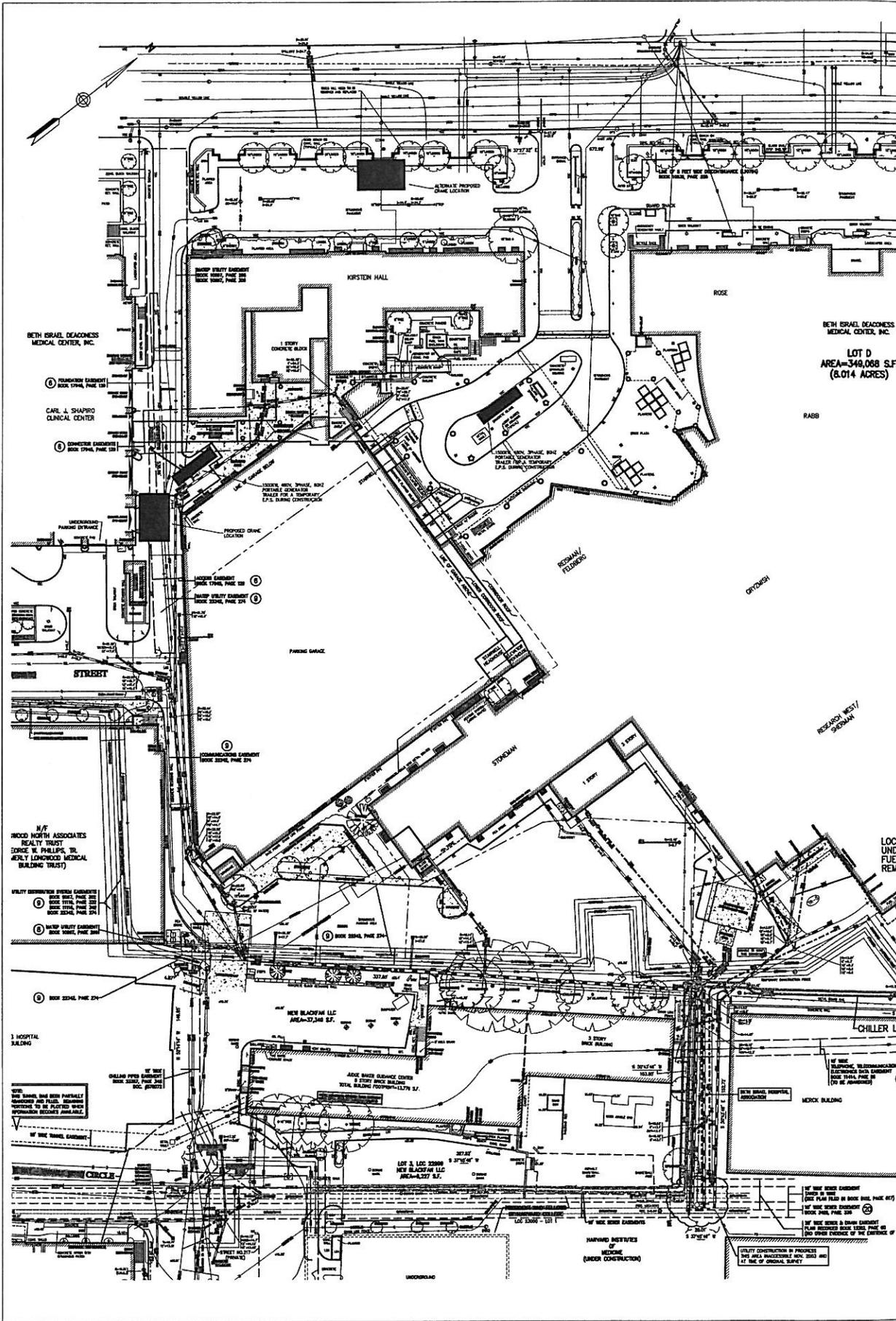
BETH ISRAEL DEACONESS  
MEDICAL CENTER  
Boston, Massachusetts  
EAST CAMPUS  
GENERATOR PLANT #2  
PHASE 2A



TITLE:  
Tank Locations  
(Proposed and  
Existing)

DESIGNER:	DATE:
DRAWN BY:	DATE:
CHECKED BY:	DATE:
SCALE:	

C-3



BETH ISRAEL DEACONESS MEDICAL CENTER, INC.

BETH ISRAEL DEACONESS MEDICAL CENTER, INC.  
 LOT D  
 AREA=349,068 S.F.  
 (8.014 ACRES)

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② FOUNDATION EASEMENT BOOK 2794, PAGE 121

③ FOUNDATION EASEMENT BOOK 2794, PAGE 121

④ FOUNDATION EASEMENT BOOK 2794, PAGE 121

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RAB8

ROSENBAUM

DOWNTOWN

RESEARCH WEST

SHERMAN

M/F WOOD NORTH ASSOCIATES REALTY TRUST  
 JORGE W. PHILLIPS, JR.  
 JERRY LINDROCK MEDICAL BUILDING TRUST

UTILITY EASEMENT (SEE PLAN SHEET 2794, PAGE 121)

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UTILITY CONSTRUCTION IN PROGRESS (SEE PLAN SHEET 2794, PAGE 121)

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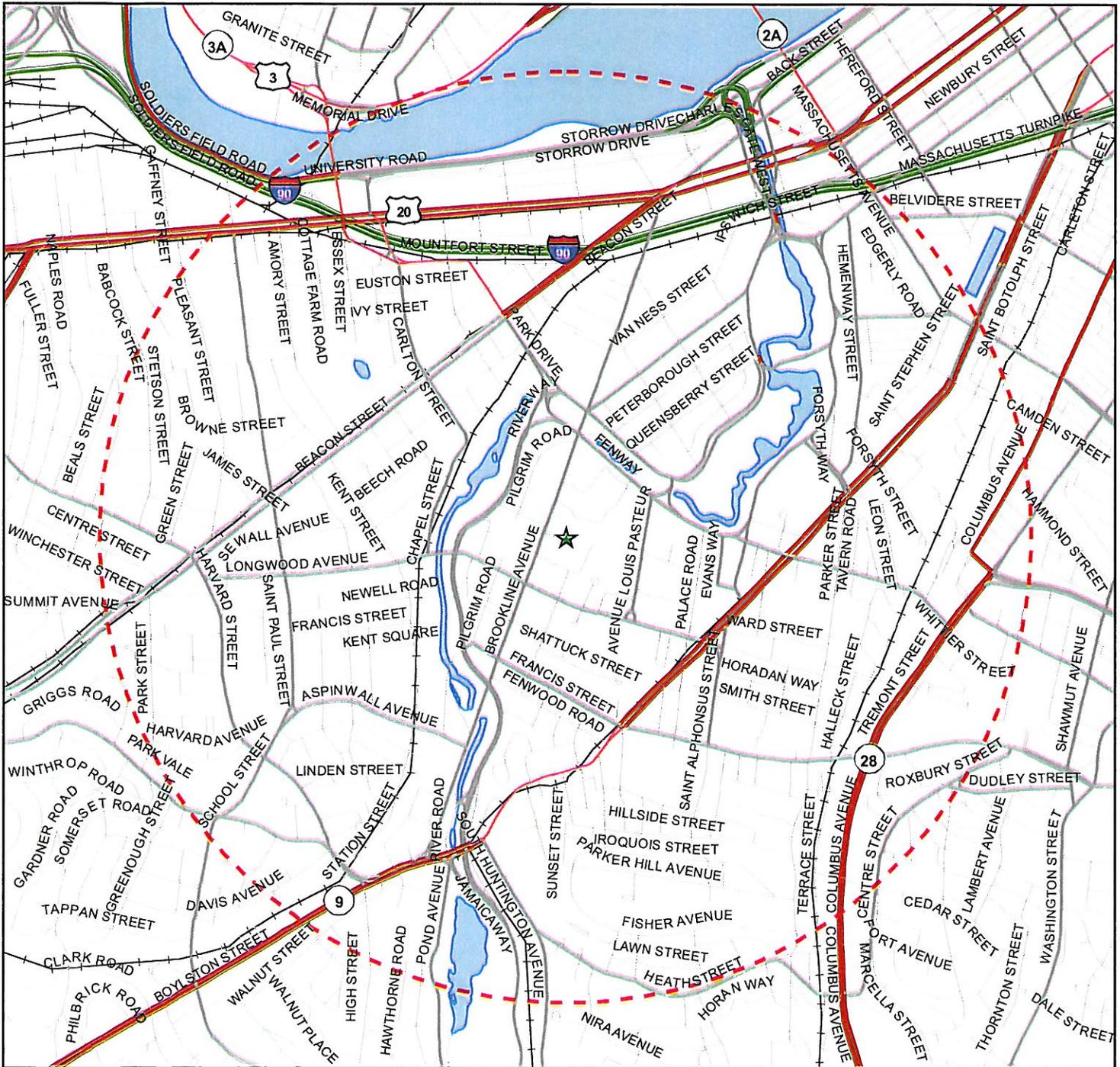
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★ Project Site  
 - - - Site buffer at 1 mile

Source: Selected data from FEMA, NWI, ESRI, EBI & MA GIS

**Figure 1 Location Map**  
**BETH ISRAEL DEACONESS MEDICAL CENTER**  
**330 BROOKLINE AVE**  
**BOSTON, MA 02115**

