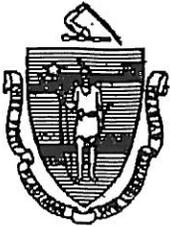


MAG070315



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY & ENVIRONMENTAL AFFAIRS  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Division of Watershed Management, 627 Main Street 2nd Floor, Worcester, MA 01608

DEVAL L. PATRICK  
Governor

IAN A. BOWLES  
Secretary

TIMOTHY P. MURRAY  
Lieutenant Governor

LAURIE BURT  
Commissioner

Olga Vergara  
EPA-New England, Region I  
Municipal Assistance Unit-CMU  
1 Congress Street, Suite 1100  
Boston MA 02114-2023

October 14, 2008

RE: East Capital Street Sewer Extension  
Methuen MA 01844  
NPDES Construction Dewatering Discharge, BASIN CODE 84

Dear Ms. Vergara,

The Massachusetts Department of Environmental Protection, Division of Watershed Management, has reviewed the notice of intent to be covered under the General Permit for Construction Dewatering Facilities (<http://www.epa.gov/region1/npdes/dewatering.html>) for the above referenced application.

The Department concurs that this project should be authorized to discharge under the permit to an unnamed wetland in the Merrimack River watershed, a Class B waterbody in the area of the discharge.

The duration of the discharge is expected to last until November 2009 through one outfall. Grab samples are to be collected for Total Suspended Solids (TSS) and pH. Oil & Grease analysis is required only upon the detection of a visible sheen. (See General Permit Part 1.2.6). The maximum daily limit for TSS is 100 mg/l and the monthly average limit for TSS is 50 mg/l. The limit for pH is 6.5-8.3 (or natural background values).

The applicant should note only TSS and pH are covered under this General Permit. A groundwater remediation general permit should be obtained from the Environmental Protection Agency to discharge wastewater containing significant quantities of any other pollutants. Mr. Victor Alvarez at 617-918-1572 can be contacted for more information. Please call me at 508-767-2854 if you have any questions.

Sincerely,

Robert Kubit, P.E.

Cc: Kevin Brander/NERO/DEP  
Robin Hicks/Greener Excavating LLC



Enter your transmittal number

X724841  
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfmm.shtml> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

### Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP  
P.O. Box 4062  
Boston, MA  
02211

\* Note:  
For BWSC Permits,  
enter the LSP.

#### A. Permit Information

1. Permit Code: 7 or 8 character code from permit instructions BRPWM10  
2. Name of Permit Category NPOES CONSTRUCTION DEWATER  
3. Type of Project or Activity SEWER EXTENSION

#### B. Applicant Information - Firm or Individual

1. Name of Firm - Or, if party needing this approval is an individual enter name below: CITY OF METHUEN OCT 10 2008  
2. Last Name of Individual 41 PLEASANT STREET 3. First Name of Individual \_\_\_\_\_ 4. MI \_\_\_\_\_  
5. Street Address METHUEN 6. City/Town MA 7. State 01844 8. Zip Code  
9. Telephone # \_\_\_\_\_ 10. Ext. # \_\_\_\_\_  
11. Contact Person FRANK RUSSO 12. e-mail address (optional) \_\_\_\_\_

#### C. Facility, Site or Individual Requiring Approval

1. Name of Facility, Site Or Individual \_\_\_\_\_  
2. Street Address \_\_\_\_\_  
3. City/Town \_\_\_\_\_ 4. State \_\_\_\_\_ 5. Zip Code \_\_\_\_\_ 6. Telephone # \_\_\_\_\_ 7. Ext. # \_\_\_\_\_  
8. DEP Facility Number (if Known) \_\_\_\_\_ 9. Federal I.D. Number (if Known) \_\_\_\_\_ 10. BWSC Tracking # (if Known) \_\_\_\_\_

#### D. Application Prepared by (if different from Section B)\*

1. Name of Firm Or Individual ROBIN HICKS GREENER EXCAVATION  
2. Address 123 BOLT STREET  
3. City/Town LOWELL 4. State MA 5. Zip Code 01852 6. Telephone # 978-441-9584 7. Ext. # 245  
8. Contact Person ROBIN HICKS 9. LSP Number (BWSC Permits only) \_\_\_\_\_

#### E. Permit - Project Coordination

1. Is this project subject to MEPA review?  yes  no  
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number \_\_\_\_\_

#### F. Amount Due

##### Special Provisions:

- 1.  Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).  
*There are no fee exemptions for BWSC permits, regardless of applicant status.*
- 2.  Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
- 3.  Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
- 4.  Homeowner (according to 310 CMR 4.02).

Check Number \_\_\_\_\_

Dollar Amount \_\_\_\_\_

Date \_\_\_\_\_

DEP Use Only

Permit No: \_\_\_\_\_

Rec'd Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Watershed Permitting Program

**BRP WM 10**

Request for General Permit Coverage  
Construction Site Dewatering

X224841  
Transmittal Number

10/08/08  
Date Received

**A. Facility Information**

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Project owner:

CITY OF METHUEN MA  
Name  
41 PLEASANT STREET METHUEN  
Street/PO Box City  
MA 01844  
State Zip Code  
FRANK RUSSO  
Contact Person Telephone Number

2. Project operator (if different from above):

GREENER EXCAVATING LLC  
Name  
123 BOLT STREET LOWELL  
Street/PO Box City  
MA 01852  
State Zip Code  
Robin Hicks (SOB) 723-4641  
Contact Person Telephone Number

3. Facility Data (attach topographic map or other map showing facility location):

EAST CAPITAL STREET SEWER EXTENSION  
Name  
EAST CAPITAL STREET + MARC AVENUE  
Street/PO Box Email address (optional)  
METHUEN  
City Telephone Number  
MA 01844 FRANK RUSSO  
State Zip Code Contact Person

4. Standard Industrial Code (SIC) and description:

NA.  
Standard Industrial Code (SIC)  
Description

5. Describe any storage of petroleum and chemicals on site:

NA.  
Description



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Watershed Permitting Program

**BRP WM 10**

**Request for General Permit Coverage  
Construction Site Dewatering**

X224841

Transmittal Number

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Date Received

**A. Facility Information (continued)**

6. Describe the history of land use at the site:

Forest land with subdivisions built in  
the 60's. Series of crossroads.

**B. Effluent Characteristics** (Refer to general permit in Federal Register Volume 67, Number 184, September 28, 2002, page 59503-59519)

No. of Discharge Points	Duration	Volume	Rate
1	10 months	150 Gallon/day	20 g.p.hour
Outfall No.			
Outfall No.			
Outfall No.			
Estimated start and completion dates for construction:		10/20/08 Start Date	10/20/09 Completion Date

Description of any wastewater treatment:

SUCTION WILL BE PUT IN A FILTER FABRIC SILT  
SOCK SURROUNDED BY CLEAN PEASTONE. DISCHARGE WILL  
BE IN A 15'X10' DIRT BAG AND STRAW INTO CB. WITH  
SILT SACK.

Receiving waterbody:

UNNAMED WETLAND

Is the site located within Indian country?

Yes  No

Are any listed or proposed threatened or endangered species or designated critical habitat in proximity to the discharge site?

Yes  No

Was the US Fish & Wildlife Service and/or the National Marine Fisheries Service contact in determining eligibility under the Endangered Species Act requirements? If yes, submit copy of written concurrence, where applicable.

Yes  No



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Watershed Permitting Program

**BRP WM 10**

**Request for General Permit Coverage  
Construction Site Dewatering**

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**B. Effluent Characteristics (continued)**

Is any historic property listed or eligible for listing on the National Register of Historic Places located on the facility or in proximity to the discharge?

Yes  No

Was the State Historic Preservation Officer or Tribal Historic Preservation Officer contacted in determining eligibility?

Yes  No

**C. Certification**

I certify that each discharge for which I am seeking coverage under the general permit consists solely of effluent from discharges from the construction dewatering activities; and, based on the instruction at 1.C.1c, Limitations of Coverage, I have met the eligibility criteria under the Endangered Species Act and the National Historic Preservation Act. 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 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.

*[Handwritten Signature]*

Signature

Robin M Hicks

Printed Name and Title

Project Manager

NOI Preparer:

CITY OF METHUEN PUBLIC WORKS DEPARTMENT

Name

41 PLEASANT STREET

Address

MA

State

FRANK RUSSO

Contact Person

METHUEN

City

01844

Zip Code

Telephone Number