TOWN OF HOLDEN
MASSACHUSETTS

DEPARTMENT OF PUBLIC WORKS

DPW Town of HOLDEN

Daniel Hazen
DPW Engineer

June 15, 2010

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

Re: Wachusett Street bridge over the Quinapoxet River

Dear Sir/Madam:

Please find attached the EPA Notice of Intent application for a NPDES Dewatering General Permit, as well as the MassDEP Transmittal form and a topographic map of the area. There was extensive scouring under the above referenced bridge abutment during March 2010 which now require repairs. These repairs are to be performed as soon as possible, which requires the dewatering behind a cofferdam. This maintenance will improve the structural stability and extend the life expectancy of the bridge.

If you have any questions or comments, please feel free to call me at (508) 829-0246.

Regards,

Daniel Hazen
DPW Engineer

cc: Environmental Protection Agency
Nancy Galkowski, Town Manager
James Shuris, P.E., DPW Director

Enter your transmittal number → X233795 (Transmittal Number)

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml

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

BRP WM 10 — 1. Permit Code: 7 or 8 character code from permit instructions

Surface water discharge (NPDES) — 2. Name of Permit Category

Construction dewatering — 3. Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Holden — 1. Name of Firm - Or, if party needing this approval is an individual enter name below:

Galkowski — 2. **Last Name** of Individual

Nancy — 3. **First Name** of Individual

4. MI

1196 Main Street — 5. Street Address

Holden — 6. City/Town

MA — 7. State

01520 — 8. Zip Code

508-829-0256 — 9. Telephone #

10. Ext. #

James Shuris — 11. Contact Person

jshuris@townofholden.net — 12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Wachusett Street bridge over Quinapoxet River — 1. Name of Facility, Site Or Individual

1040-1090 Wachusett Street — 2. Street Address

Holden — 3. City/Town

MA — 4. State

01520 — 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)*

Daniel Hazen — 1. Name of Firm Or Individual

1196 Main Street — 2. Address

Holden — 3. City/Town

MA — 4. State

01520 — 5. Zip Code

508-829-0246 — 6. Telephone #

7. Ext. #

8. Contact Person

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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

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

II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: Wachusett Street bridge over Quinapoxet River	**Mailing Address for the Facility:** Town Hall, 1196 Main Street, Holden, MA 01520	
b) Location Address of the Facility (if different from mailing address): 1040-1090 Wachusett Street	**Facility Location** **longitude:** -71 50' 59" **latitude:** 42 22' 24"	**Type of Business:** Fixed Facility Motor Vehicle Bridge **Facility SIC codes:** 4785

c) Name of facility owner: Town of Holden **Owner's email:** Jshhuris@townofholden.net

Owner's Tel #: 508-829-0256 **Owner's Fax #:** 508-829-0252

Address of owner (if different from facility address)

Town Hall, 1196 Main Street, Holden, MA 01520

Municipality

Owner is (check one): 1. Federal____ 2. State _____ 3.Tribal_____ 4. Private_____ 4. Other ✓ (Describe)

Legal name of Operator, if not owner: Town of Holden

Operator Contact Name: James Shuris

Operator Tel Number: (508) 829-0256 **Fax Number:** (508) 829-0252

Operator's email: Jshuris@townofholden.net

Operator Address (if different from owner)

Town Hall, 1196 Main Street, Holden, MA 01520

d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? ✓

e) Check Yes or No for the following:

1. **Has a prior NPDES permit been granted for the discharge? Yes ____ No ✓ If Yes, Permit Number: _____**
2. **Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes ✓ No _____**
3. **Is the facility covered by an individual NPDES permit? Yes_____ No ✓ If Yes, Permit Number ____**
4. **Is there a pending application on file with EPA for this discharge? Yes _____ No ✓ 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:** Quinapoxet River
State Water Quality Classification: Class A **Freshwater:** X **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.** TEMPORARY EMERGENCY UNDERWATER REPAIR OF SCOURED BRIDGE ABUTMENT. TOTAL DISCHARGE VOLUME = 40 CUBIC YARDS OF CONCRETE.

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** 2,000 **GPD**
Average Monthly Flow 300 **GPD**

e) **What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH** 12.5 **Min pH** 11.0

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.** CONCRETE PLACED TO PROTECT EXISTING BRIDGE ABUTMENT FROM SCOURING AND UNDERCUTTING FLOWS.

g) **What treatment does the wastewater receive prior to discharge?** An anti-washout admixture will be used to minimize TSS discharge

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 5
Is the discharge temporary? Yes ✓ **No** _____ MAXIMUM OF 10 CY OF CONCRETE PLACED PER DAY.
If yes, approximate start date of dewatering _____ **approximate end date of dewatering** _____

i) **Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long.** -71 50' 59" **lat.** 42 22' 24"**;**
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**_____ **cfs**
(See Appendix VII for equations and additional information) STREAM FLOW ON 5/10/10 WAS APPROX. 1900 CU. FEET PER HOUR. MAXIMUM DISCHARGE WILL BE 10 CF/HR, THEREFORE DILUTION WILL BE 190:1. THE WORK AREA WILL BE ENCLOSED BY AN IMPERMEABLE FLOATING CURTAIN THAT IS WEIGHTED ON THE BOTTOM TO MINIMIZE DISCHARGE. MONITORING WILL BE DONE TO ENSURE RELEASE DOES NOT EXCEED pH OF 9.0

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_{50} in percent for aquatic organism(s)).

b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge.

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.

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 ✓
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

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: Wachusett Street bridge over Quinapoxet River

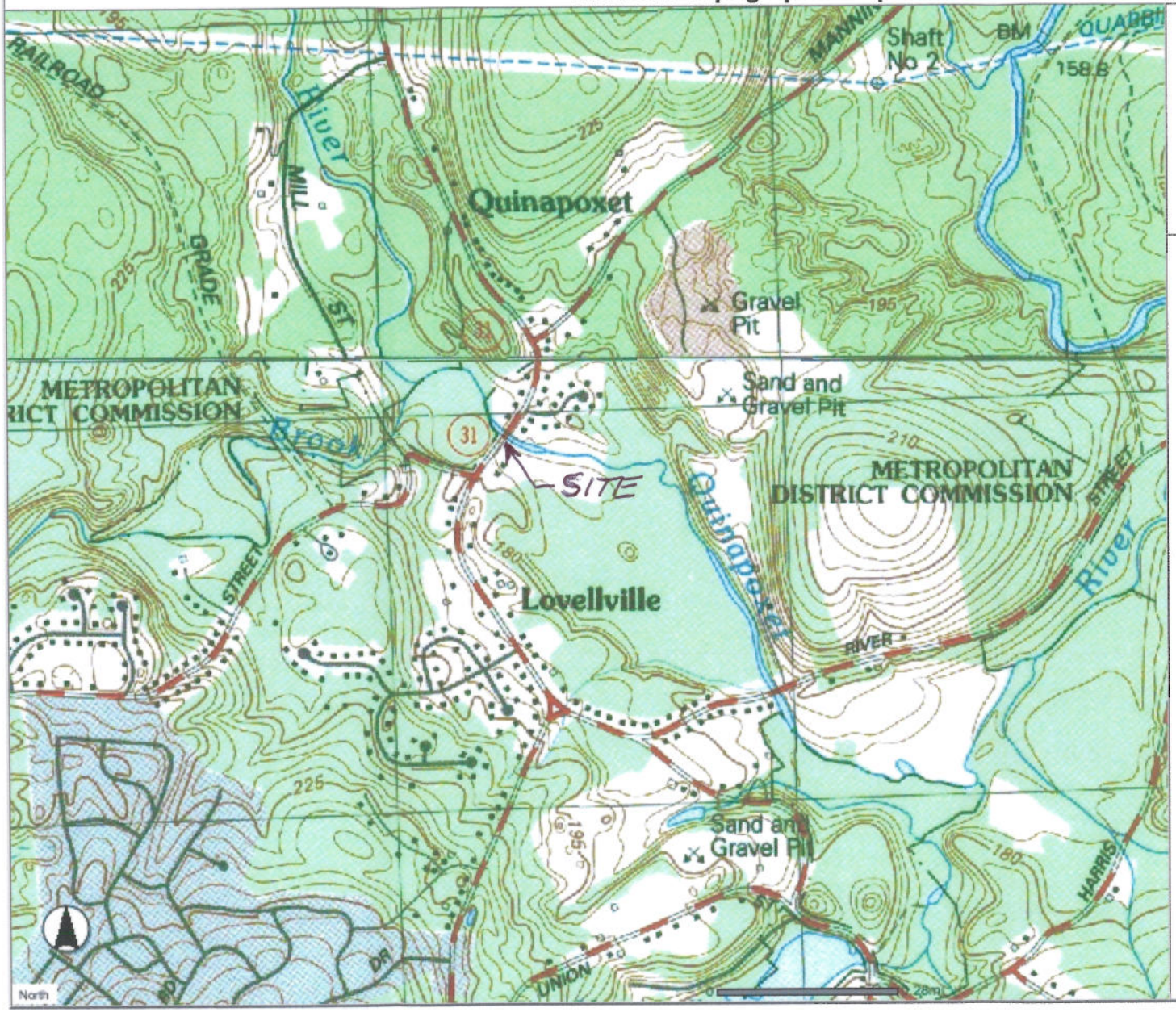
Operator signature: Nancy L. Galkowski

Title: Town Manager

Date: June 17, 2010

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.

Index by State and City (Links) report					
STATE	COUNTY	RESOURCE NAME	ADDRESS	CITY	LISTED
MA	Worcester	Holden Center Historic District	Main, Maple, Highland, and Reservoir Sts.	Holden	12/22/1977
MA	Worcester	Holden Center Historic District (Boundary Increase)	Roughly, along Highland, Main, Reservoir, Pleasant and Walnut Sta. and Woodland, Phillips and Lovell Rds	Holden	8/31/1995
MA	Worcester	Hubbard--Dawson House	925 Main St.	Holden	12/13/1995
MA	Worcester	Paddock Farm	259 Salisbury St.	Holden	2/23/1996
MA	Worcester	Rogers House	28 Boyden Rd.	Holden	6/1/1982
MA	Worcester	Stony Farm	428 Salisbury St.	Holden	12/13/1995
MA	Worcester	Willard--Fisk House	123 Whitney St.	Holden	2/23/1996

MassGIS Topographic Map