



Bodwell Pines, Incorporated
220 North Main Street
Suite 105
Natick, MA 01760
Phone (508) 651-0700 Fax (508) 651-2717

March 16, 2012

US Environmental Protection Agency
Dewatering GP Processing
Municipal Assistance Unit (CMU),
1 Congress Street, Suite 1100
Boston, MA 02114-2023

RE: Hammond Pond Place – Notice of Intent for Construction Dewatering

Ladies and Gentlemen:

The intent of this letter is to provide a brief summary of the site conditions as it relates to application for permission from the U.S. Environmental Protection Agency (EPA) to allow short-term and long-term dewatering of foundation sumps.

The site is located at 321 Hammond Pond Parkway, Chestnut Hill, MA. The subject site fronts to the west of Hammond Pond Parkway. Ground surface across the subject site is relatively flat with elevations varying from 170' to 174'. Prior to the commence of construction, the majority of the subject site was occupied by three, 2-story residential buildings which were demolished February 2012. In general, the remainder of the subject site consisted of a paved parking area, a paved driveway and areas of overgrown vegetation. The site is currently a vacant lot with all former structures and surface treatments having been demolished and removed from the site. The area surrounding the subject site is generally occupied by residential property. The site and surrounding area are serviced by public utilities including water and electricity.

The proposed construction consists of demolition of the existing building (completed February 2012) followed by construction of a 4-story residential building occupying approximately 57,500 square feet with one level of parking grade space. The basement slab is proposed at elevation +172'. The proposed construction is also understood to include exterior ground surface treatments and utility installation. Included in this scope is relocation of the city sewer and drain lines which currently runs thru the new building location.

The required Notice of Intent (NOI) is enclosed. Please do not hesitate to contact our office should there be any questions.

Regards,


Ronald Simons, President

II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: Hammond Pond Place		Mailing Address for the Facility: 300 Independence Drive, Chestnut Hill, MA 02467	
b) Location Address of the Facility (if different from mailing address): 321 Hammond Pond Parkway Chestnut Hill, MA 02467		Facility Location longitude: _____ latitude: _____	Type of Business: Facility SIC codes:
c) Name of facility owner: <u>Glenland Road, LLC - Robert Zucker, Mar</u> Owner's email: <u>rzucker@chestnuthillrealty.com</u> Owner's Tel #: <u>617-469-1180</u> Owner's Fax #: <u>617-323-8888</u> Address of owner (if different from facility address) 300 Independence Drive, Chestnut Hill, MA 02467 Owner is (check one): 1. Federal ___ 2. State ___ 3. Tribal ___ 4. Private <input checked="" type="checkbox"/> 4. Other ___ (Describe)			
Legal name of Operator, if not owner: <u>Bodwell Pines Corp.</u> Operator Contact Name: <u>Ronald Simons</u> Operator Tel Number: <u>(508) 651-0700</u> Fax Number: <u>(508) 651-2717</u> Operator's email: <u>rsimons@bodwellpines.com</u> Operator Address (if different from owner) 220 North Main Street, Suite #105, Natick, MA 01760			
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 <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 checked="" type="checkbox"/> No ___ 3. Is the facility covered by an individual NPDES permit? Yes ___ No <input checked="" type="checkbox"/> If Yes, Permit Number ___ 4. Is there a pending application on file with EPA for this discharge? Yes ___ 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: N/A
State Water Quality Classification: _____ 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.

c) Number of outfalls 0

For each outfall:

d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow _____ GPD
Average Monthly Flow _____ GPD

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

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.

g) What treatment does the wastewater receive prior to 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) _____
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 Various
Is the discharge temporary? Yes No _____
If yes, approximate start date of dewatering 3/19/2012 approximate end date of dewatering 7/30/2012

i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. _____ lat. _____;
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 No 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 LC₅₀ 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: Hammond Pond Place

Operator signature: *Ronald Simis, RODWELL PINES CORP.*

Title: *PRESIDENT*

Date: *MARCH 16, 2012*

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.