

APPENDIX 5

Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General Permi

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

a) Name of facility: <u>Harbor view Plymouth</u>		Type of Business: <u>Commercial</u>
Facility Location Address: <u>225 Water St</u> <u>Plymouth Ma 02360</u> longitude: <u>Same as</u> latitude: <u>Wells</u>	Facility SIC codes:	Facility Mailing Address (if not location address) <u>East Port</u> <u>Real Estate Services</u> <u>235 Bear Hill Rd. #400</u> <u>Waltham Ma 02451</u>
b) Name of facility owner: <u>East Port Bayside LLC</u>		Email address of owner:
Owner's Tel #: <u>781-890-5855</u>	Owner's Fax #: <u>781-890-5877</u>	Owner is (check one): 1. Federal ___ 2. State ___ 3. Tribal ___ 4. Private <input checked="" type="checkbox"/> 5. Other ___ (Describe)
Address of owner (if different from facility address) <u>235 BEAR HILL RD #400</u> <u>WALTHAM MA 02451</u>		
Legal name of Operator, if not owner: <u>Robert Markon</u>		
Operator Contact Name: <u>Robert Markon</u>		
Operator Tel Number: <u>508-830-1750</u> Fax Number: <u>508-830-1750</u>		
Operator's email: <u>Robert.Markon@yahoo.com</u>		
Operator Address (if different from owner)		
d) Attach topographic map indicating the locations of the facility and the receiving water; all NCCW discharge points; upstream and downstream monitoring points. Map attached? no <u>yes</u>		
e) Check Yes or No for the following:		
1. Has a prior NPDES permit been granted for the discharge? Yes <input checked="" type="checkbox"/> No ___ If Yes, Permit Number: <u>MAG 250032</u>		
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes ___ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> No ___ If Yes, date of submittal: <u>2005</u>		

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

a) Name of receiving water into which discharge will occur: Plymouth Harbor
 State Water Quality Classification: SA Freshwater: _____ Marine Water: Plymouth Harbor

b) Describe the discharge activities for which the owner/applicant is seeking coverage: WATER FROM COOLING.

c) FOR MASSACHUSETTS FACILITIES ONLY: Engineering Calculations: Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment A of the General Permit. Check if attached: Marine

d) Number of outfalls 2

For each outfall:

e) What is the maximum daily and average monthly flow of the discharge? Note that EPA will use the flow reported here as the facility's permitted effluent flow limit. ^{1/} Max Daily Flow 1933333 GPD Average Flow 4983333 GPD
outfall #2 " " " 936666 GPD 2313333 GPD

f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 61.6 Average Temp. 60.7
outfall #2 " " " 58.3 " " 58.1

g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? ^{1/} Max pH 6.18 Min pH 5.92
2 " " 6.10 " " 5.90

h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes _____ No If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.

i) 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) YES
 If (P), number of days or months per year of the discharge 8 and the specific months of discharge APRIL - OCTOBER;
 If (I), number of days/year there is a discharge N/A

j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. N41°57'54" lat. W070°40'18"; outfall 2: long. W070°40'14" lat. N41°57'56"
 outfall 3: long. _____ lat. _____ (See http://www.epa.gov/tri/report/siting_tool)

k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water Discharge Ply Harbor Marine
 Please attach any calculation sheets used to support stream flow and dilution calculations. See General Permit Attachment B for equations and additional information.

MASSACHUSETTS FACILITIES: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.
 Areas of Critical Environmental Concern (ACEC): Does the discharge occur in an ACEC? Yes _____ No
 If yes, provide the name of the ACEC: _____

3. NCCW Source Water Information. Please provide information about the NCCW source water, using separate sheets as necessary:

<p>a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater): Source: <u>Private well</u> Name of Source Water: <u>South Coastal</u></p> <p>Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, registration number: <u>42123916</u></p>	<p>b) If source water is surface water:</p> <p>i) Is it a freshwater river or stream Yes <u>N/A</u> No <u>N/A</u> ii) Is it a lake? <u>N/A</u> reservoir? <u>N/A</u> iii) Is it tidal river? <u>N/A</u> estuary? <u>N/A</u> ocean? <u>YES</u></p> <p>c) Is the source water groundwater? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit. <u>IN PROCESS</u></p> <p>d) Does the facility use both a primary and backup source of noncontact cooling water? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, attach information that identifies and explains the primary and backup sources of noncontact cooling water for and how often the backup supply was used in last three years. <u>N/A</u></p>
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Need to have water tested

4. Best Technology Available for CWIS N/A

Are you subject to BTA requirements at Part 4.2 of the General Permit? (Facility's discharge is covered by this General Permit and the facility withdraws noncontact cooling water from surface source water). Yes No If No, explain: Wells

If YES, attach the facility-specific BTA description as required in Part 4.3 of the General Permit. For additional information and guidance, see Questions 13-23 of the NCCW Fact Sheet, posted at <http://www.epa.gov/region1/npdes/nccwgp.html>. Provide a map showing the location of each CWIS intake structure; NCCW outfall(s) and any CWIS feature referred to in the BTA description.

Include in your description:

- Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use
- The attributes of the current CWIS
- Design measures of the CWIS
- Operation measures of the CWIS
- Historical occurrence of impinged fish for the past five years
- If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system
- Other components to reduce impingement and/or entrainment of aquatic life

4. BTA FOR CWIS CONTINUED:

N/A

Provide the following information for each CWIS to support your attached facility-specific BTA description.

Design capacity of the of the CWIS _____ MGD

Maximum monthly average intake of the CWIS during the previous five years _____ MGD Month in which this flow occurred _____

Maximum through-screen design intake velocity _____ feet/second (fps)

For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

The source water's annual mean flow _____ cubic feet/second (cfs) as available from USGS or other appropriate source

The design intake flow as a % of the source water's annual mean flow _____ Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 _____ cfs. See Attachment B of the General Permit for more information on 7Q10 determinations.

The design intake flow as a percent of the source water's 7Q10 _____

5. Contaminant Information

N/A

If applicable, attach a listing of all non-toxic pH neutralization and/or dechlorination chemicals used, including chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)).

6. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix 2, Part C, Step 4, of the General Permit. 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
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D or E) have you met? _____
- f) Attach a copy of the most current federal listing of endangered and threatened species from the USF&W web site listed in Appendices 2, 2.1 and 4

7. 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 or 3) have you met? _____

8. 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

9. 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 noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (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: HARBORVIEW PLYMOUTH
Operator signature: Robert Mader, OPERATOR
Title: Rilda Bee, V.P. Property Mgmt
Date: 10/9/08

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 a 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.

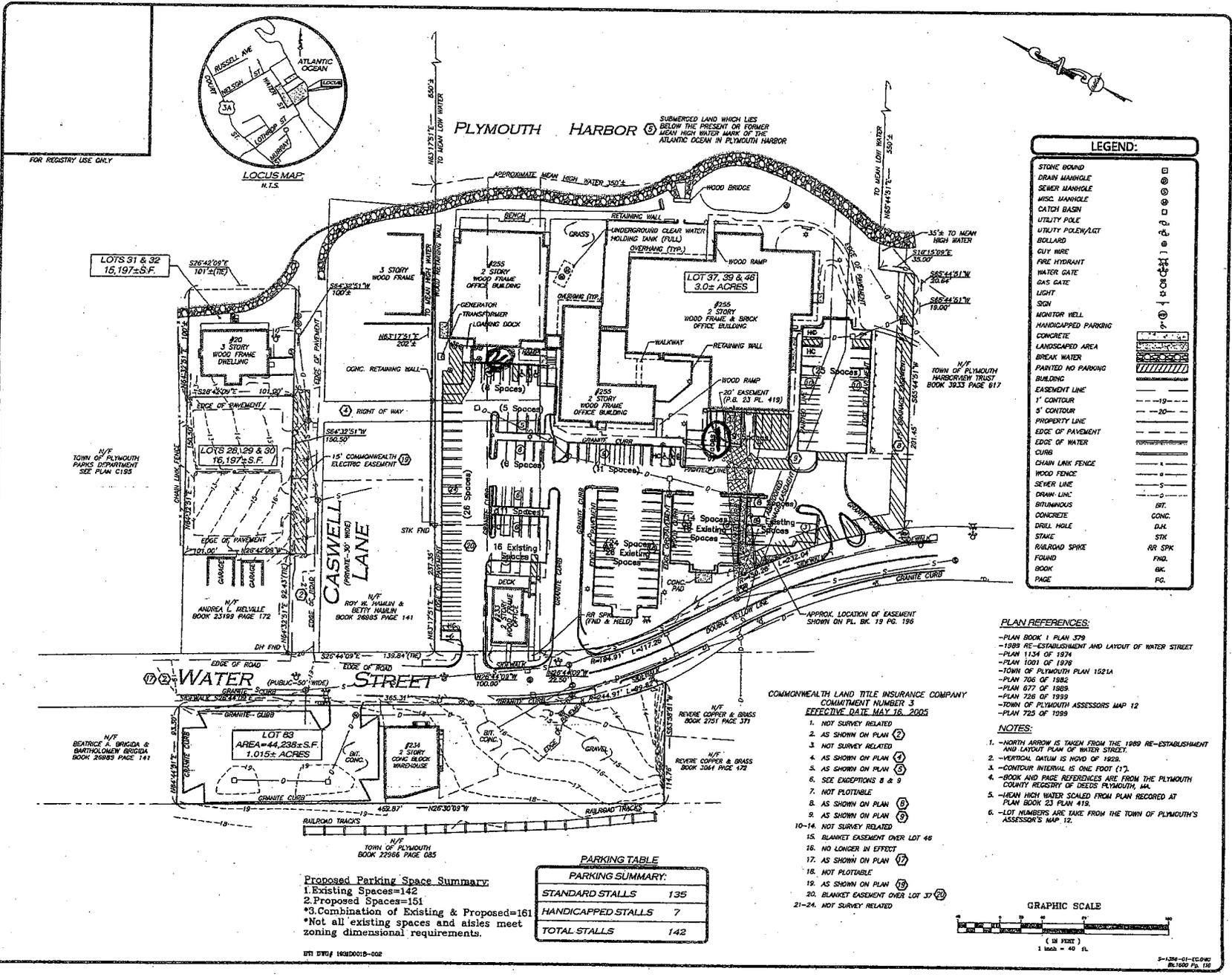
APPENDIX 8
MINIMUM LEVELS AND TEST METHODS FOR GROUNDWATER SOURCES OF NONCONTACT COOLING WATER

Inorganic Parameters	Minimum Levels (ug/l) and Test Methods				
	Flame Atomic Absorption	Inductively Coupled Plasma	Inductively Coupled Plasma Mass Spectrometry	Furnace Atomic Absorption	Other
1. Antimony	200 ug/l	50 ug/l	2 ug/l	5 ug/l	
2. Arsenic		5 ug/l	2 ug/l	2 ug/l	
3. Cadmium	10ug/l	5 ug/l	0.5 ug/l	0.5 ug/l	
4. Chromium Total	50 ug/l	10ug/l	0.5 ug/l	5 ug/l	
5. Chromium VI					10 ug/l Method 218.4
6. Copper	20 ug/l	5 ug/l	0.5 ug/l	3 ug/l	
7. Lead	100 ug/l	40 ug/l	0.5 ug/l	3 ug/l	
8. Mercury					0.2 ug/l Method 245.1
9. Nickel	30 ug/l	10 ug/l	0.5 ug/l	5 ug/l	
10. Selenium		50 ug/l	2.5 ug/l.	5 ug/l	
11. Silver	50 ug/l	10 ug/l	1 ug/l	2 ug/l	
12. Zinc	30 ug/l	10 ug/l	5 ug/l		
13. Iron		Method 6010b and Method 200.7 ¹			
14. Hardness					Approved Part 136 Methods ²
15. Chloride					Approved Part 136 Methods ²
16. pH					Approved Part 136 Methods ²

1. Methods 6010b and 200.7 for metals may only be used when sample prepared with SW-846 digestion method, Method 3010
2. Approved 40 CFR Part 136 test methods that will achieve the lowest available ML

NOTE: DID NOT RECEIVE THIS PERMIT REQUEST UNTIL 9/26/08. ARE IN PROCESS OF COMPLYING, + WILL SEND REPORT UPON COMPLETION ASAP

outfalls 1 & 2



I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE REGISTER OF DEEDS DATED JANUARY 1, 1976 AND REVISED JANUARY 12, 1988.

ACCORDING TO DEEDS AND PLANS OF RECORD, THE PROPERTY LINES SHOWN ON THIS PLAN ARE THE LINES SHOWING EXISTING OWNERSHIP AND THE LINES OF THE STREETS AND WAYS SHOWN ARE THOSE OF PUBLIC OR PRIVATE STREETS AND WAYS ALREADY ESTABLISHED, AND NO NEW LINES FOR THE DIVISION OF EXISTING OWNERSHIP OR FOR NEW STREETS OR WAYS ARE SHOWN.

THE ABOVE CERTIFICATION IS INTENDED TO MEET THE REQUIREMENTS FOR THE REGISTRATION OF PLANS AND IS NOT A CERTIFICATION TO THE TITLE OR OWNERSHIP OF THE PROPERTY SHOWN. OWNERS OF ADJACENT PROPERTIES ARE SHOWN ACCORDING TO CURRENT TOWN OF PLYMOUTH ASSESSOR'S INFORMATION.

I HEREBY CERTIFY THAT THIS ACTUAL SURVEY WAS MADE ON THE GROUND ON OR BETWEEN JUNE 20, 2005 AND JUNE 28, 2005.

THE ABOVE IS CERTIFIED TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF.

ALLEN & MAJOR ASSOCIATES, INC.

PROFESSIONAL LAND SURVEYOR FOR ALLEN & MAJOR ASSOCIATES, INC.

APPLICANT: EASTPORT REAL ESTATE SERVICES
318 BEAR HILL ROAD
WALTHAM, MA 02451

PROJECT: PLAN OF LAND
WATER STREET AND CASWELL LANE
PLYMOUTH, MA

PROJECT NO. 198601 DATE: 7-01-05

SCALE: 1" = 40' ENCL. NAME: S-198601-AC

DRAWN BY: ASB CHECKED BY: KCK

PREPARED BY:

ALLEN & MAJOR ASSOCIATES, INC.
Civil Engineers & Structural Engineers
Licensed Surveyors & Professional Consultants

300 COMMERCIAL WAY
P.O. BOX 2118
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DRAWING TITLE: PLAN OF LAND

SHEET No. 1