

MAG 25

7/26/08
revised

APPENDIX 5

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

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

a) Name of facility: <u>TRANS WORLD SERVICES INC.</u>		Type of Business: <u>MANUFACTURER OF FOOD PACKAGING</u>
Facility Location Address: <u>72 STONE PL</u> <u>MELROSE, MA 02176</u> longitude: <u>71° 4' 15"</u> latitude: <u>42° 26' 30"</u>	Facility SIC codes: <u>2699</u>	Facility Mailing Address (if not location address) <u>SAME</u>
b) Name of facility owner: <u>PETER FORD</u>		Email address of owner: <u>PFORD @ MAIL2.GIS.NET</u>
Owner's Tel #: <u>781-665-9200</u>	Owner's Fax #: <u>781-665-6649</u>	Owner is (check one): 1. Federal ___ 2. State ___ 3. Tribal ___ 4. Private <u>X</u> 4. Other ___ (Describe)
Address of owner (if different from facility address) <u>16 SPRAGUE ST</u> <u>N. BILLERICA, MA 01862</u>		
Legal name of Operator, if not owner: <u>SAME</u>		
Operator Contact Name: _____		
Operator Tel Number: _____ Fax Number: _____		
Operator's email: _____		
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? <u>X</u>		
e) Check Yes or No for the following:		
1. Has a prior NPDES permit been granted for the discharge? Yes ___ No <u>X</u> If Yes, Permit Number: _____		
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes ___ No <u>X</u>		
3. Is the facility covered by an individual NPDES permit? Yes ___ No <u>X</u> If Yes, Permit Number: _____		
4. Is there a pending application on file with EPA for this discharge? Yes <u>X</u> No ___ If Yes, date of submittal: <u>1993</u>		

MA 0036072 application

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

a) Name of receiving water into which discharge will occur: SPOT + FL POND BROOK
State Water Quality Classification: B Freshwater: _____ Marine Water: _____

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

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: X

d) Number of outfalls 1

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. Max Daily Flow 7000 GPD Average Flow 192 GPD

f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 65 Average Temp. 62.5

g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 6.3 Min pH 6.3

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

i) Is the discharge continuous? Yes _____ No X 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 20

j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 71°4'15" lat. 42°26'30" outfall 2: long. _____ lat. _____;
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 0.32 cfs
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 X

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: _____ _____ Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes _____ No <u>X</u> If yes, registration number: _____</p>	<p>b) If source water is surface water: i) Is it a freshwater river or stream Yes _____ No <u>X</u> ii) Is it a lake? _____ reservoir? _____ iii) Is it tidal river? _____ estuary? _____ ocean? _____ c) Is the source water groundwater? Yes <u>X</u> No _____ If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit. d) Does the facility use both a primary and backup source of noncontact cooling water? Yes _____ No <u>X</u> 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.</p>
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4. Best Technology Available for CWIS

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 X If No, explain: SOURCE IS WELL WATER

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/mpdes/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:

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

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 X
- b) Has any consultation with the federal services been completed? Yes ___ No X
- c) Is consultation underway? Yes ___ No X
- 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 X
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes ___ or No X 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? _____

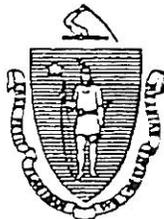
MAXIMUM DISCHARGE IS 3500 GAL OF WELL WATER AT AN AVERAGE TEMPERATURE OF 62.5°F OVER A 3 HOUR PERIOD

$$\frac{3500 \text{ GAL}}{3 \text{ HR}} \left(\frac{\text{FT}^3}{7.45 \text{ GAL}} \right) \left(\frac{\text{HR}}{3600 \text{ SEC}} \right) = 0.0435 \text{ FT}^3/\text{SEC}$$

THE RIVER TEMPERATURE 9/9/08 AT 9:30 AM WAS 65°F AT ABOUT THE TIME OF YEAR IT WOULD BE AT ITS LOWEST FLOW

$$\Delta T_{\text{RIVER}} = \frac{m_p}{m_r} (\Delta T_p) = \frac{0.0435}{0.32} (65 - 62.5) = 0.34^\circ\text{F}$$

The Commonwealth of Massachusetts



*Department of Environmental Protection
Division of Environmental Analysis*

Certifies

Laboratory ID #: M-MA064

Toxikon Corporation
225 Wildwood Ave.
Weburn, MA 01801

for the Microbiological Analysis of Water

pursuant to 310 CMR 42.00

Laboratory		Expiration	
Director:	Laxman S. Desai	Date	12/31/94

This certificate supersedes all previous Massachusetts certificates issued to this laboratory. The laboratory is regulated by and shall be responsible for being in compliance with Massachusetts regulations at 310 CMR 42.00.

This certificate is valid only when accompanied by the latest dated Certified Parameter List as issued by the Massachusetts D.E.P.

Certification is no guarantee of the validity of the data. This certification is subject to unannounced laboratory inspections.

Dea C. Paucello

Director, Division of Environmental Analysis

01/01/94

Issued

Received: 12/15/93

01/03/94 08:13:42

REPORT TRANS WORLD SERVICES INC
TO 72 STONE PLACE
MELEROSE, MA 02176
665-9200 FAX 6649

PREPARED TOXIKON CORPORATION
BY 225 WILDWOOD AVE
WOBURN, MA 01801


CERTIFIED BY

ATTEN PETER FORD

ATTEN PAUL LEZBERG
PHONE (617)933-6903

CONTACT KIMIE

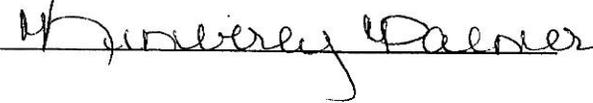
CLIENT TWS SAMPLES 4

COMPANY TRANS WORLD SERVICES INC
FACILITY 72 STONE PLACE
MELEROSE, MA 02176

MA CERT # MA064: TRACE METALS, SULFATE, CYANIDE, RES. FREE
CHLORINE, Ca, TOTAL ALK., TDS, pH, THMs, VOC, PEST., NUTRIENTS.
DEMAND. O&G, PHENOLICS, PCBs . CT DHS #PH-0563, NY #10778
FL HRS E87143, NJ DEP 59538, NC DNR286, SC 88002, NH 204091-C.

WORK ID TWS WELL

TAKEN 12/15/93 AT 13:15PM

VERIFIED BY: 

TRANS _____

TYPE WATER

P.O. # 31252

INVOICE under separate cover

SAMPLE IDENTIFICATION

TEST CODES and NAMES used on this workorder

- 01 TWS WELL
- 02 TWS WELL
- 03 TWS WELL
- 04 TWS WELL

- BOD BOD
- COD COD
- N AMM NITROGEN AMMONIA
- O G IR OIL AND GREASE BY IR
- PH W PH - AQUEOUS
- TOC TOC
- TSS TOTAL SUSPENDE SOLIDS

SAMPLE ID TWS WELL SAMPLE # 01 FRACTIONS: A
Date & Time Collected 12/15/93 13:15:00 Category WATER
BOD ND PH W 6.3
mg/L DL=1.0 PH UNITS

SAMPLE ID TWS WELL SAMPLE # 02 FRACTIONS: A
Date & Time Collected 12/15/93 13:15:00 Category WATER
TOC 1.46 TSS ND
mg/L DL=1.0 mg/L DL=4.0

SAMPLE ID TWS WELL SAMPLE # 03 FRACTIONS: A
Date & Time Collected 12/15/93 13:15:00 Category WATER
COD 5.00 N AMH ND
mg/L DL=5.00 mg/L DL=0.01

SAMPLE ID TWS WELL SAMPLE # 04 FRACTIONS: A
Date & Time Collected 12/15/93 13:15:00 Category WATER
O G IR ND
mg/L DL=1.0

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TOXIKON CORP. REPORT
Test Methodology

Work Order # 93-12-342

TEST CODE BOD NAME BOD

EPA METHOD: 405.1

Reference: Methods for Chemical Analysis of Water and Wastes.
EPA 600/4-79-020 (Revised, March 1983). EPA/EMSL.

TEST CODE COD NAME COD

EPA METHOD: 410.4

Reference: Methods for Chemical Analysis of Water and Wastes.
EPA 600/4-79-020 (Revised, March 1983). EPA/EMSL.

TEST CODE N AMM NAME NITROGEN AMMONIA

EPA METHOD: 350.1

Reference: Methods for Chemical Analysis of Water and Wastes.
EPA 600/4-79-020 (Revised, March 1983). EPA/EMSL.

TEST CODE O G IR NAME OIL AND GREASE BY IR

EPA METHOD: 413.2

Reference: Methods for Chemical Analysis of Water and Wastes.
EPA 600/4-79-200 (Revised, March 1983). EPA/EMSL.

TEST CODE PH W NAME PH - AQUEOUS

EPA METHOD: 150.1

Reference: Methods for Chemical Analysis of Water and Wastes.
EPA 600/4-79-020 (Revised, March 1983). EPA/EMSL.

TEST CODE TOC NAME TOC

EPA Method: 9060. Total Organic Carbon.

Reference: Test Methods for Evaluating Solid Waste: Physical/Chemical
Methods. EPA SW-846 (Third Edition) 1986.
Office of Solid Waste, USEPA.

TEST CODE TSS NAME TOTAL SUSPENDED SOLIDS

EPA METHOD: 160.2

Reference: Methods for Chemical Analysis of Water and Wastes.
EPA 600/4-79-020 (Revised, March 1983). EPA/EMSL.



Wildwood Ave., Woburn, MA 01801
 Telephone: (617) 933-6903
 Fax: (617) 933-9196

CHAIN OF CUSTODY RECORD

WORK ORDER #: 73-12-3122
 DUE DATE: 12-3-93

COMPANY: TRANS WORLD SERVICES INC
 ADDRESS: 72 STONE PL
MELROSE MA 02176
 PHONE #: 617-665-9200 FAX #: [REDACTED]
 T.O. #: 31252
 CLIENT CONTACT: PETER FORD
 PROJECT ID/LOCATION: TWS WELL

- SAMPLETYPE**
1. WATER
 2. SOIL
 3. SLUDGE
 4. OIL
 5. TISSUE
 - OTHER
- CONTAINER TYPE**
- P - PLASTIC
 - G - GLASS
 - V - VOA

ANALYSES

BIOCHEMICAL OXYGEN
 DEMAND (BOD)
 TOTAL SOLIDS SUSPENDED
 OIL AND GREASE
 CHEMICAL OXYGEN
 DEMAND (COD)
 TOTAL ORGANIC
 CARBON (TOC)
 AMMONIA (AS N)
 PH

TUXKON #	SAMPLE IDENTIFICATION	SAMPLE TYPE	CONTAINER			SAMPLING		PRESERVATIVE	ANALYSES								COMMENTS			
			SIZE	TYPE	#	DATE	TIME		BIOCHEMICAL OXYGEN DEMAND (BOD)	TOTAL SOLIDS SUSPENDED OIL AND GREASE	CHEMICAL OXYGEN DEMAND (COD)	TOTAL ORGANIC CARBON (TOC)	AMMONIA (AS N)	PH						
1	TWS WELL	i	Qt	P		12-15-93	1:15P		X											
2	TWS WELL	1	Qt	P		12-15-93	1:15P			X		X								
3	TWS WELL	1	Qt	P		12-15-93	1:15P				X		X							
4	TWS WELL	1	Qt	G		12-15-93	1:15P				X									

DISPATCHED BY: [Signature] DATE: 12-15-93
 TIME: 4:15P
 DISPATCHED BY: _____ DATE: _____
 TIME: _____
 DISPATCHED BY: _____ DATE: _____
 TIME: _____

RECEIVED BY: [Signature] DATE: 12-15-93
 TIME: 4:15P
 RECEIVED BY: _____ DATE: _____
 TIME: _____
 RECEIVED FOR LAB BY: _____ DATE: _____
 TIME: _____

SPECIAL INSTRUCTIONS:

- RUSH, DAY TURN AROUND
- ROUTINE

Sample disposal information
 Are there any other known or suspected contaminants in these samples other than those listed above?

