

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: MBTA Everett Facility		Type of Business: Public Transportation Maintenance Facility
Facility Location Address : 80 Broadway Everett, MA 02149	Facility SIC codes: 411	Facility Mailing Address (if not location address) MBTA Environmental Department 10 Park Plaza Boston, MA 02116-3974
longitude: 71 03'45" latitude: 42 23'30"	Email address of owner: jkearney@mbta.com	
b) Name of facility owner: Massachusetts Bay Transportation Authority		
Owner's Tel #: (617) 222-1592 Owner's Fax #: (617) 222-1557	Owner is (check one): 1. Federal <input type="checkbox"/> 2. State <input checked="" type="checkbox"/> 3. Tribal <input type="checkbox"/> 4. Private <input type="checkbox"/> 5. Other <input type="checkbox"/> (Describe)	
Address of owner (if different from facility address)		
Legal name of Operator, if not owner: _____ 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? <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> If Yes, Permit Number: MAG250005 2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number _____ 3. Is the facility covered by an individual NPDES permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number _____ 4. Is there a pending application on file with EPA for this discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, date of submittal: _____		

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>MWRA Everett</u> Name of Source Water: <u>Mass Water Resources Authority</u> Is the source registered/permited under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, registration number: _____</p>	<p>b) If source water is surface water: i) Is it a freshwater river or stream Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Is it a lake? _____ reservoir? _____ iii) Is it tidal river? _____ estuary? _____ ocean? _____ c) Is the source water groundwater? Yes <input 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. d) Does the facility use both a primary and backup source of noncontact cooling water? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 If No, explain: _____

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:

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
- 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? A _____
- 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? 2 _____

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: MBTA Maintenance Facility

Operator signature: *James O. Kennedy*

Title: Director of Environmental Compliance

Date: 03/13/2013

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.

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)
Isomedix Operations, Steris Corp Northboro	MAG250029	Wheeler Pond (SuAsCo)	Lake
Jen-Coat , Inc. Westfield	MAG250856	Westfield River	25
Kiddie-Fenwal, Inc. Ashland	MAG250946	Cold Spring Brook (SuAsCo)	0.23
Lawrence Hydropower Associates Lawrence Hydroelectric Project Lawrence	MAG250948	Merrimack River	604
Lewcott Corporation Millbury	MAG250969	Blackstone River	~63
Mantrose-Haeuser Company, Inc. Attleboro	MAG250958	Ten Mile River	0.9
MBTA Everett Shops Everett		Mystic River	2.8
MGH Institute of Health Professions Charlestown	MAG250019	Boston Harbor	Marine
MWRA Oakdale Power Station West Boylston	MAG250025	Quinapoxet River (Nashua)	3.4
Norfolk & Dedham Mutual Fire Insurance Co., Dedham	MAG250034	Charles River	8.3
Parkview Condominiums Winchester	MAG250009	Aberjona River (Mystic)	0.24
Photofabrication Engineering, Inc. Milford	MAG250033	Quarry (Charles)	Quarry
Polymer Corp. Monson	MAG250376	Chicopee Brook (Chicopee)	0.8
Raytor Compounds (formerly Perstorp Compounds, Inc.) Florence	MAG250960	Mill River (Connecticut)	4.1
Riverdale Mills Northbridge	MAG250279	Blackstone River	29
Saint-Gobain Containers Milford	MAG250911	Charles River	0.05

Everett Heavy Bus Repair Shop

CNG Retrofit and Fire Protection System

Everett, Massachusetts



PROJECT LOCATION

FIGURE 1

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U.S. Department
of Transportation
**Federal Transit
Administration**

REGION I
Connecticut, Maine,
Massachusetts,
New Hampshire,
Rhode Island, Vermont

Volpe Center
55 Broadway Suite 920
Cambridge, MA 02142-1093
617-494-2055
617-494-2865 (fax)

Mr. Daniel A. Grabauskas
General Manager
Massachusetts Bay Transportation Authority
Ten Park Plaza
Boston, MA 02116

▶ FEB 28 2008

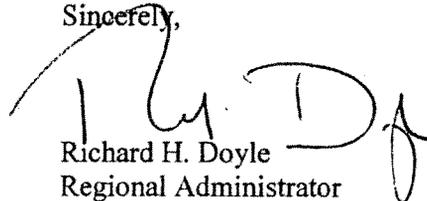
**Re: Everett Bus Shop
Categorical Exclusion**

Dear Mr. Grabauskas:

After reviewing the Categorical Exclusion checklist submitted by the Massachusetts Bay Transportation Authority (MBTA) for renovations to the Everett Bus Shop, the Federal Transit Administration (FTA) has determined that the specific conditions for a Categorical Exclusion under 23 CFR 771.117 (d) (9) are satisfied and that significant environmental impacts will not result (attached).

If you have any questions, please contact Donna Laidley at 617-494-2484. The FTA looks forward to continuing to work with you on this transit improvement.

Sincerely,



Richard H. Doyle
Regional Administrator

Attachment

CATEGORICAL EXCLUSION

Project: Everett Bus Shop Renovations

Project Location: Everett, MA

Project Applicant: Massachusetts Bay Transportation Authority

Project Scope

The Massachusetts Bay Transportation Authority (MBTA) proposes to utilize Federal Transit Administration (FTA) financial assistance to retrofit the Everett Bus Shop for compressed natural gas (CNG) and to upgrade the fire protection system. Additional facility renovations include improvements to paint booths, steam cleaning room, degreasing area, automotive shop, body shop, transmission shop and employee support facilities. The majority of work will be within existing buildings with the exception of a small building extension into a currently paved area.

Section 106

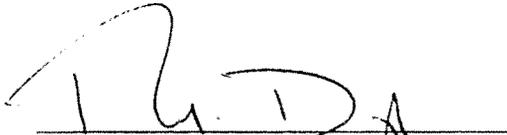
There are no historic resources in the immediate vicinity of the project. The MBTA conducted an evaluation of the facility and determined that the facility meets the criteria for eligibility for listing in the National Register, under Criteria A and C despite major interior alterations that occurred over the years. Based upon materials submitted by the MBTA and in accordance with Section 106 of the National Historic Preservation Act, the FTA finds that the project will not result in adversely affecting the historic character of the building façade. The Massachusetts Historical Commission on February 21, 2008, concurred in FTA's determination.

Section 4(f)

In accordance with 23 CFR 771.135, FTA has determined that Section 4(f) requirements do not apply since this project does not use 4(f) resources.

National Environmental Policy Act

Based on the attached Categorical Exclusion checklist submitted by the MBTA, the FTA finds that the specific conditions or criteria for a Categorical Exclusion under 23 CFR 771.117(d) (9) are satisfied and that significant environmental impacts will not result.


Richard H. Doyle
Regional Administrator, FTA Region I

Date: 2/28/08

Concurrence:


Wendy A. Lee
Regional Counsel

Date: 2/28/08

Massachusetts

Common Name	Scientific Name	Status	Distribution
FISHES:			
Sturgeon, shortnose*	Northeastern bulrush	E	Atlantic coastal waters and rivers (Conn. R.)
REPTILES:			
Turtle, bog	Clemmys	T	Berkshire County
Turtle, green*	muhlenbergii	T	Oceanic straggler in southern New England
Turtle, hawksbill*	Chelonia mydas	E	Oceanic straggler in southern New England
Turtle, leatherback*	Eretmochelys imbricata	E	Oceanic summer resident
Turtle, loggerhead*		T	Oceanic summer resident
Turtle, Atlantic ridley*	Dermochelys coriacea	E	Oceanic summer resident
Turtle, Northern redbellied couter (Plymouth redbelly)	Caretta caretta	E	Oceanic summer resident
	Lepidochelys kempii		Plymouth & Dukes Counties
	Chrysemys rubriventris bangsi	T	
BIRDS:			
Plover, piping		E	Atlantic coast, nesting
Tern, roseate	Charadrius melodus		Atlantic coast/islands, nesting
MAMMALS:			
Bat, Indiana	Sterna dougallii	E	
Whale, blue*	dougallii	E	Berkshire County/hist
Whale, finback*		E	Oceanic
Whale, humpback*	Myotis sodalis	E	Oceanic
Whale, right*	Balaenoptera	E	Oceanic
Whale, sei*	musculus	E	Oceanic
Whale, sperm*	Balaenoptera physalus		Oceanic
MOLLUSKS:			
Wedgemussel, dwarf	Megaptera novaeangliae	E	Oceanic
	Eubalaena spp. (all species)		
INSECTS:			
Beetle, Puritan tiger	Balaenoptera borealis	T	Hampshire, Franklin County
Beetle, Northeastern	Physeter catodon	T	
		E	

beach			Hampshire County
Beetle, American	Alasmidonta		Dukes & Bristol Coun
burying	heterodon	T	Penikese & Nantucket

* Except for sea turtle nesting habitat, principal responsibility for these species is
 PLANTS: vested with the National Marine Fisheries Service E introduced populations
 Small whorled pogonia Cicindela puritana E

Rev. 1/8/02	Cicindela dorsalis		Hampshire, Essex,
Sandplain gerardia	dorsalis		Hampden, Worcester,
Northeastern bulrush	Nicrophorus		Middlesex Counties
	americanus		Barnstable & Dukes
			Counties
			Franklin County

Isotria medeoloides

Agalinus acuta

Scirpus

ancistrochaetus