

Part 1 – Notice of Intent (NOI) Instructions and Suggested Format

I. Notice of Intent Instructions

Applicants seeking coverage under this general permit for **new discharges** must submit an NOI to EPA and the appropriate State (when required) **at least thirty (30) days** prior to the initiation of such discharge. Applicants seeking coverage under this general permit for **existing discharges** must submit either a NOI to EPA and the appropriate State (when required) to obtain coverage under the 2016 RGP, or a NOT to terminate discharge(s) **within ninety (90) days** following the effective date of the 2016 RGP. EPA will post NOIs received for a minimum of seven (7) days on EPA's RGP website.¹ EPA's NOI processing time is thirty (30) days. The effective date of coverage will be the date indicated in the authorization to discharge provided to the operator by EPA in writing and will generally be the first day of the month following EPA's NOI processing time.

For purposes of this general permit, the operator of any site subject to regulation under the NPDES program is responsible for applying for coverage. To obtain coverage under the Remediation General Permit (RGP), an operator with one or more discharges eligible for coverage must submit a written NOI to EPA prior to the initiation of such discharge(s). The following are typical examples of an operator for the RGP:

- “Owner” as “Operator”: sole permittee. The property owner controls the discharge(s) from the site, operates and maintains treatment systems for the site, develops and implements the Best Management Practices Plan (BMPP), and has full authority to direct day-to-day operations. Others on site are considered subcontractors. In this case, the “owner” is the “operator” and therefore the party that must obtain RGP coverage.
- “Operator” as “Operator”: sole permittee. The property owner hires a company (e.g., a contractor) to oversee the discharge(s) from the site, operate and maintain treatment systems for the site, develop and implement the BMPP, and serve as an on-site representative for the owner. The owner does not retain control of the site. In this case, the “operator” is the “operator” and therefore the party that must obtain RGP coverage.
- “Owner” and “Operator” as “Operators”: co-permittees. The property owner retains control of the site, but the property owner hires a company (e.g., a contractor) to oversee the discharge(s) from the site, operate and maintain treatment systems for the site, and develop and implement the BMPP. The operator does not serve as an on-site representative for the owner. In this case, both the owner and the operator must obtain RGP coverage.

A NOI must be submitted using either the suggested format below or a letter containing all of the information required in A through J, below. Attach additional sheets, if required or otherwise necessary. If using the suggested NOI format electronically, the signature page must be printed,

¹ Available at: <https://www.epa.gov/region1/npdes/rgp.html>.

signed and either scanned and attached to the electronic submittal or mailed in hard copy to EPA at the address listed in K, below.

At a minimum, the operator must provide the information listed in this appendix, below.

A. General site information

1. Site name and location, including street address.
2. Site **owner's** name, mailing address, telephone number(s), and email address. Indicate an individual that serves as the point of contact. Also indicate whether the owner is a federal, State, Tribal, or private entity.
3. Site **operator's** name, mailing address, telephone number(s), and email address, if different from the site owner's information. Indicate an individual that serves as the point of contact.
4. Indicate any existing NPDES permit(s), or NPDES permit application(s) as follows:
 - a. If the NOI is for a new discharge with no existing NPDES permit number, indicate "NA" for not applicable.
 - b. Select RGP if the NOI is for an existing discharge covered under the 2005 or 2010 RGP and indicate the RGP permit number assigned.
 - c. Select DGP (EPA Region 1's Dewatering General Permit), CGP (EPA's Construction General Permit), MSGP (EPA's Multi-Sector General Permit) or individual NPDES permit if the NOI is for a new or existing discharge covered under any of these permits previously, currently, or for which a permit application has been submitted (either a NOI or EPA Form 1 and Form 2C and/or 2F. Indicate the permit number or tracking number assigned.
 - d. Select other if a permit or application applies to a site for a type of NPDES permit not listed (e.g., EPA's Pesticide General Permit). Indicate the type of permit and the permit number or tracking number assigned.
5. Indicate any existing or former regulatory status(es) as follows:
 - a. If the site is located in Massachusetts **and** is subject to the Massachusetts Contingency Plan (MCP) 310 CMR 40.0000. Such sites are exempt from State permitting; therefore, the applicant is not required to submit a copy of the NOI to the State. Indicate the Release Tracking Number(s) (RTNs) assigned to the site.
 - b. If the site is located in New Hampshire **and** is subject to a New Hampshire Groundwater Management Permit (GMP) or Groundwater Release Detection Permit (GRDP). Indicate the permit or license number(s) assigned to the site.
 - c. If the site is currently subject to the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), the Underground Injection Control (UIC) Program, Publicly-Owned Treatment Works (POTW) Pretreatment Program, or Clean Water Act (CWA) Section 404.
 - d. If the site is currently or was formerly subject to Federal or State permitting, licensing, or other action related to contamination potentially present in remediation or dewatering discharges, if not otherwise listed (e.g., National Priorities List (NPL) site, Brownfields site, former CERCLA, MCP, GMP or GRDP site, site with an

Activity Use Limitation (AUL)). Indicate any permit or license number assigned to the site, and the name of a State agency contact familiar with the site, including a telephone number and email address.

B. Receiving water information

1. Indicate the receiving water(s). Include the waterbody identification and classification assigned by the State (e.g., Deerfield River, Segment MA33-04, Class B). Also, indicate if the receiving water is an Outstanding Resource Water, an Ocean Sanctuary, a territorial sea, or a Wild and Scenic River.
2. Provide a location map(s) with the following labels, at a minimum: the location of the site showing at least the city/town and cross street, the receiving water(s), and the location of the discharge points to the receiving water(s). Indicate nearby sensitive receptors such as surface waters, drinking water supplies, and wetland areas.
3. Indicate if the receiving water(s) is listed in the State's Integrated List of Waters (i.e., CWA Section 303(d)). Include which designated uses are impaired, and any pollutants indicated. Also, indicate if a final TMDL is available for any of the indicated pollutants.^{2,3} For more information, contact the appropriate State as noted in Part 4.6 of the RGP.
4. Specify the seven day-ten year low flow (7Q10) of the receiving water determined in accordance with the instructions in Appendix V for sites located in Massachusetts and Appendix VI for sites located in New Hampshire.
5. Indicate the requested dilution factor for the calculation of water quality-based effluent limitations (WQBELs) determined in accordance with the instructions in Appendix V for sites located in Massachusetts and Appendix VI for sites located in New Hampshire.
6. Attach a summary of the receiving water sample results required in Part 4.2 of the RGP in accordance with the instructions in Appendix VIII. Receiving water sampling requirements are summarized as follows:
 - a. Activity Categories I, II, and III through VIII contamination type G: pH, temperature, hardness (freshwater receiving waters only), salinity (saltwater receiving waters only). In addition, ammonia, total recoverable antimony, total recoverable arsenic, total recoverable cadmium, total recoverable chromium III and VI, total recoverable copper, total recoverable iron, total recoverable lead, total recoverable mercury, total recoverable nickel, total recoverable selenium, total recoverable silver, and total recoverable zinc, if present in the effluent.
 - b. Activity Categories III through VIII contamination type H: pH, temperature, hardness (freshwater receiving waters only), salinity (saltwater receiving waters only), ammonia, total recoverable antimony, total recoverable arsenic, total recoverable cadmium, total recoverable chromium III and VI, total recoverable copper, total

² Information regarding integrated lists and TMDLs for Massachusetts can currently be found at: <http://www.mass.gov/eea/agencies/massdep/water/watersheds/total-maximum-daily-loads-tmdls.html>.

³ Information regarding integrated lists and TMDLs for New Hampshire can currently be found at: <http://des.nh.gov/organization/divisions/water/wmb/tmdl/index.htm>.

recoverable iron, total recoverable lead, total recoverable mercury, total recoverable nickel, total recoverable selenium, total recoverable silver, total recoverable zinc.

C. Source water information

1. Indicate the source water(s) that will be discharged from the site. For the purposes of this general permit, source water refers to any surface water, groundwater or potable water that will be discharged to the receiving water(s) during remediation and/or dewatering activities as follows:
 - a. Contaminated groundwater (e.g., contaminated groundwater being withdrawn from the subsurface for remediation or that infiltrates during dewatering). Provide influent sampling results for total suspended solids, ammonia, total recoverable iron as required in Part 4.2 of the RGP. If influent sample results are being substituted for discharge information required in D, below, provide results in D. Indicate any contaminants present that are not included in the RGP.
 - b. Contaminated surface water (e.g., stormwater runoff that is present during remediation and/or dewatering). Provide influent sampling results for total suspended solids, ammonia, total recoverable iron as required in Part 4.2 of the RGP. If influent sample results are being substituted for discharge information required in D, below, provide results in D. Indicate any contaminants present that are not included in the RGP.
 - c. The receiving water. Provide ambient sampling results as required in Part 4.2 of the RGP. Indicate any contaminants present that are not included in the RGP.
 - d. A surface water other than the receiving water. Indicate any contaminants present, including those that are “naturally occurring” and any contaminants present that are not included in the RGP.
 - e. Potable water. Indicate if this source water has been previously chlorinated.
 - f. Other source water such as uncontaminated surface water or groundwater, or recycled water.

D. Discharge information

1. Provide the following information for the discharge(s):
 - a. Provide a description of the proposed discharge(s). Indicate if the discharge(s) is an existing discharge, a new discharge, or a new source, as defined by 40 CFR 122.2. New sources are not eligible for coverage under the RGP.
 - b. Indicate the pathway by which the discharge(s) enters the receiving water. Provide a narrative description, if necessary.
 - c. Indicate the outfall(s) location(s), including geographic coordinates (i.e., latitude and longitude). For multiple outfalls, assign the outfall numbers sequentially, beginning with Outfall 001.
 - d. Provide the expected start and end dates of discharge(s) (month/year).

- e. Indicate if the discharge is expected to occur over a duration of less than 12 months, 12 months or more, or is a short-term discharge (7 days or less).
 - f. Indicate the month and year requested for permit coverage to be effective. Note that timeframes specified in the 2016 RGP begin upon the effective date of coverage (e.g., discharges that occur for 12 or more months must report discharge monitoring data to EPA). Be as precise as possible. The effective date of permit coverage will generally be the first of the month following EPA’s NOI processing time. If initiation of discharge is significantly delayed, an applicant may be able to request a new effective date of permit coverage, so long as the effective date has not already passed. Refer to Appendix IV, Part 2, the Notice of Change, for additional information regarding requests for a change to the effective date of permit coverage.
 - g. Provide a site plan with the following labels, at a minimum: the site boundary, the receiving water(s), the discharge point(s) to the receiving water(s), the location of the monitoring point(s), when different from the discharge point(s), the location of any surface or subsurface infrastructure that will be used to convey discharges, the location of structures, if present or under construction, the location of any treatment system(s) present. Indicate a boundary line showing the extent of contamination, if known. EPA makes the attachments to the NOI publicly available. Do not disclose security-sensitive information on the site plan.
2. Indicate all Activity Categories that apply based on the site activities that will result in discharges to be covered by the permit.
 3. Indicate all Contamination Type categories that apply based on the parameters known or believed present **at the site**. This includes any contamination type category containing any parameter that is “naturally-occurring”.
 4. Provide information regarding the influent and effluent characteristics for the parameters required under this general permit. All applicants must collect a minimum of one (1) sample of untreated influent and one (1) sample of treated effluent, unless otherwise noted. The following requirements apply:
 - a. All Activity Categories must provide sample results for **any parameter** included in this general permit, if the given parameter is known or believed present in the **effluent**.
 - b. All Activity Categories must provide sample results for the parameters **as indicated and as noted**:
 - Activity Category I:
 - Contamination type a. Inorganics: **all parameters**;
 - Contamination type b. non-halogenated VOCs: **all parameters**;
 - Contamination type c. halogenated VOCs: none, unless known or believed present;

Contamination type d. non-halogenated SVOCs: **all parameters**;
Contamination type e. halogenated SVOCs none, unless known or believed present;
Contamination type f. fuels parameters: **all parameters**; and
Acute Whole Effluent Toxicity, LC₅₀ (%) (**effluent only**).

- Activity Category II:
 - Contamination type a. Inorganics: **all parameters**;
 - Contamination type b. non-halogenated VOCs: **all parameters**;
 - Contamination type c. halogenated VOCs: none, unless known or believed present;
 - Contamination type d. non-halogenated SVOCs: **all parameters**;
 - Contamination type e. halogenated SVOCs none, unless known or believed present;
 - Contamination type f. fuels parameters: **TPH**; and
Acute Whole Effluent Toxicity, LC₅₀ (%) (**effluent only**).
 - Activity Category III-G, IV-G, V-G, VI-G, VII-G, VIII-G:
 - Contamination type a. Inorganics: **all parameters**;
 - Contamination type b through f: none, unless known or believed present.
 - Activity Category III-H, IV-H, V-H, VI-H, VII-H, VIII-H:
 - Contamination type a through f: **all parameters**.
- c. All Activity Categories must provide sample results for pH and temperature, and if the receiving water(s) is a freshwater waterbody, hardness (**effluent only**).
- d. The following exceptions apply to the requirements for application monitoring as specified above for all activity categories except III-H, IV-H, V-H, VI-H, VII-H, VIII-H:
- Monitoring for TRC only applies if a discharge may contain previously chlorinated water or discharges are treated with chemicals and/or additives containing chlorine;
 - Monitoring for 1,4-dioxane only applies if a discharge may contain this parameter;
 - Monitoring for EDB only applies if a discharge may contain this parameter; and
 - Monitoring for PCBs only applies if a discharge may contain this parameter.
- e. If sampling the treated effluent is not feasible prior to authorization to discharge, a second untreated influent sample may be collected for all parameters required, except those noted as effluent only. Effluent only sampling must be conducted within thirty (30) days following initiation of discharge and submitted to EPA. Effluent limitations

for hardness-dependent parameters will be calculated using a conservative hardness. An applicant must submit a NOC to EPA if: 1) the concentration of any parameter present in the treated effluent differs significantly from the untreated effluent once effluent sampling is feasible; and/or 2) a WQBEL change is required or is otherwise requested. See Appendix IV, Part 2 for more information.

- f. Results of all sampling and analysis used in preparing the NOI must be attached to the NOI. This must include a copy of the laboratory analytical report(s) for each sampling event. The laboratory case narrative must identify the sample(s), the target analyte(s), the test method(s), the dates collected and analyzed, the analytical result(s) and the detection limit for the analyte(s), the names of the laboratory and individual(s) that conducted the analysis, a legible copy of the signed sample chain of custody and must indicate all appropriate QA/QC procedures were met and were within acceptable limits.
 - g. If the applicant elects to collect additional samples of untreated influent and/or treated effluent, the results of such sampling must be attached to the NOI.
 - h. The applicant must attach additional sampling results to the NOI if the applicant has reason to believe the discharge contains additional contaminants not included in this general permit. If the results of any monitoring identify pollutants or pollutant parameters in addition to those listed in Part 2.1.1 of the 2016 RGP, the applicant must indicate those contaminants on the NOI as “Other”, using an additional attachment, if necessary. Subsequently, EPA and/or the appropriate State may include additional effluent limitations or monitoring requirements for such parameters or will inform an applicant that an individual permit is necessary.
 - i. Where a discharge will consist of waters generated from multiple areas of a site across which contamination types and/or concentrations can vary, the applicant must collect samples such that the data provided in the NOI are representative of the expected discharge conditions. Samples must be collected from areas of contamination, when known, as grab samples. The samples must be analyzed individually and cannot be composited.
2. Based on the analysis of the untreated influent and treated effluent and supplemental information, if available, the applicant must indicate whether each listed parameter is believed present or believed absent **in discharges from the site**. This includes any parameter that is “naturally-occurring”.
 3. If the presence of any parameter included in this general permit is unknown and, using best professional judgment, its presence or absence cannot be determined, the applicant must test for that parameter. This includes any parameter that is “naturally-occurring”.

4. Where an operator collects any portion of the information specified above no more than six (6) months prior to the submission of a NOI, additional sampling is not required, so long as the requirements for existing data substitution specified in the 2016 RGP are met. This may include data collected pursuant to:
 - a. 310 CMR 40.0000, the Massachusetts Contingency Plan (“Chapter 21E”) for sites in Massachusetts; and
 - b. New Hampshire’s Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act for sites in New Hampshire.

5. Based on the analysis of the untreated influent and treated effluent and supplemental information, if available, the applicant must indicate the following additional information for each chemical that is **believed present**:
 - a. the number of samples taken;
 - b. the analytical method used, including the method number;
 - c. the detection limit achieved for the analysis;
 - d. the daily maximum concentration (i.e., the highest concentration detected in all samples collected) of each parameter for influent and effluent. If a parameter is not detected, indicate the data qualifier for “less than” and the corresponding detection limit (e.g., <10 µg/L if the detection limit is 10 µg/L); and
 - e. the daily average concentration (i.e., the average of all concentrations in all samples collected) of each parameter for influent and effluent. If a parameter is not detected, a value of zero (0) may be substituted for any result that meets the test method and ML requirements included in the 2016 RGP. If the test method and ML requirements included in the 2016 RGP are not met, the detection limit must be substituted.

6. The TBEL for each parameter is noted. If a parameter applies to a site, the TBEL applies. The QBEL must be determined by the applicant for each parameter in accordance with Appendix V for sites in Massachusetts and Appendix VI for sites in New Hampshire. All calculations must be attached to the NOI. If the QBEL is more stringent than the TBEL for a parameter, the QBEL applies. EPA and the appropriate State will review the proposed QBEL for each applicable parameter and provide concurrence or corrections, if necessary, in the authorization to discharge provided to the applicant in writing.

E. Treatment system information

1. Indicate the type(s) of treatment that will be applied to effluent prior to discharge.
2. Provide a written description of any treatment system(s) or processes that will be applied to the effluent prior to discharge. Identify each major treatment component (e.g. fractionation tanks, filter units/media, chemical feed tank, air stripping unit).
3. Provide the design flow capacity of the most limiting component in gallons per minute (gpm). Clearly identify the component of the treatment system or process with the most limited flow, i.e., the component that establishes the design flow or otherwise controls the

rate and/or volume of discharge. Indicate the proposed maximum and average effluent flow. Indicate if use of a flow meter is infeasible and provide justification. If Activity Category IV applies, indicate the estimated total volume of water that will be discharged.

4. Attach a line drawing or schematic of effluent flow with the following labels, at a minimum:
 - a. The direction of water flow from the point of generation to the receiving water;
 - b. The source water(s) with estimated volume, process waters with estimated volume;
 - c. Any treatment systems or processes with design flow(s);
 - d. Discharge points with estimated volume;
 - e. Sampling points, if different than discharge points; and
 - f. Receiving water(s).

F. Chemical and additive information

1. Indicate any chemical or additive the operator(s) intends to use or store that will be applied to effluent prior to discharge or may otherwise be present in discharge(s) from the site. Chemicals and additives include, but are not limited to: algaecides/biocides, antifoams, coagulants, corrosion/scale inhibitors, disinfectants, flocculants, neutralizing agents, oxidants, oxygen scavengers, pH conditioners and bioremedial agents, including microbes.
2. Provide the following information for each chemical or additive:
 - a. Product name, chemical formula, and manufacturer of the chemical, additive or remedial agent;
 - b. Purpose or use of the chemical/additive;
 - c. Material Safety Data Sheet (MSDS) and Chemical Abstracts Service (CAS) Registry number for each chemical/additive;
 - d. The frequency (hourly, daily, etc.), duration (hours, days), quantity (maximum and average), and method of application for the chemical/additive;
 - e. Any material compatibility risks for storage and/or use including the control measures used to minimize such risks; and
 - f. If available, the vendor's reported aquatic toxicity (NOAEL and/or LC50 in percent for aquatic organism(s)).
3. Written rationale which demonstrates that the addition of such chemicals/additives:
 - a. Will not add any pollutants in concentrations which exceed permit effluent limitations;
 - b. Will not exceed any applicable water quality standard; and
 - c. Will not add any pollutants that would justify the application of permit conditions that are different from or absent in this permit; or
 - d. Alternately, an operator may demonstrate through sampling and analysis using sufficiently sensitive test methods that each of the 126 priority pollutants in CWA

Section 307(a) and 40 CFR Part 423.15(j)(1) are non-detect in discharges with the addition of chemicals and/or additives. These data must be attached to the NOI.

4. Upon authorization to discharge, chemicals and/or additives which have been specifically disclosed in the NOI may be discharged up to the frequency and level disclosed, provided that such discharge does not violate Section 307 or 311 of the Clean Water Act or applicable state water quality standards. EPA and/or the appropriate State may request additional information to provide authorization to discharge chemicals and/or additives, including but not limited to WET testing.

G. Endangered Species Act eligibility determination

As required in Part 1.4.1 of the RGP and in accordance with the instructions in Appendix I, the applicant must demonstrate eligibility for coverage under this general permit with regards to listed species as follows:

1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:
 - a. **Criterion A:** No endangered or threatened species or critical habitat are in proximity to the discharge(s) or related activities or come in contact with the “action area”;
 - b. **Criterion B:** Formal or informal consultation with the Services under section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by the Services on a finding that the discharges and related activities are “not likely to adversely affect” listed species or critical habitat (informal consultation). Applicants should begin the consultation as early in the process as possible; or
 - c. **Criterion C:** Using the best scientific and commercial data available, the effect of the discharge(s) and related activities on listed species and critical habitat have been evaluated. Based on those evaluations, a determination is made by the applicant and affirmed by EPA (or by EPA and provided to the applicant), that the discharge(s) and related activities will have “no affect” on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the Services.
2. Attach documentation for the criterion under which the discharge(s) is eligible for coverage under this general permit:
 - a. **Criterion A:** The applicant must attach written rationale on how the determination that no listed species or critical habitat are in proximity to the site or discharge location(s) was made.
 - b. **Criterion B:** The applicant must attach a copy of the no jeopardy opinion or written concurrence by the Services (or EPA) on a finding of “not likely to adversely affect” federally-listed species or federally-designated critical habitat under Section 7, a copy of ESA Section 10 authorization, or original certification of eligibility.

- c. **Criterion C:** The applicant must attach written rationale on how the determination that the discharge(s) and related activities will have “no affect” on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the Services was made.

H. National Historic Preservation Act eligibility determination

As required in Part 1.4.2 of the RGP and in accordance with the instructions in Appendix III, the applicant must demonstrate eligibility for coverage under this general permit with regards to properties listed or eligible for listing in the National Registry of Historic Places under the National Historic Preservation Act as follows:

1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:
 - a. **Criterion A:** No historic properties are present. The discharges and discharge-related activities (e.g., BMPs) do not have the potential to cause effects on historic properties.
 - b. **Criterion B:** Historic properties are present. Discharges and discharge related activities do not have the potential to affect historic properties.
 - c. **Criterion C:** Historic properties are present. The discharges and discharge-related activities have the potential to affect or will have an adverse effect on historic properties. The applicant has obtained and is in compliance with a written agreement with the State Historic Preservation Officer (SHPO), Tribal Historic Preservation Officer (TPHO), or other tribal representative that outlines measures the applicant will carry out to mitigate or prevent any adverse effects on historic properties.
2. Attach documentation for the criterion under which the discharge(s) is eligible for coverage under this general permit:
 - a. **Criterion A:** The applicant must attach written rationale on how the determination that no historic properties are present was made.
 - b. **Criterion B:** The applicant must attach written rationale on how the determination that discharges and discharge-related activities do not have the potential to affect historic properties. A copy of any information used to make this determination must also be attached.
 - c. **Criterion C:** The applicant must attach a copy of the a written agreement with the Services.

I. Supplemental information

Applicants should provide any supplemental information required or otherwise necessary to meet the requirements of this general permit as an attachment(s) to the NOI. Any additional

certification(s) required may be included here. At a minimum, applicants are required to provide certification for the Best Management Practices Plan (BMPP).

J. Certification requirement

1. The NOI must be signed in accordance with the signatory requirements of 40 CFR Section 122.22 and include the following certification statement:

I certify under penalty of law that 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.

2. Notification Requirements

All applicants must certify that notification has been provided to the municipality in which the discharge is located. If a private or municipal storm sewer system is used for a site discharge, then an applicant must certify that notification has been provided to the owner of the storm sewer must be notified. An applicant must certify that permission to use such system has been or will be obtained (including the estimated timeframe for obtaining permission) and must attach any additional conditions the owner of the storm sewer has required. If an area at a site is associated with activities covered by an additional discharge permit(s), an applicant must certify that notification has been provided to the owner/operator of such area. Select “NA” for the purposes of certification, if notification to the owner of a storm sewer system or area covered by an additional discharge permit are not applicable.

K. Submission of NOIs

1. All sites subject to this general permit must submit a NOI to EPA. All NOIs submitted after **December 21, 2020 (or as revised)** must be submitted electronically. Submit NOIs to EPA electronically at NPDES.Generalpermits@epa.gov. Where an operator is able to demonstrate a reasonable basis, such as technical or administrative infeasibility, that precludes submittal in electronic format, submit NOIs in hard copy form to:

U.S. Environmental Protection Agency
Office of Ecosystem Protection
EPA/OEP RGP Applications Coordinator
5 Post Office Square - Suite 100 (OEP06-01)
Boston, MA 02109-3912

2. Submit NOIs to the appropriate State, as follows:

- a. Sites in Massachusetts: Under 310 CMR 40.000, as a matter of *state law*, this general permit only applies to discharges that are not subject to the Massachusetts Contingency Plan (MCP). Therefore, sites subject to the MCP are not required to submit a copy of the NOI to MassDEP, the State form (BRPWM 12), or pay an application fee for this general permit. Any applicant with a site that is not subject to the MCP must submit the State form and fee to MassDEP when submitting a copy of the NOI to MassDEP. Municipalities are fee-exempt, but must send a copy of the transmittal form to MassDEP. For State forms, see: <http://www.state.ma.us/dep>. The submittals required by Massachusetts should be sent to:

Massachusetts Department of Environmental Protection
Division of Watershed Management
8 New Bond Street
Worcester, MA 01606

- b. Sites in New Hampshire: Applicants must provide a copy of the NOI to the New Hampshire Department of Environmental Services (NHDES). A copy of the NOI should be sent to:

New Hampshire Department of Environmental Services
Water Division, Wastewater Engineering Bureau
29 Hazen Drive, P.O. Box 95
Concord, NH 03302-0095

3. Notification Requirements

All applicants must provide notification to the municipality in which the discharge is located, including a copy of the NOI submitted to EPA, if requested. Applicants must also provide notification to the owner of a private or municipal storm sewer system, if such system is used for a site discharge, and the owner/operator of any area at a site associated with activities covered by an additional discharge permit(s), if applicable. Applicants must provide a copy of the NOI submitted to EPA to the owner of such storm sewer system or area covered by an additional discharge permit, if requested.

II. Suggested Format for the Remediation General Permit Notice of Intent (NOI)

A. General site information:

1. Name of site:	Site address:		
	Street:		
	City:	State:	Zip:
2. Site owner Owner is (check one): <input type="checkbox"/> Federal <input type="checkbox"/> State/Tribal <input type="checkbox"/> Private <input type="checkbox"/> Other; if so, specify:	Contact Person:		
	Telephone:	Email:	
	Mailing address:		
	Street:		
	City:	State:	Zip:
3. Site operator, if different than owner	Contact Person:		
	Telephone:	Email:	
	Mailing address:		
	Street:		
	City:	State:	Zip:
4. NPDES permit number assigned by EPA: NPDES permit is (check one): <input type="checkbox"/> RGP <input type="checkbox"/> DGP <input type="checkbox"/> CGP <input type="checkbox"/> MSGP <input type="checkbox"/> Individual NPDES permit <input type="checkbox"/> Other; if so, specify:	5. Other regulatory program(s) that apply to the site (check all that apply):		
	<input type="checkbox"/> MA Chapter 21e; list RTN(s): <input type="checkbox"/> NH Groundwater Management Permit or Groundwater Release Detection Permit:	<input type="checkbox"/> CERCLA <input type="checkbox"/> UIC Program <input type="checkbox"/> POTW Pretreatment <input type="checkbox"/> CWA Section 404	

B. Receiving water information:

1. Name of receiving water(s):	Waterbody identification of receiving water(s):	Classification of receiving water(s):
Receiving water is (check any that apply): <input type="checkbox"/> Outstanding Resource Water <input type="checkbox"/> Ocean Sanctuary <input type="checkbox"/> territorial sea <input type="checkbox"/> Wild and Scenic River		
2. Has the applicant attached a location map in accordance with the instructions in B, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Are sensitive receptors present near the site? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
3. Indicate if the receiving water(s) is listed in the State’s Integrated List of Waters (i.e., CWA Section 303(d)). Include which designated uses are impaired, and any pollutants indicated. Also, indicate if a final TMDL is available for any of the indicated pollutants. For more information, contact the appropriate State as noted in Part 4.6 of the RGP.		
4. Indicate the seven day-ten year low flow (7Q10) of the receiving water determined in accordance with the instructions in Appendix V for sites located in Massachusetts and Appendix VI for sites located in New Hampshire.		
5. Indicate the requested dilution factor for the calculation of water quality-based effluent limitations (WQBELs) determined in accordance with the instructions in Appendix V for sites in Massachusetts and Appendix VI for sites in New Hampshire.		
6. Has the applicant received confirmation from the appropriate State for the 7Q10 and dilution factor indicated? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date confirmation received:		
7. Has the applicant attached a summary of receiving water sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Source water information:

1. Source water(s) is (check any that apply):			
<input type="checkbox"/> Contaminated groundwater Has the applicant attached a summary of influent sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contaminated surface water Has the applicant attached a summary of influent sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> The receiving water <input type="checkbox"/> A surface water other than the receiving water; if so, indicate waterbody:	<input type="checkbox"/> Potable water; if so, indicate municipality or origin: <input type="checkbox"/> Other; if so, specify:

2. Source water contaminants:	
a. For source waters that are contaminated groundwater or contaminated surface water, indicate are any contaminants present that are not included in the RGP? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the contaminant(s) and the maximum concentration present in accordance with the instructions in Appendix VIII.	b. For a source water that is a surface water other than the receiving water, potable water or other, indicate any contaminants present at the maximum concentration in accordance with the instructions in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the source water been previously chlorinated or otherwise contains residual chlorine? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Discharge information

1.The discharge(s) is a(n) (check any that apply): <input type="checkbox"/> Existing discharge <input type="checkbox"/> New discharge <input type="checkbox"/> New source	
Outfall(s):	Outfall location(s): (Latitude, Longitude)
Discharges enter the receiving water(s) via (check any that apply): <input type="checkbox"/> Direct discharge to the receiving water <input type="checkbox"/> Indirect discharge, if so, specify: <input type="checkbox"/> A private storm sewer system <input type="checkbox"/> A municipal storm sewer system, if the discharge enters the receiving water via a private or municipal storm sewer system: Has notification been provided to the owner of this system? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant has received permission from the owner to use such system for discharges? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No, if so, explain, with an estimated timeframe for obtaining permission: Has the applicant attached a summary of any additional requirements the owner of this system has specified? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide the expected start and end dates of discharge(s) (month/year):	
Indicate if the discharge is expected to occur over a duration of: <input type="checkbox"/> less than 12 months <input type="checkbox"/> 12 months or more <input type="checkbox"/> is a short-term discharge	
Has the applicant attached a site plan in accordance with the instructions in D, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Activity Category: (check all that apply)	3. Contamination Type Category: (check all that apply)	
<input type="checkbox"/> I – Petroleum-Related Site Remediation <input type="checkbox"/> II – Non-Petroleum-Related Site Remediation <input type="checkbox"/> III – Contaminated Site Dewatering <input type="checkbox"/> IV – Dewatering of Pipelines and Tanks <input type="checkbox"/> V – Aquifer Pump Testing <input type="checkbox"/> VI – Well Development/Rehabilitation <input type="checkbox"/> VII – Collection Structure Dewatering/Remediation <input type="checkbox"/> VIII – Dredge-Related Dewatering	a. If Activity Category I or II: (check all that apply) <input type="checkbox"/> A. Inorganics <input type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds <input type="checkbox"/> C. Halogenated Volatile Organic Compounds <input type="checkbox"/> D. Non-Halogenated Semi-Volatile Organic Compounds <input type="checkbox"/> E. Halogenated Semi-Volatile Organic Compounds <input type="checkbox"/> F. Fuels Parameters	
	b. If Activity Category III, IV, V, VI, VII or VIII: (check either G or H)	
	<input type="checkbox"/> G. Sites with Known Contamination	<input type="checkbox"/> H. Sites with Unknown Contamination
	c. If Category III-G, IV-G, V-G, VI-G, VII-G or VIII-G: (check all that apply) <input type="checkbox"/> A. Inorganics <input type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds <input type="checkbox"/> C. Halogenated Volatile Organic Compounds <input type="checkbox"/> D. Non-Halogenated Semi-Volatile Organic Compounds <input type="checkbox"/> E. Halogenated Semi-Volatile Organic Compounds <input type="checkbox"/> F. Fuels Parameters	d. If Category III-H, IV-H, V-H, VI-H, VII-H or VIII-H Contamination Type Categories A through F apply

4. Influent and Effluent Characteristics

Parameter	Believed absent	Believed present	# of samples	Test method (#)	Detection limit (µg/l)	Influent		Effluent		TBEL	WQBEL
						Daily maximum (µg/l)	Daily average (µg/l)	Daily maximum (µg/l)	Daily average (µg/l)		
a. Inorganics											
Ammonia										Report mg/L	---
Chloride										Report µg/l	---
Total Residual Chlorine										0.2 mg/L	
Total Suspended Solids										30 mg/L	
Antimony										206 µg/L	
Arsenic										104 µg/L	
Cadmium										10.2 µg/L	
Chromium III										323 µg/L	
Chromium VI										323 µg/L	
Copper										242 µg/L	
Iron										5,000 µg/L	
Lead										160 µg/L	
Mercury										0.739 µg/L	
Nickel										1,450 µg/L	
Selenium										235.8 µg/L	
Silver										35.1 µg/L	
Zinc										420 µg/L	
Cyanide										178 mg/L	
b. Non-Halogenated VOCs											
Total BTEX										100 µg/L	---
Benzene										5.0 µg/L	---
1,4 Dioxane										200 µg/L	---
Acetone										7.97 mg/L	---
Phenol										1,080 µg/L	

E. Treatment system information

<p>1. Indicate the type(s) of treatment that will be applied to effluent prior to discharge: (check all that apply)</p> <p><input type="checkbox"/> Adsorption/Absorption <input type="checkbox"/> Advanced Oxidation Processes <input type="checkbox"/> Air Stripping <input type="checkbox"/> Granulated Activated Carbon (“GAC”)/Liquid Phase Carbon Adsorption</p> <p><input type="checkbox"/> Ion Exchange <input type="checkbox"/> Precipitation/Coagulation/Flocculation <input type="checkbox"/> Separation/Filtration <input type="checkbox"/> Other; if so, specify:</p>	
<p>2. Provide a written description of all treatment system(s) or processes that will be applied to the effluent prior to discharge.</p> <p>Identify each major treatment component (check any that apply):</p> <p><input type="checkbox"/> Fractionation tanks <input type="checkbox"/> Equalization tank <input type="checkbox"/> Oil/water separator <input type="checkbox"/> Mechanical filter <input type="checkbox"/> Media filter</p> <p><input type="checkbox"/> Chemical feed tank <input type="checkbox"/> Air stripping unit <input type="checkbox"/> Bag filter <input type="checkbox"/> Other; if so, specify:</p> <p>Indicate if either of the following will occur (check any that apply):</p> <p><input type="checkbox"/> Chlorination <input type="checkbox"/> De-chlorination</p>	
<p>3. Provide the design flow capacity in gallons per minute (gpm) of the most limiting component.</p> <p>Indicate the most limiting component:</p> <p>Is use of a flow meter feasible? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No, if so, provide justification:</p>	
<p>Provide the proposed maximum effluent flow in gpm.</p>	
<p>Provide the average effluent flow in gpm.</p>	
<p>If Activity Category IV applies, indicate the estimated total volume of water that will be discharged:</p>	
<p>4. Has the applicant attached a schematic of flow in accordance with the instructions in E, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

F. Chemical and additive information

<p>1. Indicate the type(s) of chemical or additive that will be applied to effluent prior to discharge or that may otherwise be present in the discharge(s): (check all that apply)</p> <p><input type="checkbox"/> Algaeicides/biocides <input type="checkbox"/> Antifoams <input type="checkbox"/> Coagulants <input type="checkbox"/> Corrosion/scale inhibitors <input type="checkbox"/> Disinfectants <input type="checkbox"/> Flocculants <input type="checkbox"/> Neutralizing agents <input type="checkbox"/> Oxidants <input type="checkbox"/> Oxygen <input type="checkbox"/> scavengers <input type="checkbox"/> pH conditioners <input type="checkbox"/> Bioremedial agents, including microbes <input type="checkbox"/> Chlorine or chemicals containing chlorine <input type="checkbox"/> Other; if so, specify:</p>
<p>2. Provide the following information for each chemical/additive, using attachments, if necessary:</p> <p>a. Product name, chemical formula, and manufacturer of the chemical/additive; b. Purpose or use of the chemical/additive or remedial agent; c. Material Safety Data Sheet (MSDS) and Chemical Abstracts Service (CAS) Registry number for each chemical/additive; d. The frequency (hourly, daily, etc.), duration (hours, days), quantity (maximum and average), and method of application for the chemical/additive; e. Any material compatibility risks for storage and/or use including the control measures used to minimize such risks; and f. If available, the vendor's reported aquatic toxicity (NOAEL and/or LC50 in percent for aquatic organism(s)).</p>
<p>3. Has the applicant attached an explanation which demonstrates that the addition of such chemicals/additives may be authorized under this general permit in accordance with the instructions in F, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, has the applicant attached data that demonstrates each of the 126 priority pollutants in CWA Section 307(a) and 40 CFR Part 423.15(j)(1) are non-detect in discharges with the addition of the proposed chemical/additive? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

G. Endangered Species Act eligibility determination

<p>1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:</p> <p><input type="checkbox"/> Criterion A: No endangered or threatened species or critical habitat are in proximity to the discharge(s) or related activities or come in contact with the "action area".</p> <p><input type="checkbox"/> Criterion B: Formal or informal consultation with the Services under section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by the Services on a finding that the discharges and related activities are "not likely to adversely affect" listed species or critical habitat (informal consultation). Has the applicant completed consultation with the Services? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, is consultation underway? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Criterion C: Using the best scientific and commercial data available, the effect of the discharge(s) and related activities on listed species and critical habitat have been evaluated. The discharge(s) and related activities will have "no affect" on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the Services. This determination was made by: (check one) <input type="checkbox"/> the applicant <input type="checkbox"/> EPA <input type="checkbox"/> Other; if so, specify:</p>
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2. Has the applicant attached supporting documentation of ESA eligibility in accordance with the instructions in G, above? (check one): Yes No

Does the supporting documentation include any written concurrence or finding provided by the Services? (check one): Yes No

H. National Historic Preservation Act eligibility determination

1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:

- Criterion A:** No historic properties are present. The discharges and discharge-related activities (e.g., BMPs) do not have the potential to cause effects on historic properties.
- Criterion B:** Historic properties are present. Discharges and discharge related activities do not have the potential to cause effects on historic properties.
- Criterion C:** Historic properties are present. The discharges and discharge-related activities have the potential to have an effect or will have an adverse effect on historic properties.

2. Has the applicant attached supporting documentation of NHPA eligibility in accordance with the instructions in H, above? (check one): Yes No

Does the supporting documentation include any written agreement with the State Historic Preservation Officer (SHPO), Tribal Historic Preservation Officer (TPHO), or other tribal representative that outlines measures the applicant will carry out to mitigate or prevent any adverse effects on historic properties? (check one): Yes No

I. Supplemental information

Describe any supplemental information being provided with the NOI. Include attachments if required or otherwise necessary.

Has the applicant attached data, including any laboratory case narrative and chain of custody used to support the application? (check one): Yes No

Has the applicant attached the certification requirement for the Best Management Practices Plan (BMPP)? (check one): Yes No

J. Certification requirement

<p><i>I certify under penalty of law that 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.</i></p>	
<p>Notification provided to the appropriate State, if required, including a copy of this NOI.</p>	<p>Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>
<p>Notification provided to the municipality in which the discharge is located, including a copy of this NOI, if requested.</p>	<p>Check one: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Notification provided to the owner of a private or municipal storm sewer system, if such system is used for site discharges, including a copy of this NOI, if requested.</p>	<p>Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>
<p>Permission obtained from the owner of a private or municipal storm sewer system, if such system is used for site discharges. If yes, attach additional conditions. If no, attach explanation and timeframe for obtaining permission.</p>	<p>Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>
<p>Notification provided to the owner/operator of the area associated with activities covered by an additional discharge permit(s). Additional discharge permit is (check one): <input type="checkbox"/> RGP <input type="checkbox"/> DGP <input type="checkbox"/> CGP <input type="checkbox"/> MSGP <input type="checkbox"/> Individual NPDES permit <input type="checkbox"/> Other; if so, specify:</p>	<p>Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>
<p>Signature:</p>	<p>Date:</p>
<p>Print Name and Title:</p>	