

**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 all that apply): <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 operator 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 operator 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 operator 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 operator 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 operator 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 operator 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 operator 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 an emergency discharge	
Has the operator 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	<p style="text-align: center;">a. If Activity Category I or II: (check all that apply)</p> <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	
	<p style="text-align: center;">b. If Activity Category III, IV, V, VI, VII or VIII: (check either G or H)</p>	
	<input type="checkbox"/> G. Sites with Known Contamination	<input type="checkbox"/> H. Sites with Unknown Contamination
	<p>c. If Category III-G, IV-G, V-G, VI-G, VII-G or VIII-G: (check all that apply)</p> <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	<p>d. If Category III-H, IV-H, V-H, VI-H, VII-H or VIII-H Contamination Type Categories A through F apply</p>

4. Influent and Effluent Characteristics

Parameter	Known or believed absent	Known or believed present	# of samples	Test method (#)	Detection limit (µg/l)	Influent		Effluent Limitations	
						Daily maximum (µg/l)	Daily average (µg/l)	TBEL	WQBEL
<b>A. Inorganics</b>									
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>B. Non-Halogenated VOCs</b>									
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 <b>design flow capacity</b> 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 operator 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"/> Algaecides/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 operator 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 operator 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"/> <b>FWS Criterion A:</b> No endangered or threatened species or critical habitat are in proximity to the discharges or related activities or come in contact with the “action area”.</p> <p><input type="checkbox"/> <b>FWS Criterion B:</b> Formal or informal consultation with the FWS under section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by FWS on a finding that the discharges and related activities are “not likely to adversely affect” listed species or critical habitat (informal consultation). Has the operator completed consultation with FWS? (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"/> <b>FWS Criterion C:</b> Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the operator and affirmed by EPA, that the discharges and related activities will have “no effect” on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the FWS. This determination was made by: (check one) <input type="checkbox"/> the operator <input type="checkbox"/> EPA <input type="checkbox"/> Other; if so, specify:</p>
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**NMFS Criterion:** A determination made by EPA is affirmed by the operator that the discharges and related activities will have “no effect” or are “not likely to adversely affect” any federally threatened or endangered listed species or critical habitat under the jurisdiction of NMFS and will not result in any take of listed species. Has the operator previously completed consultation with NMFS? (check one):  Yes  No

2. Has the operator attached supporting documentation of ESA eligibility in accordance with the instructions in Appendix I, and G, above? (check one):  Yes  No

Does the supporting documentation include any written concurrence or finding provided by the Services? (check one):  Yes  No; if yes, attach.

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

Has the operator 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 gathered and evaluated 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. 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>BMPP certification statement:</p>	
<p>Notification provided to the appropriate State, including a copy of this NOI, if required.</p>	<p>Check one: Yes <input type="checkbox"/> No <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>	