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LSP SERVICES • CIVIL ENGINEERING • ASSESSMENT • PERMITTING • REMEDIATION • CONSTRUCTION MANAGEMENT

## FAX COVER SHEET

<b>To:</b> George Papadopoulos	<b>Fax No.:</b> 617-918-1505
<b>Company:</b> EPA	<b>No. of Pages:</b> 16, including cover sheet
<b>Re:</b> NOI Seekonk	<b>Date:</b> November 17, 2005

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Dear Mr. Papadopoulos,

Attached is the B Submission of NOI to EPA for 195 E, Exit 1 Seekonk. If you have questions regarding the information provided in this packet, please contact me.

Thank you,

Lightship Engineering, LLC

A handwritten signature in black ink, appearing to read "Scot Kurpick".

Scot Kurpick  
Project Geologist

X230

Cell: (617) 291-0440

Fax: (508) 830-3360

skurpick@LightshipEngineering.com

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36 CORDAGE PARK CIRCLE, SUITE 312 - PLYMOUTH, MASSACHUSETTS 02360 • (508) 830-3344 • FAX (508) 830-3360  
WWW.LIGHTSHIPENGINEERING.COM

**B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit**

**I. General site information. Please provide the following information about the site:**

a) Name of facility/site: Route 195 E, Exit 1		Facility/site address: Route 195 E, Exit 1	
Location of facility/site: Longitude: _____ latitude: _____ 71°21'10.48"W 41°48'16.13"N	Facility SIC code(s): NA	Street:	
b) Name of facility/site owner: Commonwealth of Massachusetts Right of Way		Town:	
Email address of owner:		State:	Zip:
Telephone no. of facility/site owner:		County:	
Fax no. of facility/site owner:		Owner is (check one): 1. Federal _____ 2. State/Tribal _____	
Address of owner (if different from site):		3. Private _____ 4. other, if so, describe:	
Street:			
Town:	State:	Zip:	County:
c) Legal name of operator: Lightship Engineering		Operator telephone no: 508-830-3344	
		Operator fax no.: 508-830-3344	Operator email: tcondon@lightshipengineering.com
Operator contact name and title: Tim Condon P.E., LSP Senior Project Manager			

Address of operator (if different from owner):		Street: 36 Cordage Park Circle Suite 312		
Town: Plymouth	State: MA	Zip: 02360	County: Plymouth	
d) Check "yes" or "no" for the following: 1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ___ No <u>X</u> , if "yes," number: 2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ___ No <u>X</u> , if "yes," date and tracking #: 3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <u>X</u> No ___ 4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <u>X</u> No ___				
e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes ___ No ___ If "yes," please list: 1. site identification # assigned by the state of NH or MA: 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number:		f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y ___ N <u>X</u> , if Y, number: 2. phase I or II construction storm water general permit? Y ___ N <u>X</u> , if Y, number: 3. individual NPDES permit? Y ___ N <u>X</u> , if Y, number: 4. any other water quality related permit? Y ___ N <u>X</u> , if Y, number:		

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

a) Describe the discharge activities for which the owner/applicant is seeking coverage:  <div style="font-size: 1.2em; padding: 10px;">Treatment of diesel impacted groundwater</div>		
b) Provide the following information about each discharge:	1) Number of discharge points: <u>1</u>	2) What is the <b>maximum and average flow rate</b> of discharge (in cubic feet per second, ft <sup>3</sup> /s)? Max. flow <u>0.01114</u> Average flow <u>0.008112</u> Is maximum flow a design value? Y <u>X</u> N ___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.
3) Latitude and longitude of each discharge within 100 feet (pt. 1) long. _____ lat. _____; pt. 2: long. _____ lat. _____; pt. 3: long. _____ lat. _____; pt. 4: long. _____ lat. _____; pt. 5: long. _____ lat. _____; pt. 6: long. _____ lat. _____; pt. 7: long. _____ lat. _____; pt. 8: long. _____ lat. _____; etc.  <div style="text-align: center; font-size: 1.2em;"> <span>71° 20' 10.48" W</span>      <span>41° 48' 16.13" N</span> </div>		

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent _____ or seasonal _____? Is discharge ongoing Yes _____ No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>12-15-05</u> end <u>12-18-05</u>	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).	

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids										
2. Total Residual Chlorine										
3. Total Petroleum Hydrocarbons										
4. Cyanide										
5. Benzene										
6. Toluene										
7. Ethylbenzene										
8. (m,p,o) Xylenes										
9. Total BTEX <sup>4</sup>										

<sup>4</sup>BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MtBE)										
12. tert-Butyl Alcohol (TBA)										
13. tert-Amyl Methyl Ether (TAME)										
14. Naphthalene										
15. Carbon Tetra-chloride										
16. 1,4 Dichlorobenzene										
17. 1,2 Dichlorobenzene										
18. 1,3 Dichlorobenzene										
19. 1,1 Dichloroethane										
20. 1,2 Dichloroethane										
21. 1,1 Dichloroethylene										
22. cis-1,2 Dichloro-ethylene										
23. Dichloromethane (Methylene Chloride)										
24. Tetrachloroethylene										

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane										
26. 1,1,2 Trichloroethane										
27. Trichloroethylene										
28. Vinyl Chloride										
29. Acetone										
30. 1,4 Dioxane										
31. Total Phenols										
32. Pentachlorophenol										
33. Total Phthalates <sup>5</sup> (Phthalate esthers)										
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]										
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene										
b. Benzo(a) Pyrene										
c. Benzo(b)Fluoranthene										
d. Benzo(k) Fluoranthene										
e. Chrysene										

<sup>5</sup>The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene										
g. Indeno(1,2,3-cd) Pyrene										
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene										
i. Acenaphthylene										
j. Anthracene										
k. Benzo(ghi) Perylene										
l. Fluoranthene										
m. Fluorene										
n. Naphthalene-										
o. Phenanthrene										
p. Pyrene										
37. Total Polychlorinated Biphenyls (PCBs)										
38. Antimony										
39. Arsenic										
40. Cadmium										
41. Chromium III										
42. Chromium VI										

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper										
44. Lead										
45. Mercury										
46. Nickel										
47. Selenium										
48. Silver										
49. Zinc										
50. Iron										
Other (describe):										

c) For discharges where metals are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a <b>reasonable potential</b> to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y___ N___</p>	<p>If yes, which metals?</p>
<p><i>Step 2:</i> For any metals which have <b>reasonable potential</b> to exceed the <b>Appendix III</b> limits, calculate the <b>dilution factor (DF)</b> using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: _____</p> <p>DF: _____</p>	<p>Look up the limit calculated at the corresponding dilution factor in <b>Appendix IV</b>. Do any of the metals in the <b>influent</b> have the potential to exceed the corresponding <b>effluent</b> limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y___ N___ If "Yes," list which metals:</p>

**4. Treatment system information.** Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system:  
 Frac. tank discharge filtered by two 55 gallon charged carbon filter drums. See diagram Section 4a

b) Identify each applicable treatment unit (check all that apply):	Frac. tank X	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter
	Chlorination	Dechlorination	Other (please describe):			

c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system:  
 Average flow rate of discharge 4 gpm Maximum flow rate of treatment system 5 gpm Design flow rate of treatment system 5 gpm

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):  
 NA

**5. Receiving surface water(s).** Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct <input type="checkbox"/>	Within facility <input type="checkbox"/>	Storm drain <input type="checkbox"/>	River/brook <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe): ✓
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:  
 Direct discharge onto ground surface

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:

1. For multiple discharges, number the discharges sequentially.

2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water

The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.

d) Provide the state water quality classification of the receiving water NA

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water NA cfs  
Please attach any calculation sheets used to support stream flow and dilution calculations.

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes \_\_\_ No \_\_\_ If yes, for which pollutant(s)?

Is there a TMDL? Yes \_\_\_ No \_\_\_ If yes, for which pollutant(s)?

**6. Results of Consultation with Federal Services:** Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes \_\_\_ No X

Has any consultation with the federal services been completed? No X or is consultation underway? No X

What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine 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 critical habitat?

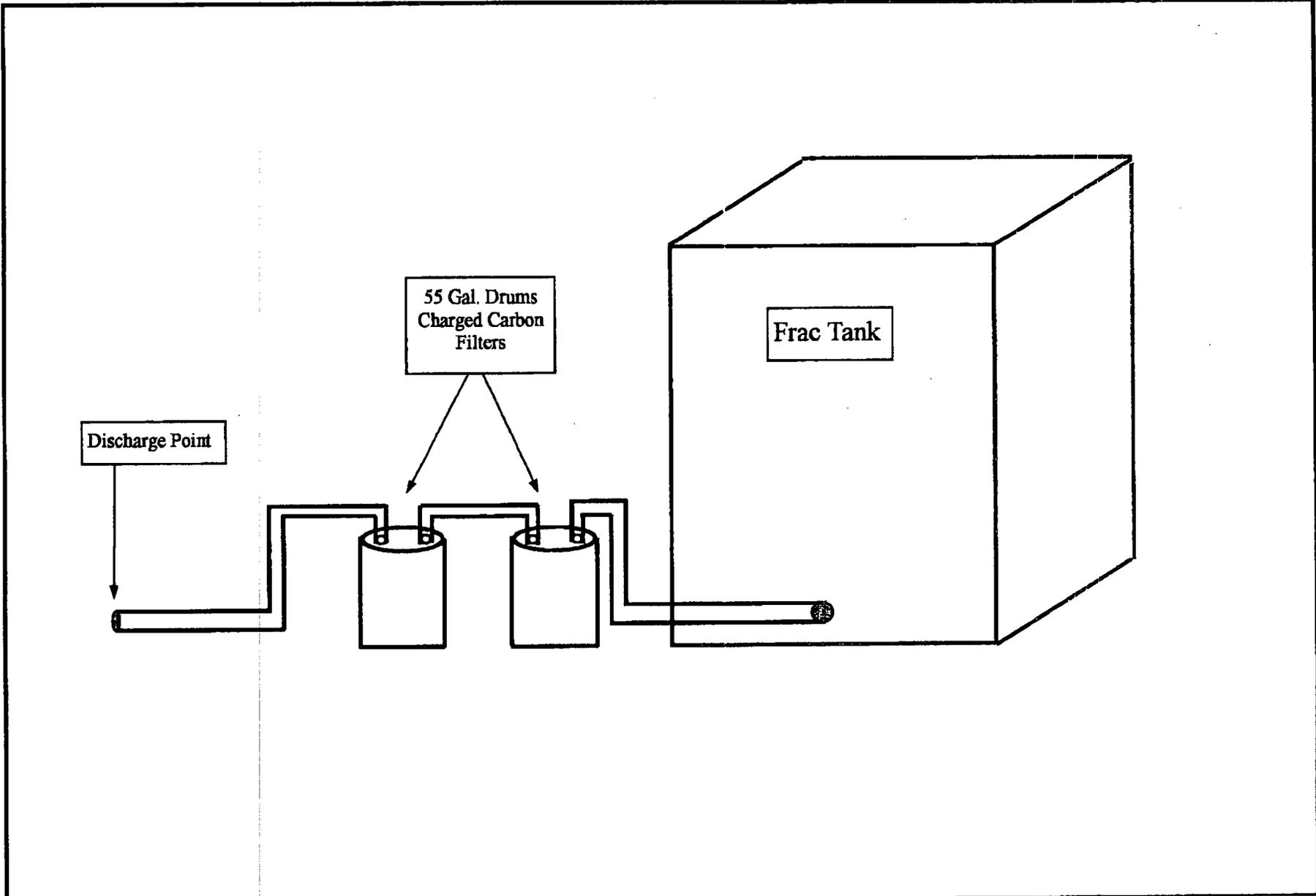
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?

Yes \_\_\_ No X Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes \_\_\_ No X

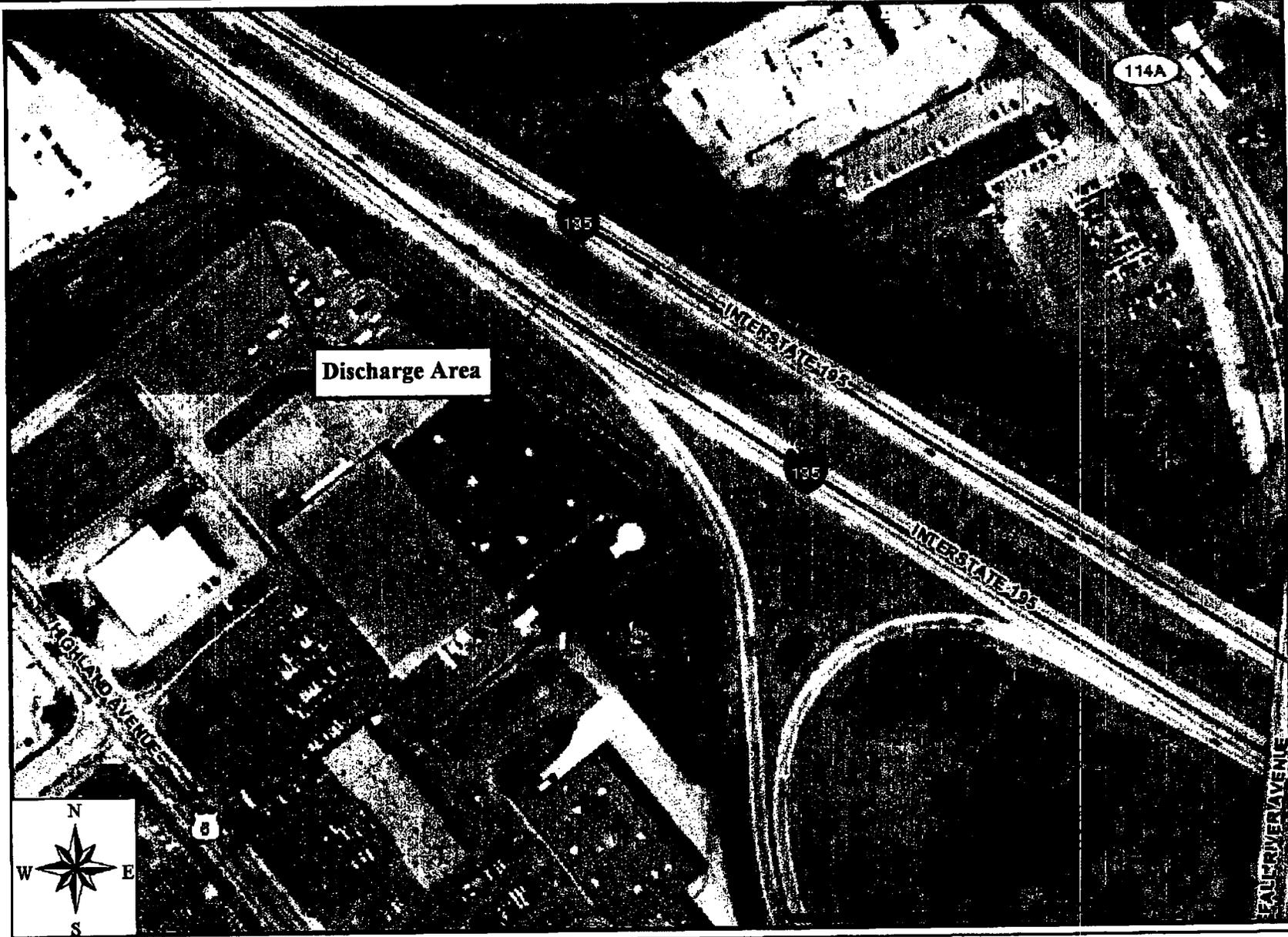
**7. Supplemental information. :**

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

A large, empty rectangular box with a black border, intended for providing supplemental information as requested in the text above. The box is currently blank.

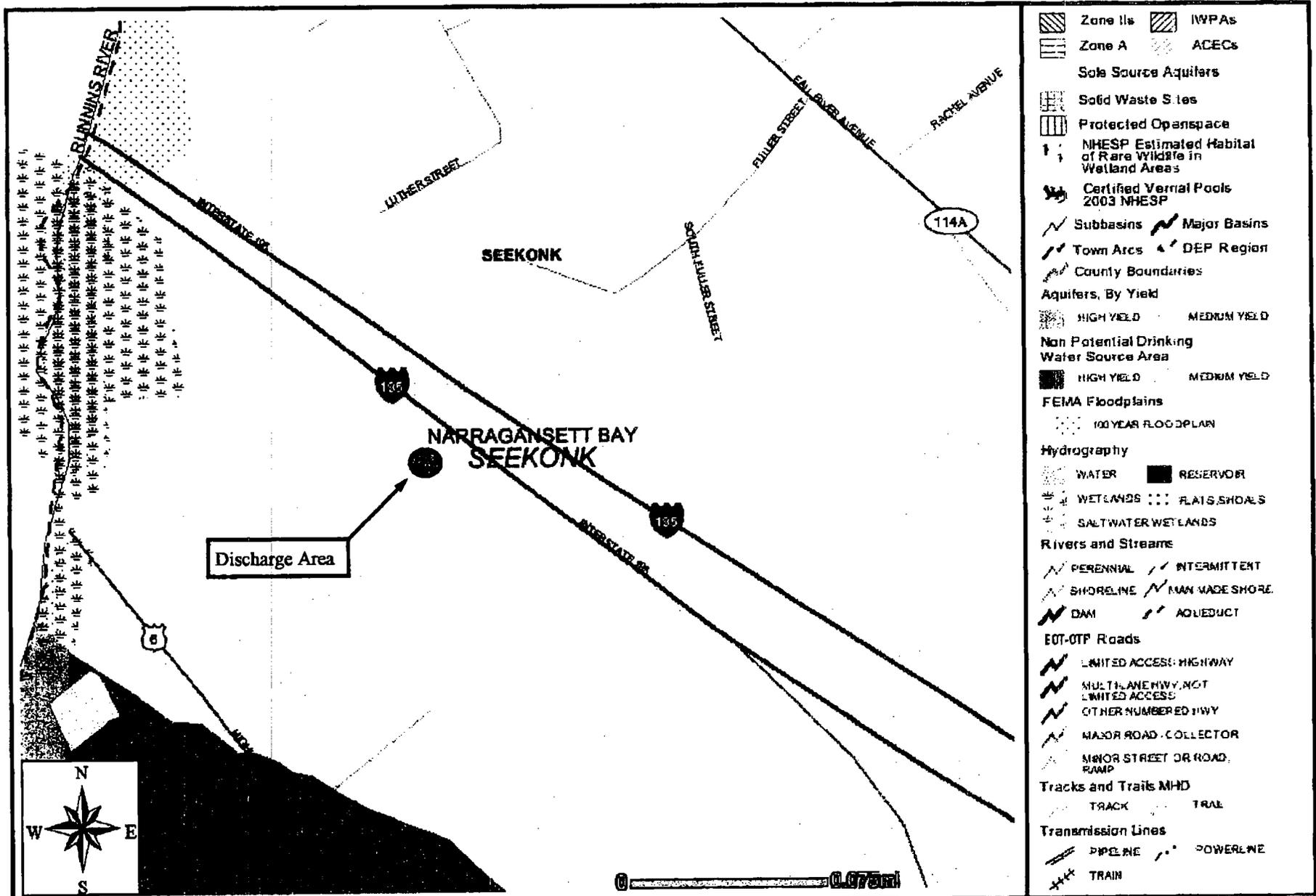


<b>CLIENT</b>	<b>PROJECT</b>	<b>SECTION 4 a</b>	<b>LIGHTSHIP ENGINEERING</b>	
Macera & Martini Transport Inc. 2227 Plainfield Pike Johnston, RI 02919	690.1.1	Treatment System		
Source: USGS			36 Cordage Park Circle • Suite 312 • Plymouth, Massachusetts 02360 • (508) 830-3344 • Fax: (508) 830-3360	



<p><b>CLIENT</b> Macera &amp; Martini Transport Inc. 2227 Plainfield Pike Johnston, RI 02919</p>	<p><b>PROJECT</b> 690.1.1</p>	<p><b>SECTION 5 c</b>  Site Map Exit 1 Seekonk</p>	<p><b>LIGHTSHIP ENGINEERING</b> ENVIRONMENTAL &amp; LAND-USE CONSULTANTS</p>	 <p>36 Cordage Park Circle • Suite 312 • Plymouth, Massachusetts 02360 • (508) 830-3344 • Fax: (508) 830-3360</p>
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Source: USGS



- Zone IIa
- Zone A
- Sole Source Aquifers
- IWPAs
- ACECs
- Solid Waste Sites
- Protected Openspace
- NHESP Estimated Habitat of Rare Wildlife in Wetland Areas
- Certified Vernal Pools 2003 NHESP
- Subbasins
- Major Basins
- Town Arcs
- DEP Region
- County Boundaries
- Aquifers, By Yield**
- HIGH YIELD
- MEDIUM YIELD
- Non Potential Drinking Water Source Area**
- HIGH YIELD
- MEDIUM YIELD
- FEMA Floodplains**
- 100 YEAR FLOODPLAIN
- Hydrography**
- WATER
- RESERVOIR
- WETLANDS
- FLATS/SHOALS
- SALTWATER WETLANDS
- Rivers and Streams**
- PERENNIAL
- INTERMITTENT
- SHORELINE
- MAN MADE SHORE
- DAM
- AQUEDUCT
- EOT-OTF Roads**
- LIMITED ACCESS HIGHWAY
- MULT-LANE HWY, NOT LIMITED ACCESS
- OTHER NUMBERED HWY
- MAJOR ROAD - COLLECTOR
- MINOR STREET OR ROAD, RAMP
- Tracks and Trails MHD**
- TRACK
- TRAIL
- Transmission Lines**
- PIPELINE
- POWERLINE
- TRAIN



0 0.075mi

<b>CLIENT</b>	<b>PROJECT</b>	<b>SECTION 5 c</b>	 <p><b>LIGHTSHIP ENGINEERING</b> ENVIRONMENTAL &amp; LAND-USE CONSULTANTS 36 Cordage Park Circle • Suite 312 • Plymouth, Massachusetts 02360 • (508) 830-3344 • Fax: (508) 830-3360</p>
Macera & Martini Transport Inc. 2227 Plainfield Pike Johnston, RI 02919	690.1.1	DEP Priority Resource Map Exit 1 Seekonk	
Source: USGS			

**8. Signature Requirements:** The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

*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.*

Facility/Site Name:	Route 195 E, Exit 1
Operator signature:	<i>Anthony Condon</i>
Title:	Principal
Date:	11-17-05