

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

1. General site information. Please provide the following information about the site:

a) Name of facility/site: 303 Third Street Project		Facility SIC code(s): N/A		Facility/site address: 303 Third Street	
Location of facility/site: longitude: <u>31.9510</u> latitude: <u>29.5242</u>		Street: 303 Third Street		Town: Cambridge	
b) Name of facility/site owner: Extell Cambridge, LLC		State: MA		Zip: 02142	
Email address of owner:		County: Middlesex		Telephone no. of facility/site owner: (617) 737-4440	
Telephone no. of facility/site owner: (617) 737-4440		Fax no. of facility/site owner: (617) 737-4441			
Address of owner (if different from site):		Street: One International Place, 14th Floor			
Town: Boston		State: MA		Zip: 02110	
County: Suffolk		Operator telephone no.: (617) 737-4440			
c) Legal name of operator: Extell Cambridge, LLC		Operator fax no.: (617) 737-4441		Operator email:	
Operator contact name and title: Brian Fallon					

Address of operator (if different from owner):		Street:	
Town:		State:	Zip:
		County:	
<p>d) Check "yes" or "no" for the following:</p> <p>1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ___ No <input checked="" type="checkbox"/>, if "yes," number: _____</p> <p>2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ___ No <input checked="" type="checkbox"/>, if "yes," date and tracking #: _____</p> <p>3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No ___</p> <p>4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input checked="" type="checkbox"/> No ___</p>			
<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes ___ No <input checked="" type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA: _____</p> <p>2. permit or license # assigned: _____</p> <p>3. state agency contact information: name, location, and telephone number: _____</p>		<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number: _____</p> <p>2. phase I or II construction storm water general permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number: _____</p> <p>3. individual NPDES permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number: _____</p> <p>4. any other water quality related permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number: _____</p>	
<p>2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:</p>			
<p>a) Describe the discharge activities for which the owner/applicant is seeking coverage: Temporary construction dewatering. Effluent will be treated (sedimentation, GAC filtration, cyanide removal) prior to discharge (see text)</p>			
<p>b) Provide the following information about each discharge:</p>		<p>1) Number of discharge points: 1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow 0.13 Average flow <u>0.09</u>. Is maximum flow a design value? Y <input checked="" type="checkbox"/> N ___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 31951 lat. 29524 ; 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.</p>			

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? (SEE TEXT) Is discharge ongoing Yes _____ No _____?
c) Expected dates of discharge (mm/dd/yy): start 12/01/05 _____ end 12/01/06 _____	
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	✓		1	Grab			ND				
2. Total Residual Chlorine	✓		1	Grab			ND				
3. Total Petroleum Hydrocarbons		✓	>4	grab	MADBP	100	5,200	1.1	1,415		0.3
4. Cyanide		✓	>2	grab	9014	0.0001	346	0.1	183		0.04
5. Benzene		✓	>4	grab	624,	0.5	62,20	13.5	10,280		2.2
6. Toluene		✓	>4	grab	624,	0.75	17,70	3.8	710		0.15
7. Ethylbenzene		✓	>4	grab	624,	0.5	3,010	0.65	380		0.08
8. (m,p,o) Xylenes		✓	>4	grab	624,	1.0	7,640	1.66	1,541		0.33
9. Total BTEX ⁴		✓	>4	grab	624,		91500	19.9	15711		3.4

⁴BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MTBE)	✓		>4	grab	8260					
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓		>4	grab	8260					
14. Naphthalene	✓	✓	>4	grab	625,	2.5	3,620	0.79	870	0.19
15. Carbon Tetra-chloride	✓		>4	grab	624,					
16. 1,4 Dichlorobenzene	✓		>4	grab	624,					
17. 1,2 Dichlorobenzene	✓		>4	grab	624					
18. 1,3 Dichlorobenzene	✓		>4	grab	624					
19. 1,1 Dichloroethane	✓		>4	grab	8260					
20. 1,2 Dichloroethane	✓		>4	grab	624,					
21. 1,1 Dichloroethylene	✓		>4	grab	8260					
22. cis-1,2 Dichloro-ethylene	✓		>4	grab	624,					
23. Dichloromethane (Methylene Chloride)	✓		>4	grab	624,					
24. Tetrachloroethylene	✓		>4	grab	624,					

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							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		✓	>4	grab	8260	1.0	6.8	0.0014	6.8	0.0014
30. 1,4 Dioxane	✓									
31. Total Phenols	✓									
32. Pentachlorophenol	✓									
33. Total Phthalates ⁵ (Phthalate esthers)	✓									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene		✓	>4	grab	8270	0.5	48	0.01	16	0.003
b. Benzo(a) Pyrene		✓	>4	grab	8270	0.5	30	0.006	12	0.002
c. Benzo(b)Fluoranthene		✓	>4	grab	8270	0.5	30	0.006	10	0.002
d. Benzo(k) Fluoranthene		✓	>4	grab	8270	0.5	14	0.003	5	0.001
e. Chrysene		✓	>4	grab	8270	0.5	46	0.01	14	0.003

⁵The sum of individual phthalate compounds.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h)anthracene		✓	>4	grab	0T58	0.05	5.0	40000.0	5.0	0.00004
g. Indeno(1,2,3-cd)Pyrene		✓	>4	grab	8270	0.05	0.8	0.00017	0.5	0.0001
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene		✓	>4	grab	8270	5.5	164	0.036	39	0.0085
i. Acenaphthylene		✓	>4	grab	8270	5.5	57	0.012	18	0.004
j. Anthracene		✓	>4	grab	8270	5.5	77	0.017	25	0.005
k. Benzo(ghi) Perylene		✓	>4	grab	8270	5.5	12	0.003	4.4	0.0009
l. Fluoranthene		✓	>4	grab	8270	5.5	100	0.021	32	0.007
m. Fluorene		✓	>4	grab	8270	5.5	107	0.023	31	0.007
n. Naphthalene-		✓	>4	grab	8270	5.5	3,620	0.79	870	0.19
o. Phenanthrene		✓	>4	grab	8270	5.5	286	0.062	63	0.013
p. Pyrene		✓	>4	grab	8270	5.5	136	0.03	38	0.008
37. Total Polychlorinated Biphenyls (PCBs)	✓		>1	grab						
38. Antimony	✓		3	grab	6010					
39. Arsenic	✓		3	grab	6010					
40. Cadmium	✓		3	grab	6010					
41. Chromium III	✓		3	grab	6010					
42. Chromium VI	✓		3	grab	6010					

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper		<input checked="" type="checkbox"/>	3	grab	6010	0.00001	10	0.002	10	0.002
44. Lead		<input checked="" type="checkbox"/>	3	grab	6010	0.00001	120	0.026	52	0.011
45. Mercury	<input checked="" type="checkbox"/>		3	grab	6010					
46. Nickel	<input checked="" type="checkbox"/>		3	grab	6010					
47. Selenium	<input checked="" type="checkbox"/>		3	grab	6010					
48. Silver	<input checked="" type="checkbox"/>		3	grab	6010					
49. Zinc	<input checked="" type="checkbox"/>		3	grab	6010					
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 reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) 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: lead and copper DF: <u>116.</u></p>	<p>If yes, which metals? lead and copper</p> <p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If "Yes," list which metals:</p>
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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:
Active carbon filtration and cyanide destruction systems - see text and Figure 4.

b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter
	✓				✓	✓
Chlorination						
Dechlorination						
Other (please describe): Cyanide destruction by hypochlorine, pH manipulation (see text)						

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 40 Maximum flow rate of treatment system 60 Design flow rate of treatment system 150

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):
Hypochlorine (bleach) and pH adjustment solutions (see text and Figure 4)

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

a) Identify the discharge pathway:	Direct _____	Within facility _____	Storm drain <input checked="" type="checkbox"/>	River/brook _____	Wetlands _____	Other (describe): _____
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Treated water discharge into storm drain which discharges into Broad Canal that is a part of the Charles River.						

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 B

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 15.5 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)?

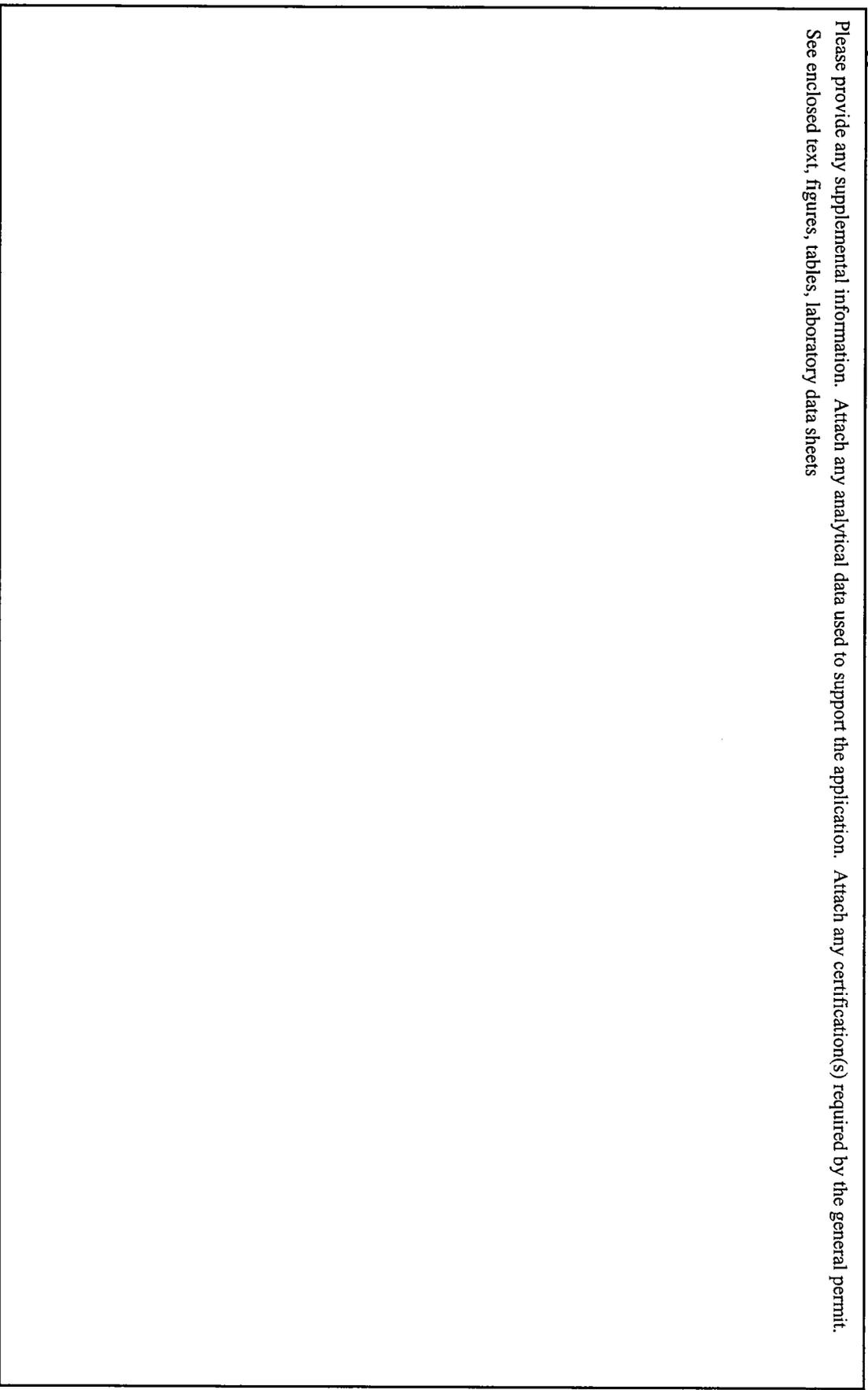
6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes No ✓
Has any consultation with the federal services been completed? No ✓ or is consultation underway? Yes No
What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service(s) (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 ✓ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes No ✓

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.
See enclosed text, figures, tables, laboratory data sheets

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.

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: 303 Third Street Project

Operator signature:


Brian L. Farnon
Audience Registrar
Excel Consulting LLC

Date:

10/28/05