

BP
 MA 5910183

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: MWRA - Upper Neponset Sewer Replacement		Facility/site address: Dedham/Boston	
Location of facility/site: longitude: -71.1 latitude: 42.15	Facility SIC code(s):	Street: VFW Parkway	
b) Name of facility/site owner: Massachusetts Water Resource Authority		Town: Dedham/Boston	
Email address of owner:	State: MA	Zip:	County: Suffolk/Norfolk
Telephone no. of facility/site owner:	Owner is (check one): 1. Federal _____ 2. State/Tribal <input checked="" type="checkbox"/> 3. Private _____ 4. other, if so, describe:		
Fax no. of facility/site owner:			
Address of owner (if different from site): Street: 100 First Avenue			
Town: Boston	State: MA	Zip: 02129	County: Suffolk
c) Legal name of operator: P. Gioioso & Sons, Inc.	Operator telephone no: (617) 364-5800		
	Operator fax no.: (617) 364-9462	Operator email: JOEB@P.GIOIOSO.COM	
Operator contact name and title: Joe Bettencourt - Project Manager			

Address of operator (if different from owner):	Street: 58 Sprague Street		
Town: Hyde Park	State: MA	Zip: 02136	County: Suffolk
<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 <input checked="" type="checkbox"/> No___</p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA: MA-RTN-3-25264</p> <p>2. permit or license # assigned:</p> <p>3. state agency contact information: name, location, and telephone number: MADEP - Northeast</p>		<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <input checked="" type="checkbox"/> N___, if Y, number: MAR10BT56</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>	

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

<p>a) Describe the discharge activities for which the owner/applicant is seeking coverage:</p> <p style="padding-left: 20px;">Construction dewatering during installation of 6 inch to 48 inch gravity sewer.</p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points:</p> <p style="text-align: center;">1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>0.11</u></p> <p>Average flow <u>.095</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N___</p> <p>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.____ 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.</p>		

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes <input checked="" type="checkbox"/> No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>09/01/05</u> end <u>09/01/08</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 ⁴										

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

See Attached Table

UPPER NEPONSET VALLEY
SEWER REPLACEMENT

REMEDIAION GENERAL PERMIT

Parameter	Believe Absent	Believe Present*	# Samples	Type	Method #	Detection Limit	Maximum Daily Value	Avg. Daily Value
TSS		X	1	Grab	SM2540D	5 mg/L	110 mg/L	110 mg/L
Total Residual Chlorine	X		1	Grab	4500C1-G	0.02 mg/L	<0.02 mg/L	<0.02 mg/L
TPH		X	2	Grab	8100	0.5 mg/L	714 mg/L	357 mg/L
Cyanide	X		1	Grab	9010/335.3	0.01 mg/L	<0.01 mg/L	<0.01 mg/L
Benzene	X		1	Grab	SW8260	5 ug/L	ND	ND
Toluene	X		1	Grab	SW8260	5 ug/L	ND	ND
Ethylbenzene	X		1	Grab	SW8260	5 ug/L	ND	ND
(m,p,o) Xylenes	X		1	Grab	SW8260	5 ug/L	ND	ND
Total BTEX	X		1	Grab	SW8260	5 ug/L	ND	ND
Ethyl Dibromide (EDB)	X		1	Grab	504	0.02 mg/L	<0.02 mg/L	<0.02 mg/L
MtBE	X		1	Grab	SW8260	10 ug/L	ND	ND
TBA	X		1	Grab	SW8260	200 ug/L	<200 ug/L	<200 ug/L
TAME	X		1	Grab	SW8260	5.0 ug/L	<5.0 ug/L	<5.0 ug/L
Napthalene	X		1	Grab	SW8260	5 ug/L	ND	ND
Carbon Tetrachloride	X		1	Grab	SW8260	5 ug/L	ND	ND
1,4, Dichlorobenzene	X		1	Grab	SW8270	11 ug/L	ND	ND
1,2, Dichlorobenzene	X		1	Grab	SW8270	11 ug/L	ND	ND
1,3 Dichlorobenzene	X		1	Grab	SW8270	11 ug/L	ND	ND
1,1 Dichloroethane	X		1	Grab	SW8260	5 ug/L	ND	ND
1,2 Dichloroethane	X		1	Grab	SW8260	5 ug/L	ND	ND
1,1 Dichloroethylene	X		1	Grab	SW8260	5 ug/L	ND	ND
cis-1,2 Dichloroethylene	X		1	Grab	SW8260	5 ug/L	ND	ND
Methylene Chloride	X		1	Grab	SW8260	5 ug/L	ND	ND
Tetrachloroethylene	X		1	Grab	SW8260	5 ug/L	ND	ND
1,1,1 Trichloroethane	X		1	Grab	SW8260	5 ug/L	ND	ND
1,1,2 Trichloroethane	X		1	Grab	SW8260	5 ug/L	ND	ND
Trichloroethylene	X		1	Grab	SW8260	5 ug/L	ND	ND
Vinyl Chloride	X		1	Grab	SW8260	5 ug/L	ND	ND
Acetone	X		1	Grab	SW8260/SW8021	10 ug/L	ND	ND
1,4 Dioxane	X		1	Grab	SW8260	200 ug/L	<200 ug/L	<200 ug/L
Total Phenols	X		1	Grab	SW8270	11 ug/L	ND	ND
Pentachlorophenol	X		1	Grab	SW8270	11 ug/L	ND	ND
Total Phthalates	X		1	Grab	SW8270	11 ug/L	ND	ND
Bis (2-Ethylhexyl) Phthalate	X		1	Grab	SW8270	11 ug/L	ND	ND
Group I PAH's			1					
a) Benzo(a)anthracene	X		1	Grab	SW8270	11 ug/L	ND	ND
b) Benzo(a)pyrene	X		1	Grab	SW8270	11 ug/L	ND	ND
c) Benzo(b)Fluoranthene	X		1	Grab	SW8270	11 ug/L	ND	ND
d) Benzo(k)Fluoranthene	X		1	Grab	SW8270	11 ug/L	ND	ND
e) Chrysene	X		1	Grab	SW8270	11 ug/L	ND	ND
f) Dibenzo(a,h) anthracene	X		1	Grab	SW8270	11 ug/L	ND	ND
g) Indeno(1,2,3-cd) Pyrene	X		1	Grab	SW8270	11 ug/L	ND	ND
Group II PAH's			1					
h) Acenaphthene	X		1	Grab	SW8270	11 ug/L	ND	ND
i) Acenaphthylene	X		1	Grab	SW8270	11 ug/L	ND	ND

**UPPER NEPONSET VALLEY
SEWER REPLACEMENT**

REMEDATION GENERAL PERMIT

Parameter	Believe Absent	Believe Present	# Samples	Type	Method #	Detection Limit	Maximum Daily Value	Avg. Daily Value
j) Anthracene	X		1	Grab	SW8270	11 ug/L	ND	ND
k) Benzo(ghi) Perylene	X		1	Grab	SW8270	11 ug/L	ND	ND
l) Fluoranthene	X		1	Grab	SW8270	11 ug/L	ND	ND
m) Fluorene	X		1	Grab	SW8270	11 ug/L	ND	ND
n) Napthalene	X		1	Grab	SW8270	11 ug/L	ND	ND
o) Phenanthrene	X		1	Grab	SW8270	11 ug/L	ND	ND
p) Pyrene	X		1	Grab	SW8270	11 ug/L	ND	ND
PCB's	X		1	Grab	608/8082	0.5 ug/L	ND	ND
Antimony	X		1	Grab	200.7/6010	5 ug/L	<5 ug/L	<5 ug/L
Arsenic	X		1	Grab	200.7/6010	4 ug/L	<4 ug/L	<4 ug/L
Cadmium	X		1	Grab	6010/E200.7	1 ug/L	1 ug/L	1 ug/L
Chromium III	X		1	Grab	200.7/6010	1 ug/L	3 ug/L	3 ug/L
Chromium VI	X		1	Grab	S3500CRD	10 ug/L	<10 ug/L	<10 ug/L
Copper	X		1	Grab	6010/E200.7	1 ug/L	8 ug/L	8 ug/L
Lead	X		1	Grab	7421/S3113B	1 ug/L	4 ug/L	4 ug/L
Mercury	X		1	Grab	7470/E245.1	0.2 ug/L	<0.2 ug/L	<0.2 ug/L
Nickel	X		1	Grab	200.7/6010	2 ug/L	7 ug/L	7 ug/L
Selenium	X		1	Grab	6010/200.7	10 ug/L	<10 ug/L	<10 ug/L
Silver	X		1	Grab	200.7/6010	1 ug/L	<1 ug/L	<1 ug/L
Zinc	X		1	Grab	200.7/6010	2 ug/L	25 ug/L	25 ug/L
Iron	X		1	Grab	6010/E200.7	2 ug/L	2,690 ug/L	2,690 ug/L

* Believed Present indicates that the monthly average daily value is above the Remediation General Permit Discharge Standard.

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 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>If yes, which metals? Iron, Lead</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: <u>Iron-5,000 ug/L; Lead-66 ug/L</u></p> <p>DF: <u>76.1</u></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>

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:						
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):			
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 <u>.0891</u> Maximum flow rate of treatment system <u>.1025</u> Design flow rate of treatment system <u>.1114</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets):						

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 ✓	River/brook ✓	Wetlands _____	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Discharge water is pumped into a catch basin on VFW Parkway (42 Degrees 15' 57.64" North latitude by -71 Degrees 10' 6. 52" West longitude). The catch basin connects directly to the Charles River through a small brook which is called "Waterway to 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 7.68 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)?
 Pathogens

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

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 (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?

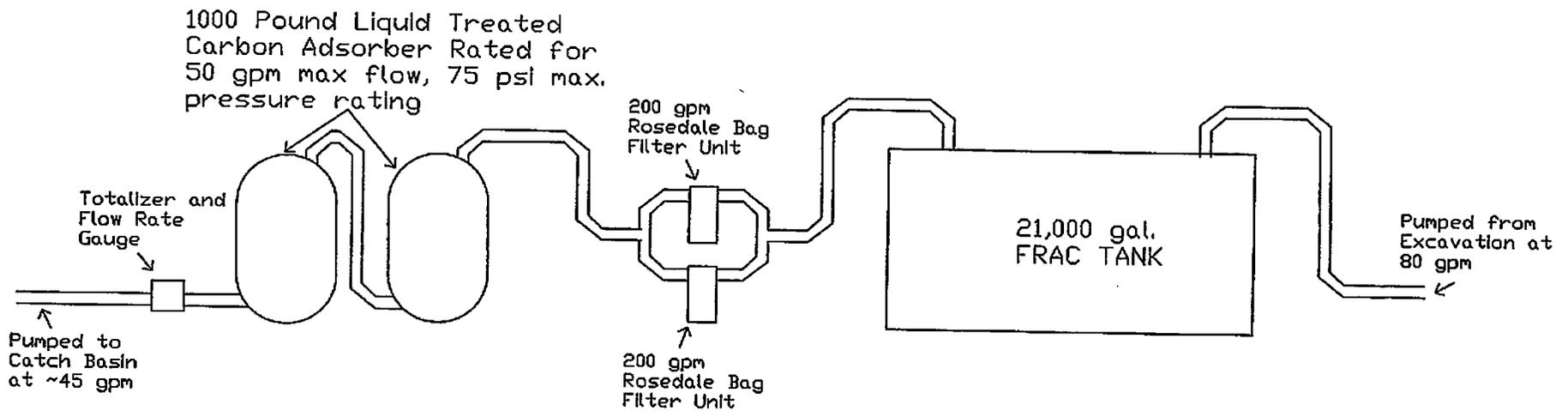
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?
 Yes No Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes No

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.

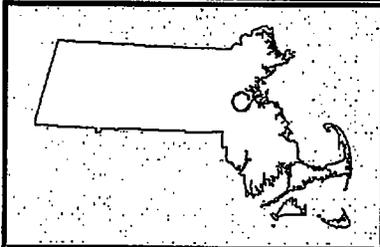
Facility/Site Name:	
Operator signature:	<i>Joseph Battencourt</i> JOSEPH BATTENCOURT
Title:	<i>VICE PRESIDENT / PROJECT MANAGER</i>
Date:	<i>OCTOBER 13, 2005</i>

UPPER NEPONSET VALLEY SEWER REPLACEMENT DISCHARGE WATER TREATMENT SYSTEM DESIGN



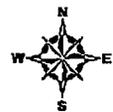


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SOURCE : SCANNED USGS TOPOGRAPHIC QUADRANGLES
 SCANNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF
 ENVIRONMENTAL AFFAIRS, MASSGIS. DISTRIBUTED JUNE, 2001.

Data Supplied by :



PROJ. MGR.: RFM
 DESIGNED BY: SMO
 REVIEWED BY: RFM
 OPERATOR: EMD
 DATE: 10-19-2005

LOCUS PLAN

UPPER NEPONSET VALLEY
 SEWER REPLACEMENT PROJECT
 DEDHAM, MASSACHUSETTS

JOB NO.
 18584.00

FIGURE NO.
 1

IV. SWPPP Information

Has the SWPPP been prepared in advance of filing this NOI? Yes No

Location of SWPPP for viewing: Address in Section II Address in Section III Other

If Other:

SWPPP Street: [grid]

City: [grid]

State: [grid] Zip Code: [grid] - [grid]

SWPPP Contact Information (if different than that in Section II):

Name: JOSEPH GIOTIOSO [grid]

Phone: [grid] - [grid] - [grid] Fax (optional): [grid] - [grid] - [grid]

E-mail (optional): [grid]

V. Discharge Information

Identify the name(s) of waterbodies to which you discharge. CHARLES RIVER

Is this discharge consistent with the assumptions and requirements of applicable EPA approved or established TMDL(s)?

Yes No

VI. Endangered Species Information

Under which criterion of the permit have you satisfied your ESA eligibility obligations?

A B C D E F

- If you select criterion F, provide permit tracking number of operator under which you are certifying eligibility:

[grid]

VII. Certification Information

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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: JOSEPH BETTENMOUNT

Print Title: VICE PRESIDENT

Signature: Joseph Bettenmount

Date: 5/9/05

GZA
GeoEnvironmental, Inc.

Engineers and
Scientists

October 19, 2005
GZA Job No: 18584.00

United States Environmental Protection Agency
EPA-New England Region I
One Congress Street, Suite 1100
Boston, Massachusetts 02114-2023



Attention: Mr. George Papadopoulos

Re: NOI Remediation Groundwater Permit
Massachusetts Water Resources Authority- Contract No.6191

One Edgewater Drive
Norwood
Massachusetts
02062
781-278-3700
FAX 781-278-5701
www.gza.com

Dear Papadopoulos:

GZA GeoEnvironmental, Inc. (GZA) in conjunction with P. Gioioso & Sons, Inc. "Operator" requests the approval under the Remediation Groundwater Permit (RGP) from the United States Environmental Protection Agency (EPA) for the treatment of suspected Gasoline/Petroleum related contaminated groundwater during the construction/installation of a sewer. The project is part of upgrades to the sewer systems being performed under the Massachusetts Water Resources Authority (MWRA) "Owner" Contract No. 6191 and the Massachusetts Department of Environmental Protection (MADEP) Contract CWSRF-1220, "Massachusetts Water Pollution Abatement Trust". The work is located along a 2.8 mile section of the VFW Parkway traversing through both Boston and Dedham, Massachusetts.

The project was originally issued an NPDES NOI- notice of intent to be covered under the General Permit for Construction Dewatering; however, the Operator applied for an additional NPDES Construction General Permit (CGP) "see attached" prior to Construction.

Construction was started in June of 2005 and sampling was performed pursuant to the CGP, as required. However, during construction activities, at approximately station 60+00 in early September, which included construction dewatering, the Owners Representative (Fay, Spofford & Thorndike, Inc. (FS&T)) and GZA detected odors of gasoline during routine excavation and the work was stopped. GZA performed jar headspace sampling of the soil and determined that both the water and soil matrices should be sampled and analyzed according to the Massachusetts Contingency Plan (MCP) to determine if a release notification would be required. The sample exceeded the project criteria RCGW-1 (soil) and RCGW- 2 (water) and a release notification was made based on the Owners request to MADEP and issued a Release Tracking Number (RTN) 3-25264.

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United States Environmental Protection Agency

October 19, 2005

Page 2



FST requested that the Operator mobilize a 50 GPM treatment system designed to remove filterable solids, dissolved phase organic compounds amenable to liquid phase carbon adsorption, and a fractionation tank to remove any possible liquid phase product.

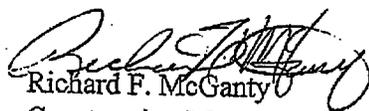
During the course of mobilization of the system, the Operator started work activities at a different location on the Parkway (station 10+50) and also encountered suspect Gasoline/Fuel oil contamination. At this time, based on the direction of FS&T, the system was directed to this location and treatment of the suspected dewatering discharge started, as did both influent and effluent sampling to generate the required data to obtain the Remediation General Permit and comply with the MCP.

Based on the undersigned's previous discussion with the EPA's George Papadopoulos and the nature of the project we are requesting the approval to concurrently operate under both the RGP and NOI General Permit, as only some discharge locations may require treatment.

If you have any questions or comments do not hesitate to Richard McGanty at 781.278.5735.

Very truly yours,

GZA GEOENVIRONMENTAL, INC.


Richard F. McGanty
Construction Manager


for Stephan T. Roy
Associate Principal

Attachment: NPDES Remediation Groundwater Permit
NPDES Construction General Permit

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Serving Clients' needs in industry, real estate, infrastructure and government through comprehensive, integrated environmental, remediation and geotechnical services.

Geotechnical Engineering

- Soil/Rock Foundation Engineering
- Field Instrumentation/ Testing
- Tunnel/Dam Engineering
- Site Civil/Hydrogeologic Engineering
- Landfill Engineering
- Construction Support Services
- Marine Engineering

Environmental Engineering

- Remedial Investigation /Feasibility Studies
- Environmental Assessments
- Hydrogeology
- Regulatory Permitting/ Compliance
- Industrial Hygiene/Safety
- Laboratory/Field Testing
- Air Quality Management

Environmental Restoratio

- Remedial Engineering Design
- Groundwater & Soil Treatment
- Storage Tank Service
- Hazardous Materials Handling
- Facility Renovation /Demolition
- Asbestos & Lead Services

DATE: 10.19.05

FILE NO.

TO: George Papadopoulos
EPA-New England

FROM: Rich McGanty
781-278-5735

RE: NOI-Remediation General Permit

FAX NO.: 617.918.0505

CC: _____

FAX NO.: _____

CC: _____

FAX NO.: _____

TOTAL NUMBER OF PAGES (Including cover letter): 17

COMMENTS:

Hello George,

I've attached the NOI Remdiation General Permit request with a cover

letter going over what we discussed pertaining to relying on both

the RGP and the General Permit.

Please call me at the above number should you have any questions.

TX RICH

CONFIDENTIALITY NOTICE

The information contained in this facsimile is privileged and confidential, and intended only for the use of the individual(s) and/or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying, distribution or taking of any action in reliance on the contents of the telecopied materials is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for return of the materials. Thank you.

Transmitted by: _____ Date: _____ Time: _____