

DC
MA 6910/20



Gale Associates, Inc.

163 Libbey Parkway | P.O. Box 890189 | Weymouth MA 02189-0004
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Engineers Architects Planners

Fax

Number of pages including cover sheet:

To: Mike Brian

Company: USEPA

Fax Number: 617-918-0505

From: Amy McElroy

Job Number: 756650

Date: 10/17/05

Notes:

Mike, Following is a Notice of Intent for a groundwater discharge permit for the Shaw School in Millbury, Massachusetts. DB Environmental is in the process of completing a #2 fuel oil UST replacement at the Shaw School and due to the recent rain storm events, we must dewater in order to complete the project. We are temporarily storing the groundwater in frac tanks, but are prepared to set up an on site treatment system.

Based on the above scenario, there is urgency to complete the project and we appreciate your earliest review and approval. Please contact me directly with questions or comments.

Thank you for your assistance.

Amy McElroy

781-335-6465 or 781-264-5607

If you do not receive the number of pages specified, please contact the sender.

OC
MA 6/10/20

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: Shaw Elementary School		Facility/site address: 58 Elmwood Street	
Location of facility/site: longitude: 71778 latitude: 42193	Facility SIC code(s): 2362	Street:	
b) Name of facility/site owner: Town of Millbury Public Schools		Town: Millbury	
Email address of owner: spierce@millbury.k12.ma.us		State: MA	Zip: 01527
Telephone no. of facility/site owner: (508) 865-9501		County: Worcester	
Fax no. of facility/site owner: (508) 865-0888		Owner is (check one): 1. Federal _____ 2. State/Tribal _____	
Address of owner (if different from site):		3. Private _____ 4. other, if so, describe: Municipal	
Street: 12 Martin Street			
Town: Millbury	State: MA	Zip: 01527	County: Worcester
c) Legal name of operator: DB Environmental Services, Inc.		Operator telephone no: (781) 294-4285	
		Operator fax no.: (781) 293-5492	Operator email: DBDENNISON@COMCAST.NET
Operator contact name and title: Brenda Dennison, President			

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Address of operator (if different from owner):		Street: 201 Maquan Street	
Town: Hanson	State: MA	Zip: 02341	County: Plymouth
<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 ___ No <input checked="" type="checkbox"/></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: 2-15935</p> <p>2. permit or license # assigned:</p> <p>3. state agency contact information: name, location, and telephone number: MADEP, BWSC, Central Regional Office, Worcester, MA 508-792-7650</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>	

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>Groundwater / surface runoff from rainstorm event will be pumped into two fractionation tanks for temporary storage, the pumped through 2 - 1,000 lb. GAC filtration system and discharged to a storm drain. The storm drain discharges to a tributary of the Blackstone River.</p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points:</p> <p>1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>50</u></p> <p>Average flow <u>20</u> Is maximum flow a design value? Y ___ 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. <u>71779</u> lat. <u>42194</u> ; 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 _____ or seasonal _____? Is discharge ongoing Yes _____ No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>10/19/05</u> end <u>10/30/05</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 <input checked="" type="checkbox"/> 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	X									
2. Total Residual Chlorine	X									
3. Total Petroleum Hydrocarbons		X								
4. Cyanide										
5. Benzene		X								
6. Toluene		X								
7. Ethylbenzene		X								
8. (m,p,o) Xylenes		X								
9. Total BTEX ⁴		X								

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

The property is currently a school w/ #2 fuel oil for heat. Prior to development of the school, the property was undeveloped.

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)	X									
11. Methyl-tert-Butyl Ether (MtBE)	X									
12. tert-Butyl Alcohol (TBA)	X									
13. tert-Amyl Methyl Ether (TAME)	X									
14. Naphthalene		X								
15. Carbon Tetrachloride	X									
16. 1,4 Dichlorobenzene	X									
17. 1,2 Dichlorobenzene	X									
18. 1,3 Dichlorobenzene	X									
19. 1,1 Dichloroethane	X									
20. 1,2 Dichloroethane	X									
21. 1,1 Dichloroethylene	X									
22. cis-1,2 Dichloroethylene	X									
23. Dichloromethane (Methylene Chloride)	X									
24. Tetrachloroethylene	X									

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	X									
26. 1,1,2 Trichloroethane	X									
27. Trichloroethylene	X									
28. Vinyl Chloride	X									
29. Acetone	X									
30. 1,4 Dioxane	X									
31. Total Phenols	X									
32. Pentachlorophenol	X									
33. Total Phthalates ⁵ (Phthalate esters)	X									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	X									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	X									
a. Benzo(a) Anthracene										
b. Benzo(a) Pyrene										
c. Benzo(b)Fluoranthene										
d. Benzo(k) Fluoranthene										
e. Chrysene										

⁵The 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,b) 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)	X									
38. Antimony	X									
39. Arsenic	X									
40. Cadmium	X									
41. Chromium III	X									
42. Chromium VI	X									

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	X									
44. Lead	X									
45. Mercury	X									
46. Nickel	X									
47. Selenium	X									
48. Silver	X									
49. Zinc	X									
50. Iron	X									
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 ___ N ___</p>	<p>If yes, which metals?</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 NOL. What is the dilution factor for applicable metals? Metals: _____ DF: _____</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 ___ 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:
 Groundwater and surface drainage water from recent storm event will be pumped to a frac tank and then pumped to 2 - 1,000 lb. GAC treatment system prior to discharge to storm water drain. The storm drain discharges to a tributary (unnamed) of the Blackstone River.

b) Identify each applicable treatment unit (check all that apply):	Frac. tank <input checked="" type="checkbox"/>	Air stripper	Oil/water separator	Equalization tanks	Bag filter <input checked="" type="checkbox"/>	GAC filter <input checked="" type="checkbox"/>
	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 30 gpm Maximum flow rate of treatment system 50 gpm Design flow rate of treatment system 50 gpm

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):
 None

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 checked="" type="checkbox"/>	River/brook <input checked="" 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:
 storm drain in parking lot to an unnamed tributary of the Blackstone 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 _____ 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 X If yes, for which pollutant(s)?

Is there a TMDL? Yes ___ No X 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 ___ or is consultation underway? Yes X 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 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.

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: Shaw School, 58 Elmwood Street, Milbury, MA

Operator signature: 

Title: President

Date: 10-17-05



Gale Associates, Inc.

163 Libbey Parkway | P.O. Box 890189 | Weymouth, MA 02189-0004
P 781.335.6465 F 781.335.6467 www.gainc.com

October 14, 2005

Natural Heritage & Endangered Species Program
Massachusetts Division of Fisheries & Wildlife
North Drive
Westborough, MA 01581

Re: Request for Determination of Species
Shaw School
Gale JN 756650

To Whom It May Concern:

Enclosed please find a check in the amount of \$50.00 and the MESA Information Request Form for a site-specific review of endangered species in the area of the referenced Shaw School.

Thank you for your assistance in this matter. Please do not hesitate to call with questions or comments. Thank you.

Very truly yours,

GALE ASSOCIATES, INC.

A handwritten signature in black ink, appearing to read "Amy E. McElroy".

Amy E. McElroy
Senior Environmental Scientist

AEM/gmc

Enclosures

G:\756650\letters\fishandwildlife.doc

Boston
Baltimore
Orlando
San Francisco

MESA Information Request Form

Please complete this form to request site-specific information from the Natural Heritage & Endangered Species Program
(Please submit only one project per request form).

Please include a check for \$50.00 made out to the Natural Heritage & Endangered Species Fund.*

Requestor Information

Name: Gale Associates, Inc. AmyMcElroy
 Affiliation: Consultant
 Address: 163 LibbeyIndustrial Parkway
 City: Weymouth State: MA Zip Code: 02189
 Daytime Phone: 781-335-6465 Ext.

Project Information

Project or Site Name: Shaw ElementarySchool
 Location: 58 Elmwood Street USGS Quad: Worcester South
 Name of Landowner or Project Proponent:
 Town of Millbury School Department
 Acreage of the Property: 1 acre
 Description of Proposed Project and Current Site Conditions: (If necessary attach additional sheet)
 Temporary dewatering and discharge of groundwater to nearby stream.

- Will this project be reviewed as a Notice of Intent by the local Conservation Commission?
- Will this project be undergoing MEPA review for reasons other than rare species?
- Have you enclosed the required copy of a USGS topographic map in the scale 1:24,000 or 1:25,000 (not copy reduced) with the site location clearly marked and centered on the copy page? (Copies of Natural Heritage Atlas pages are not accepted)

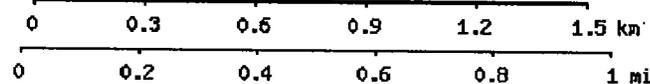
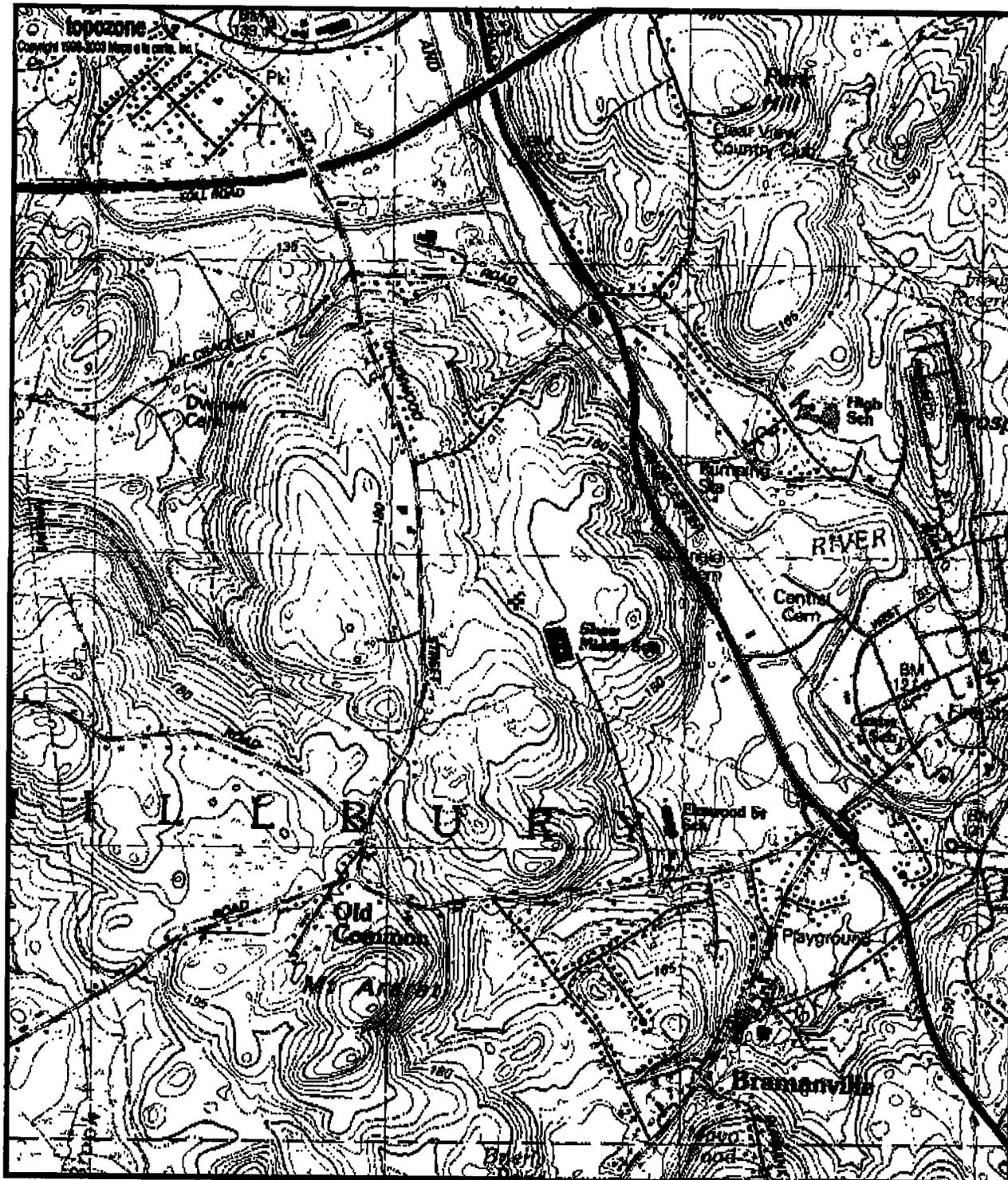
Please mail this completed form and topographic map to:

Regulatory Review
 Natural Heritage and Endangered Species Program
 MA Division of Fisheries and Wildlife
 North Drive, Rte. 135
 Westborough, MA 01581

Questions regarding this form should be directed to (508) 792-7270 ext. 154

Persons requesting information will receive a written response within 30 days of receipt of all information required. Please do not ask for an expedited review. *If you are requesting information for habitat management or conservation purposes and you are a non-profit conservation group, government agency or working with a government agency please fill out a Data Release Form.

July 2005



Map center is 42.1942°N, 71.7799°W (WGS84/NAD83)
Worcester South quadrangle
 Projection is UTM Zone 19 NAD83 Datum

MAG
 M=-15.201
 G=-1.869

