

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: 1330 Boylston Street		Facility/site address: 1302-1330 Boylston Street Boston, MA 02215		
Location of facility/site: longitude: <u>71.1</u> latitude: <u>42.34</u>	Facility SIC code(s): N/A	Street: Boylston Street		
b) Name of facility/site owner: 1330 Holdings LLC		Town: Boston		
Email address of owner: mcahill@samuelsre.com		State: MA	Zip: 02215	County: Suffolk
Telephone no. of facility/site owner: (617) 247-3434		Owner is (check one): 1. Federal ___ 2. State/Tribal ___ 3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Fax no. of facility/site owner: (617) 266-8788				
Address of owner (if different from site): Street: 333 Newbury Street				
Town: Boston	State: MA	Zip: 02215	County: Suffolk	
c) Legal name of operator: Same	Operator telephone no: (617) 247-3434			
	Operator fax no.: (617) 266-8788	Operator email: mcahill@samuelsre.com		
Operator contact name and title: Michael Cahill; Development Manager				

Address of operator (if different from owner):		Street:	
Town:	State:	Zip:	County:
d) Check "yes" or "no" for the following: 1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ___ No <input checked="" type="checkbox"/> , if "yes," number: 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 #: 3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No ___ 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 ___			
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"/> 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 <input checked="" type="checkbox"/> , if Y, number: 2. phase I or II construction storm water general permit? Y ___ N <input checked="" type="checkbox"/> , if Y, number: 3. individual NPDES permit? Y ___ N <input checked="" type="checkbox"/> , if Y, number: 4. any other water quality related permit? Y ___ N <input checked="" type="checkbox"/> , 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: Construction dewatering to be performed concurrently with site excavation for construction of high-rise building with two to three levels of below-grade parking. Excavation and construction will be performed within a continuously interlocking steel sheet pile wall installed just beyond the perimeter foundation walls of the structure. The sheet pile wall will be restrained using temporary bracing consisting of either internal and/or external supports. A perimeter ground-water cutoff will be provided during the construction period by the sheet piling toe embedment into the marine clay deposit. In addition, a perimeter groundwater "seal" will be provided by constructing the perimeter foundations a minimum of two feet below the surface of the clay.		
b) Provide the following information about each discharge:	1) Number of discharge points: 1	2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft ³ /s)? Max. flow <u>0.22</u> Average flow _____ Is maximum flow a design value ? Y ___ N <input checked="" type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. 35 to 100 GPM during initial stages of excavation of granular soils 20 to 50 GPM during excavation of silty clay soil
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71.1</u> lat. <u>42.35</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.		

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 _____ No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>10/01/06</u> end <u>04/01/07</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 <input checked="" type="checkbox"/>	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		<input checked="" type="checkbox"/>	2	grab	160.2	5	34000	7.4	32	.007
2. Total Residual Chlorine	<input checked="" type="checkbox"/>		2	grab	330.1	50	ND			
3. Total Petroleum Hydrocarbons	<input checked="" type="checkbox"/>		2	grab	8100M	100	730	0.2	470	.103
4. Cyanide		<input checked="" type="checkbox"/>	2	grab	335.2	5	9	.00197	7.5	.0016
5. Benzene		<input checked="" type="checkbox"/>	14	grab	8260	.5	3.4	.00074	0.6	.0001
6. Toluene		<input checked="" type="checkbox"/>	14	grab	8260	.75	.91	.0002	0.4	.0001
7. Ethylbenzene		<input checked="" type="checkbox"/>	14	grab	8260	.5	2.6	.00057	0.4	.0001
8. (m,p,o) Xylenes		<input checked="" type="checkbox"/>	14	grab	8260	.5	7.8	.0017	0.8	.0002
9. Total BTEX ⁴		<input checked="" type="checkbox"/>	14	grab	8260	.5	14.17	.00321	1.9	0.0004

⁴BTEX = 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)		✓	14	Grab	8260	1	27	.0059	9.6	.0021
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)		✓	14	Grab	8260	.5	2.5	.0005	1.1	.0002
14. Naphthalene		✓	14	Grab	8260	2.5	14	.0031	2.2	.0005
15. Carbon Tetrachloride	✓		14	Grab	8260	2.5	ND			
16. 1,4 Dichlorobenzene	✓		14	Grab	8260	2.5	ND			
17. 1,2 Dichlorobenzene	✓		14	Grab	8260	2.5	ND			
18. 1,3 Dichlorobenzene	✓		14	Grab	8260	2.5	ND			
19. 1,1 Dichloroethane		✓	14	Grab	8260	0.75	17	.0037	3.2	.0007
20. 1,2 Dichloroethane	✓		14	Grab	8260	0.5	ND			
21. 1,1 Dichloroethylene	✓		14	Grab	8260	0.5	1.2	.00026	0.55	.00012
22. cis-1,2 Dichloroethylene		✓	14	Grab	8260	0.5	440	0.1	33.3	.0073
23. Dichloromethane (Methylene Chloride)	✓		14	Grab	8260	5.0	ND			
24. Tetrachloroethylene	✓		14	Grab	8260	.5	ND			

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		✓	14	Grab	8260	0.5	3.6	.00079	.5	.0001
26. 1,1,2 Trichloroethane	✓		14	Grab	8260	.75	ND			
27. Trichloroethylene		✓	14	Grab	8260	0.5	110	.024	12.9	.0028
28. Vinyl Chloride		✓	14	Grab	8260	1	180	.039	20.2	.0044
29. Acetone		✓	14	Grab	8260	5.0	55	.012	14.5	.0032
30. 1,4 Dioxane	✓		14	Grab	8260	250	ND			
31. Total Phenols	✓		2	Grab	8270		ND			
32. Pentachlorophenol	✓		2	Grab	8270	19	ND			
33. Total Phthalates ⁵ (Phthalate esters)	✓		2	Grab	8270		ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		2	Grab	8270	9.7	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		5	Grab	625	0.2	ND			
a. Benzo(a) Anthracene	✓		5	Grab	625	0.2	ND			
b. Benzo(a) Pyrene	✓		5	Grab	625	0.2	ND			
c. Benzo(b)Fluoranthene	✓		5	Grab	625	0.2	ND			
d. Benzo(k) Fluoranthene	✓		5	Grab	625	0.2	ND			
e. Chrysene	✓		5	Grab	625	0.2	ND			

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,h) anthracene	✓		5	Grab	625	0.2	ND			
g. Indeno(1,2,3-cd) Pyrene	✓		5	Grab	625	0.2	ND			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)			5	Grab	625	0.2	ND			
h. Acenaphthene	✓		5	Grab	625	0.2	ND			
i. Acenaphthylene	✓		5	Grab	625	0.2	ND			
j. Anthracene	✓		5	Grab	625	0.2	ND			
k. Benzo(ghi) Perylene	✓		5	Grab	625	0.2	ND			
l. Fluoranthene		✓	5	Grab	625	0.2	0.37	.0001	0.25	5.5E-05
m. Fluorene		✓	5	Grab	625	0.2	0.21	.00005	0.2	4.4E-05
n. Naphthalene-		✓	5	Grab	625	0.2	19	.0041	4	.00087
o. Phenanthrene		✓	5	Grab	625	0.2	0.59	.00013	0.28	6.1E-05
p. Pyrene		✓	5	Grab	625	0.2	0.24	.000052	0.21	4.6E-05
37. Total Polychlorinated Biphenyls (PCBs)	✓		2	Grab	608	0.4	ND			
38. Antimony	✓		2	Grab	200.7	0.01	ND			
39. Arsenic	✓		2	Grab	200.7	0.005	ND			
40. Cadmium	✓		2	Grab	200.7	0.005	ND			
41. Chromium III	✓		2	Grab	200.7	0.01	ND			
42. Chromium VI	✓		2	Grab	3500CR-D	0.02	ND			

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	✓		2	Grab	200.7	0.01	ND			
44. Lead	✓		2	Grab	200.7	0.01	ND			
45. Mercury	✓		2	Grab	245.2	0.002	ND			
46. Nickel	✓		2	Grab	200.7	0.025	ND			
47. Selenium	✓		2	Grab	200.7	0.005	ND			
48. Silver	✓		2	Grab	200.7	0.01	ND			
49. Zinc	✓		2	Grab	200.7	0.05	ND			
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___ 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 NOI. 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: Please refer to text of attached report.						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks <div style="text-align: center;">✓</div>	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>40 GPM</u> Maximum flow rate of treatment system <u>100</u> Design flow rate of treatment system _____						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): N/A						

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 <u>✓</u>	River/brook _____	Wetlands _____	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Discharge into BWSC storm drain line via catch basin located beneath Bolyston Street. Storm drain line connects to the Muddy River Conduit via storm drain lines located beneath Kilmarnock Street and Brookline Avenue. The Muddy River Conduit discharges directly into the Charles River through an outfall OF-042 located off Deerfield Street.						

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 Class B,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 6 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)?
 toxicity, priority organics, metals, nutrients, organic enrichment/low DO, pathogens, noxious aquatic plants, taste, odor, color, oil and grease, turbidity
 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? 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

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.
Please refer to the attached report for additional information.

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: 1330 Boylston Street

Operator signature:



Title:

DEVELOPMENT MANAGER

Date:

AUGUST 31, 2006