

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

MA9910271

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

a) Name of facility/site: Broadway Citgo		Facility/site address: 485 Broadway	
Location of facility/site: longitude: <input type="text" value="42.411912"/> latitude: <input type="text" value="-71.010741"/>		Facility SIC code(s): 5500	
b) Name of facility/site owner: NAI Corporation		Street: Broadway	
Email address of owner:		Town: Revere	
Telephone no. of facility/site owner: (781) 286-6652		State: MA	
Fax no. of facility/site owner: (781) 289-3404		Zip: 02151	
Address of owner (if different from site):		Country: Suffolk	
Street:			
Town:			
State:		Zip:	
County:		Operator telephone no: (781) 286-6652	
c) Legal name of operator: NAI Corporation			
Operator fax no.: (781) 289-3404		Operator email:	
Operator contact name and title: Jannal Diab - President			

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 <input checked="" type="checkbox"/> No ___ If "yes," please list: 1. site identification # assigned by the state of NH or MA: 3-26019 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: MA DEP NE Regional Office, 205B Lowell St., Wilmington, MA, 978-694-3200				
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:
Three gasoline underground storage tanks will be removed from the facility and replaced. Groundwater beneath the site is located at a depth of approximately 5 feet below grade, so dewatering of the UST excavation will be necessary to allow the UST removal/replacement. Groundwater will be pumped out of the excavation, treated and discharged to a nearby stormwater catch basin.

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 .089 Average flow .033 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. Max. flow is max output of extraction pump to be utilized. Avg. flow (ft ³ /s) is estimated based on knowledge of site conditions.
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3) Latitude and longitude of each discharge within 100 feet: pt.1: long. -71.0111114 lat. 42.41783; pt.2: long. _____ lat. _____; pt.3: long. _____ lat. _____; pt.4: long. _____ lat. _____; pt.5: long. _____ lat. _____; pt.6: long. _____ lat. _____; pt.7: long. _____ lat. _____; etc.

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal <input type="checkbox"/> ? Is discharge ongoing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ?
c) Expected dates of discharge (mm/dd/yy): start <input type="text"/> ASAP <input type="text"/> end <input type="text"/> No more than 60 days from start <input type="text"/>	
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	See attached data table									
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.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-inum)	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 min-inum)	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 ⁵ (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										

⁵The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	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 min-inum)	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:

Step 1: 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

Step 2: 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: 0 _____

<p>If yes, which metals? Antimony, Arsenic, Cadmium, Chromium III, Copper, Lead, Nickel, Silver, Zinc, Iron</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 type="checkbox"/> If "Yes," list which metals: same as list in Step 1</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:

Groundwater will be extracted from the UST excavation via a submersible pump installed in a recovery well. Extracted groundwater will be directed through a series of two fractionation tanks, an air stripping tray with a catalytic oxidizer, two 0.25 micron bag filters, and two 1000 lb carbon vessels before being discharged to the stormwater catch basin. Recovered NAPL will be skimmed off the top of the first fractionation tank with a vacuum truck.

b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Chlorination	Dechlorination	Other (please describe): Recovered NAPL will be skimmed off the top of the first fractionation tank with a vacuum truck.			

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 15 _____ Maximum flow rate of treatment system 40 _____ Design flow rate of treatment system 20 - limited by air stripper

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):
No chemical additives will be utilized.

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): _____
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:

Extracted, treated groundwater will be discharged to the stormwater catch basin on the eastern side of Broadway, just to the North of the intersection of Broadway and Mountain Ave. According to a storm drain map provided by Revere DPW personnel and conversations with DPW personnel, water discharged to the subject catch basin flows to the east via subsurface lines that run through a residential area, through the Revere High School property and terminate at the discharge to the receiving water, an unnamed brook that lies to the east of the American Legion Highway (Route 60). According to Revere DPW personnel, the unnamed brook, which is tidally influenced, is a tributary to Diamond Creek.

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 discharges, 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 SA (for Diamond Creek, not unnamed tributary)

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)?
Diamond Creek is not listed on the 303(d) list.

Is there a TMDL? Yes No ✓ If yes, for which pollutant(s)?
There have been no TMDLs done for Diamond Creek.

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~~ critical habitat, in proximity to the discharge? Yes No ✓
Has any consultation with the federal services been completed? Yes ✓ 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? Yes (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

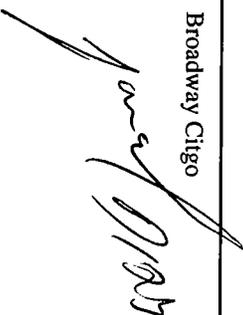
7. Supplemental information :

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

See cover letter

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: Broadway Cigo
Operator signature: 
Title: President
Date: 10/12/2006