

ENSR

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September 21, 2006

US Environmental Protection Agency
RGP-NOC Processing
Municipal Assistance Unit (CMU)
1 Congress Street
Boston, MA 02114-2023

MAG 9/10/06
SEP 22 2006

RE: Submittal of NOI for RGP, Former Compo Chemical Company, 240 Branch Street, Mansfield, MA, RTN 4-0104, Tier 1B Permit No. 82654

Dear Sir or Ma'am:

On behalf of Compo Chemical Company, Inc. (Compo), ENSR Corporation (ENSR) is submitting this Notice of Intent (NOI) for Remediation General Permit (RGP) for the site located at 240 Branch Street in Mansfield, Massachusetts. The RGP is needed for onsite discharge of treated groundwater generated during soil excavation and dewatering activities. The soil excavation is of short-term duration (3-4 weeks), and is needed to remediate VOC-impacted soil in the Western Area of the Compo site. The activities at the Western Area are conducted under the provisions for Phase V ROS (Section 310 CMR 40.0893) of the Massachusetts Contingency Plan (MCP).

Should you have any questions or require additional information regarding this NOI please do not hesitate to contact me at 978-589-3092, or via e-mail at mhayes@ensr.aecom.com.

Sincerely,

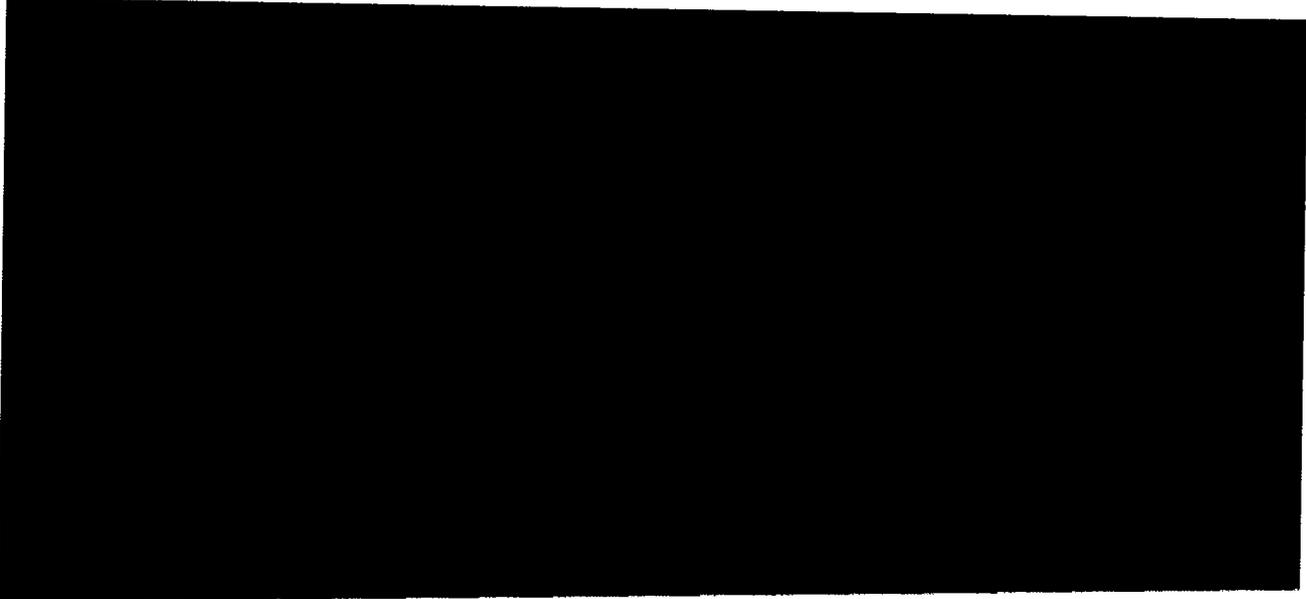
ENSR



Mary Beth Hayes
Project Manager

attachments

cc: R. Varney/Compo
M. Donovan/Norris, McLaughlin & Marcus
MA Dept of Environmental Protection, Division of Watershed Management



Notice of Intent (NOI) for Remediation General Permit

Former Compo Chemical Company
240 Branch Street
Mansfield, MA
MCP RTN 4-0104
Tier 1B Permit No. 82654

ENSR Corporation
September 21, 2006
Document No.: 01817-008-0006

ENSR | AECOM

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: Compo Chemical Company		Facility/site address: 240 Branch St, Mansfield MA 02048		
Location of facility/site: longitude: <u>42 01</u> latitude: <u>71 12</u>	Facility SIC code(s): 2891 <i>(Inactive facility)</i>	Street: 240 Branch Street		
b) Name of facility/site owner: Richard A. Varney		Town: Mansfield		
Email address of owner:		State: Ma	Zip: 02048	County: Bristol
Telephone no. of facility/site owner: (973) 292-1229				
Fax no. of facility/site owner: (973) 292-0279		Owner is (check one): 1. Federal ___ 2. State/Tribal ___		
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Street: 3 Prospect Street				
Town: Morristown	State: NJ	Zip: 17960	County: Monmouth	
c) Legal name of operator: ENSR		Operator telephone no: (978) 589-3000		
		Operator fax no.: (978) 589-3100	Operator email: mhayes@ensr.aecom.com	
Operator contact name and title: Mary Beth Hayes - Project Manager				

Address of operator (if different from owner):		Street: 2 Technology Park Drive	
Town: Westford	State: MA	Zip: 01886	County: Middlesex
d) Check "yes" or "no" for the following: 1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> , if "yes," number: 2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/>			
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 <input type="checkbox"/> If "yes," please list: 1. site identification # assigned by the state of NH or MA: Tier 1B Permit No. 82654 2. permit or license # assigned: RTN 4-0104 3. state agency contact information: name, location, and telephone number: Mr. Gerard Martin, DEP, Southeast Region, Lakeville, MA.		f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> , if Y, number: 2. phase I or II construction storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> , if Y, number: 3. individual NPDES permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> , if Y, number: 4. any other water quality related permit? Y <input type="checkbox"/> 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: Groundwater will be pumped from the excavation, filtered to remove suspended sediments, treated with GAC for removal of VOCs, stored, and discharged to the on-site Wetland Area (located approximately 300 feet southeast of the excavation area). A dewatering haybale basin(s) will be used as a velocity reducer for the discharge water. The discharge rate will be between 25-50 gpm.		
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>0.11</u> Average flow <u>.083</u> Is maximum flow a design value ? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. Discharge rate: 25-50 gpm, average = 37.5 gpm
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>42</u> lat. <u>71</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): NA	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes _____ No <input checked="" type="checkbox"/> ?
c) Expected dates of discharge (mm/dd/yy): start <u>10/01/06</u> end <u>10/31/06</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 <input checked="" type="checkbox"/>	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"/>		4	grab	160.2	5	ND	0	ND	0
2. Total Residual Chlorine		<input checked="" type="checkbox"/>	4	grab	330.5	60	106.7	0.02903	110	0.02177
3. Total Petroleum Hydrocarbons	<input checked="" type="checkbox"/>		4	grab	1664	211	ND	0	ND	0
4. Cyanide	<input checked="" type="checkbox"/>		4	grab	335.4	50	ND	0	ND	0
5. Benzene	<input checked="" type="checkbox"/>		4	grab	8260	1.0	ND	0	ND	0
6. Toluene		<input checked="" type="checkbox"/>	4	grab	8260	1.0	2.9	0.0007	2.9	0.00059
7. Ethylbenzene		<input checked="" type="checkbox"/>	4	grab	8260	1.0	2.1	0.0005	2.1	0.00042
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>		4	grab	8260	3.0	ND	0	ND	0
9. Total BTEX ⁴	<input checked="" type="checkbox"/>		4	grab	8260	10.0	ND	0	ND	0

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)	✓		4	grab	504.1	1.0	ND	0	ND	0
11. Methyl-tert-Butyl Ether (MtBE)	✓		4	grab	624	1.0	ND	0	ND	0
12. tert-Butyl Alcohol (TBA)	✓		4	grab	624	500	ND	0	ND	0
13. tert-Amyl Methyl Ether (TAME)	✓		4	grab	624	100	ND	0	ND	0
14. Naphthalene	✓		4	grab	8270	1.0	ND	0	ND	0
15. Carbon Tetra-chloride	✓		4	grab	624	1.0	ND	0	ND	0
16. 1,4 Dichlorobenzene	✓		4	grab	624	1.0	ND	0	ND	0
17. 1,2 Dichlorobenzene	✓		4	grab	624	1.0	ND	0	ND	0
18. 1,3 Dichlorobenzene	✓		4	grab	624	1.0	ND	0	ND	0
19. 1,1 Dichloroethane	✓		4	grab	624	1.0	ND	0	ND	0
20. 1,2 Dichloroethane	✓		4	grab	624	1.0	ND	0	ND	0
21. 1,1 Dichloroethylene	✓		4	grab	624	1.0	ND	0	ND	0
22. cis-1,2 Dichloro-ethylene	✓		4	grab	624	1.0	ND	0	ND	0
23. Dichloromethane (Methylene Chloride)	✓		4	grab	624	5.0	ND	0	ND	0
24. Tetrachloroethylene	✓		4	grab	624	1.0	ND	0	ND	0

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	✓		4	grab	624	1.0	ND	0	ND	0
26. 1,1,2 Trichloroethane	✓		4	grab	624	1.0	ND	0	ND	0
27. Trichloroethylene	✓		4	grab	624	1.0	ND	0	ND	0
28. Vinyl Chloride	✓		4	grab	624	1.0	ND	0	ND	0
29. Acetone	✓		4	grab	624	25.0	ND	0	ND	0
30. 1,4 Dioxane	✓		4	grab	624	500	ND	0	ND	0
31. Total Phenols	✓		4	grab	420.1	0.10	ND	0	ND	0
32. Pentachlorophenol	✓		4	grab	8270	20	ND	0	ND	0
33. Total Phthalates ⁵ (Phthalate esthers)	✓		4	grab	8270	4.9	ND	0	ND	0
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		4	grab	8270	9.8	ND	0	ND	0
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		4	grab	8270	0.21	ND	0	ND	0
a. Benzo(a) Anthracene	✓		4	grab	8270	0.21	ND	0	ND	0
b. Benzo(a) Pyrene	✓		4	grab	8270	0.21	ND	0	ND	0
c. Benzo(b)Fluoranthene	✓		4	grab	8270	0.21	ND	0	ND	0
d. Benzo(k) Fluoranthene	✓		4	grab	8270	0.32	ND	0	ND	0
e. Chrysene	✓		4	grab	8270	0.21	ND	0	ND	0

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	✓		4	grab	8270	0.21	ND	0	ND	0
g. Indeno(1,2,3-cd) Pyrene	✓		4	grab	8270	0.32	ND	0	ND	0
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		4	grab	8270	0.21	ND	0	ND	0
h. Acenaphthene	✓		4	grab	8270	0.21	ND	0	ND	0
i. Acenaphthylene	✓		4	grab	8270	0.21	ND	0	ND	0
j. Anthracene	✓		4	grab	8270	0.21	ND	0	ND	0
k. Benzo(ghi) Perylene	✓		4	grab	8270	0.21	ND	0	ND	0
l. Fluoranthene	✓		4	grab	8270	0.21	ND	0	ND	0
m. Fluorene	✓		4	grab	8270	0.21	ND	0	ND	0
n. Naphthalene-	✓		4	grab	8270	0.21	ND	0	ND	0
o. Phenanthrene	✓		4	grab	8270	0.21	ND	0	ND	0
p. Pyrene	✓		4	grab	8270	0.21	ND	0	ND	0
37. Total Polychlorinated Biphenyls (PCBs)	✓		4	grab	608	0.11	ND	0	ND	0
38. Antimony	✓		4	grab	6020	2.5	ND	0	ND	0
39. Arsenic		✓	4	grab	6020	2.5	4.5	0.00122	4.5	0.00091
40. Cadmium	✓		4	grab	6020	2.0	ND	0	ND	0
41. Chromium III	✓		4	grab	6020	10.0	ND	0	ND	0
42. Chromium VI	✓		4	grab	6020	20	ND	0	ND	0

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	✓		4	grab	6020	10	ND	0	ND	0
44. Lead	✓		4	grab	6020	2.5	ND	0	ND	0
45. Mercury	✓		4	grab	245.2	0.5	ND	0	ND	0
46. Nickel	✓		4	grab	6020	25	ND	0	ND	0
47. Selenium	✓		4	grab	6020	25	ND	0	ND	0
48. Silver	✓		4	grab	6020	2	ND	0	ND	0
49. Zinc	✓		4	grab	6020	25	ND	0	ND	0
50. Iron	✓		4	grab	200.7	50	ND	0	ND	0
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? Arsenic</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: Arsenic _____ DF: <u>0.16</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:
 The frac tanks will serve as preliminary treatment through sedimentation and separation, and for flow equalization to groundwater treatment system. Groundwater will be gravity fed to the treatment system through two, 20 micro bag filters, connected in series to filter out the remaining silt, clay and iron particles. Groundwater will then flow through four 1,800-pound liquid-phase GAC vessels connected in series for one treatment train. The system configuration is setup so that one GAC vessel can be back flushed at a time, and is equipped with sampling ports at the influent, midpoint, and effluent ports.
See Figs 1 and 2

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 100 Maximum flow rate of treatment system 100 Design flow rate of treatment system 100

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 _____	Within facility _____	Storm drain _____	River/brook _____	Wetlands <input checked="" 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:
 Formal wetland delineations have determined that the on-site wetland is isolated and not hydrologically connected to a tributary to Back Bay Brook, as shown on USGS mapping. Confined to the west by a former railroad grade, on-site drainage occurs to the southeast. The receiving waters is Canoe River.

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: *See Fig. 4*
 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 2,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 0.50 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 (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.

Groundwater sample data from laboratory attached.

Strema flow information on Canoe River attached.

Figure 3 presents schematic diagram and cross-section of dewatering haybale basin. Basin will be used to reduce velocity of discharge water into ground and wetland area.

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: Compo Chemical Company

Operator signature: *Mary Beth Hayes*

Title: Project Manager, Compo Project

Date: *September 20, 2006*