Tyree Organization, Ltd. NE 9 Otis Street,Westboro MA 01581-3311

FAX

Environmental/Engineering Division

Date: **22 Dec 06**

Number of pages including cover sheet: **23**

TO: Ann Herrick
OF: US EPA
RE: #30355 NOI
Phone:
Fax phone: 617-918-0560
CC:

FROM: Lori Kuszewski
E-mail Lkuszewski@tyreeorg.com
Phone: 508-871-8300 x 244
Fax phone: 508-871-8301

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

Subject:

Ann,

Per Aaron Amara, please see the attached packet with the Notice of Intent for Getty station #30355, located at 306 Main Street in Reading, MA. There is an 11x17 page that I could not fax to you but I will be mailing you a hard copy of the whole packet, including the 11x17, today.

If you have any questions please feel free to contact me at the above-noted number and extension.

Thank you,

Lori A. Kuszewski

Lori A. Kuszewski
Administrative Assistant
Environmental/Engineering Division

THE TYREE COMPANY
9 Otis Street
Westborough, MA 01581
(508) 871-8300 Fax (508) 871-8301

LETTER OF TRANSMITTAL

TO:

US EPA

Phone & Fax

DATE: 11/15	PROJECT NO.
ATTENTION: VICTOR ALVAREZ	
RE:	
RETURN TO:	

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐

COPY	DATE	NO.	DESCRIPTION
1	6/2/06		RGP NOI

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐

☐ FOR BIDS DUE: ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS:

VECTOR - ATTACHED PLEASE FIND COPY OF RGP NOI FILED 6/2/06 FOR 306 MAIN ST READING, MA. PLEASE PROCESS ASAP. PLEASE GET ME KNOW IF YOU NEED ANYTHING ELSE.

THANK YOU.

AARON AMARA

The Tyree Company

9 Otis Street, Westborough, MA • (508) 871-8300 • FAX: (508) 871-8301

June 2, 2006

US Environmental Protection Agency
RGP-NOC Processing
Municipal Assistance Unit
1 Congress Street, Suite 1100
Boston, MA 02114-2023

RE: Notice of Intent
Getty Station #30355
306 Main Street
Reading, MA

To Whom It May Concern:

The Tyree Company (Tyree), on behalf of Getty Petroleum Marketing, Inc. (Getty), is submitting the attached Notice of Intent for the above subject location. The facility is a service station and the discharge is needed in order to dewater an excavation below the water table for the removal of underground storage tanks.

Attachment A – Treatment System design schematic

Attachment B – Copies of Laboratory Reports, groundwater sample collected from site MW-1 on 5/11/06

Attachment C – Plan for discharge pathway

Please note that the Operator, Mr. Stephen Hebenstreit, is a Tyree employee and a licensed Grade 2M Wastewater Treatment Operator (MADEP #604).

If you have any questions, please feel free to reach me at the information below.

Thank You,

Aaron Amara
Engineering Coordinator
aamara@tyreeorg.com
(508) 871-8300 x 202
(508) 328-0619

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**: GETTY STATION #30355		**Facility/site** address:		
Location of **facility/site**: longitude:_____ latitude:_____ 71° 06' 14" W 42° 30' 58" N	Facility SIC code(s):	Street: 306 MAIN ST		
b) Name of **facility/site owner:** POWER TEST REALTY CO		Town: READING		
Email address of owner:		State: MA	Zip: 01867	County: MIDDLESEX
Telephone no.of facility/site **owner**: 802-281-4388				
Fax no. of facility/site **owner**:		**Owner** is (check one): 1. Federal____ 2. State/Tribal____ 3. Private_X_ 4. other, if so, describe:		
Address of **owner** (if different from site): POWER TEST REALTY CO.				
Street: 125 JERICHO TPKE				
Town: JERICHO	State: NY	Zip: 11753	County:	
c) Legal name of **operator**: TYREE ORGANIZATION		**Operator** telephone no: 508 871 8300		
		Operator fax no.: 508 871 8301	**Operator** email: aamaro@tyree.com	
Operator contact name and title: STEVE HEBENSTREIT, SENIOR TECHNICIAN				

Address of **operator** (if different from owner):	Street: 9 OTIS STREET		
Town: WESTBORO	State: MA	Zip: 01581	County:

d) Check "yes" or "no" for the following:
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes___ No___, if "yes," number:
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes___ No___, if "yes," date and tracking #:
3. Is the discharge a "new discharge"as defined by 40 CFR 122.2? Yes___ No___
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes_X_ No__

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes_X_ No___ If "yes," please list: 1. site identification # assigned by the state of NH or MA: RTN 3-0021424 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___, if Y, number: 2. phase I or II construction storm water general permit? Y___ N___, if Y, number: 3. individual NPDES permit? Y___ N___, if Y, number: 4. any other water quality related permit? Y___ N___, 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:
EXCAVATING & DEWATERING ACTIVITIES FOR THE PURPOSE OF REMOVING UNDERGROUND STORAGE TANKS.

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 .11 Average flow .04 Is maximum flow a **design value**? Y___ N_X_ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.

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.
PT1 71°06'14"W 42°30'55"N

4) If hydrostatic testing, total volume of the discharge (gals): N/A	5) Is the discharge intermittent X or seasonal _____? Is discharge ongoing Yes ___ No X ?
c) Expected dates of discharge (mm/dd/yy): start 12/4/06 end 12/15/06	
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 X	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 min-imum)	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	1	grab(s)	160.2	4000 (ug/L)	1040000	99.3	104000	37.7
2. Total Residual Chlorine	X									
3. Total Petroleum Hydrocarbons		x	1	9	E1664	5000 ug/L	102000	9.25	102000	3.7
4. Cyanide	X									
5. Benzene	X									
6. Toluene	X	~~x~~	+	~~9~~	~~SW8260B~~	~~5000~~	~~5570~~			
7. Ethylbenzene		x	1	9	SW8260B	5000	5570	1585	5570	.208
8. (m,p,o) Xylenes		x	1	9	SW8260B	5000	24200	2.195	24200	.87817
9. Total BTEX[4]		x	1	9	SW 8260 B	20,000	29770	2.700	29770	1.08

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

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		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 Tetra-chloride	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 Dichloro-ethylene	X									
23. Dichloromethane (Methylene Chloride)	X									
24. Tetrachloroethylene	X									

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	X									
g. Indeno(1,2,3-cd) Pyrene	X									
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	X									
h. Acenaphthene	X									
i. Acenaphthylene	X									
j. Anthracene	X									
k. Benzo(ghi) Perylene										
l. Fluoranthene	X									
m. Fluorene	X									
n. Naphthalene-	X									
o. Phenanthrene	X									
p. Pyrene	X									
37. Total Polychlorinated Biphenyls (PCBs)		X	1	9	8082	.313	4.51	.000 40⁵	4.51	.000 16⁴
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 min-imum)	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	1	9	200.7	8	18.9	.0017	18.9	.0006
44. Lead		x	1	9	200.7	15	132	.0119	132	.004
45. Mercury	x									
46. Nickel		x	1	9	200.7	10	17.3	.0015	17.3	.0006
47. Selenium	x									
48. Silver	x									
49. Zinc		x	1	9	200.7	100	413	.037	413	.014
50. Iron		x	1	9	200.7	60	5250	.476	5250	1.9
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 x N___	If yes, which metals? IRON
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: Iron DF: .9	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 x If "Yes," list which metals:

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:

GROUND WATER TO BE PUMPED TO 10,000 gal FRAC. TANK THROUGH A BAG FILTER AND THROUGH (3) 2,000-lb carbon units placed in series. SYSTEM IS DESIGNED FOR 75 gpm MAX OPERATING RATE IS TO BE 50 gpm

b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter
	X				X	X
	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 20 Maximum flow rate of treatment system 50 Design flow rate of treatment system 75

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 AFTER TREATMENT TO STORM DRAIN # 9.61 WHICH TRAVELS APPROX. 100' TO OUTFALL # 9.64 TO AN UNNAMED STREAM, DISCHARGE WILL TRAVEL APPROX 1000' FEET TO INLET #3.1 WHICH DISCHARGES APPROX. 200' FEET AWAY INTO A WETLAND EAST OF CROSS 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_____,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water_____0_____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_X_ or is consultation underway? Yes___ No_X_
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: GETTY #30355 306 MAIN ST READING, MA

Operator signature: Stephen Hebert

Title: Senior Technician

Date: 06/02/06

ATTACHMENT A

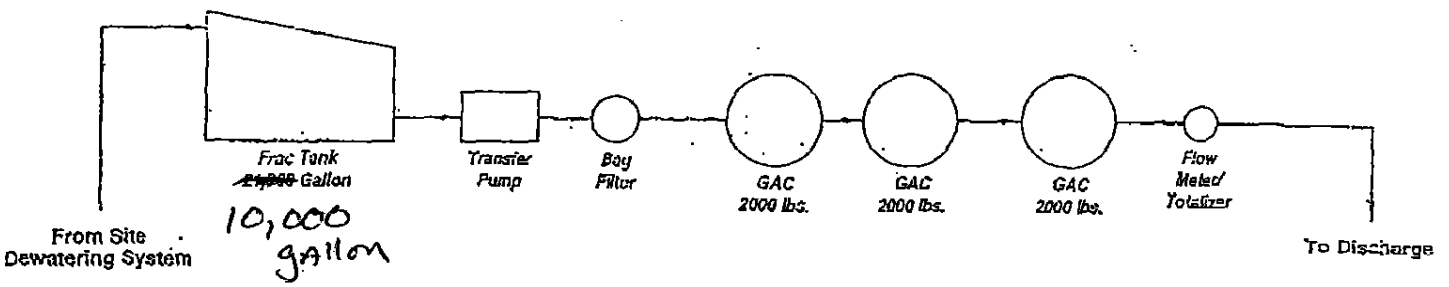
Brain:

Here is a written description of the system we would propose. Attached is a diagram.

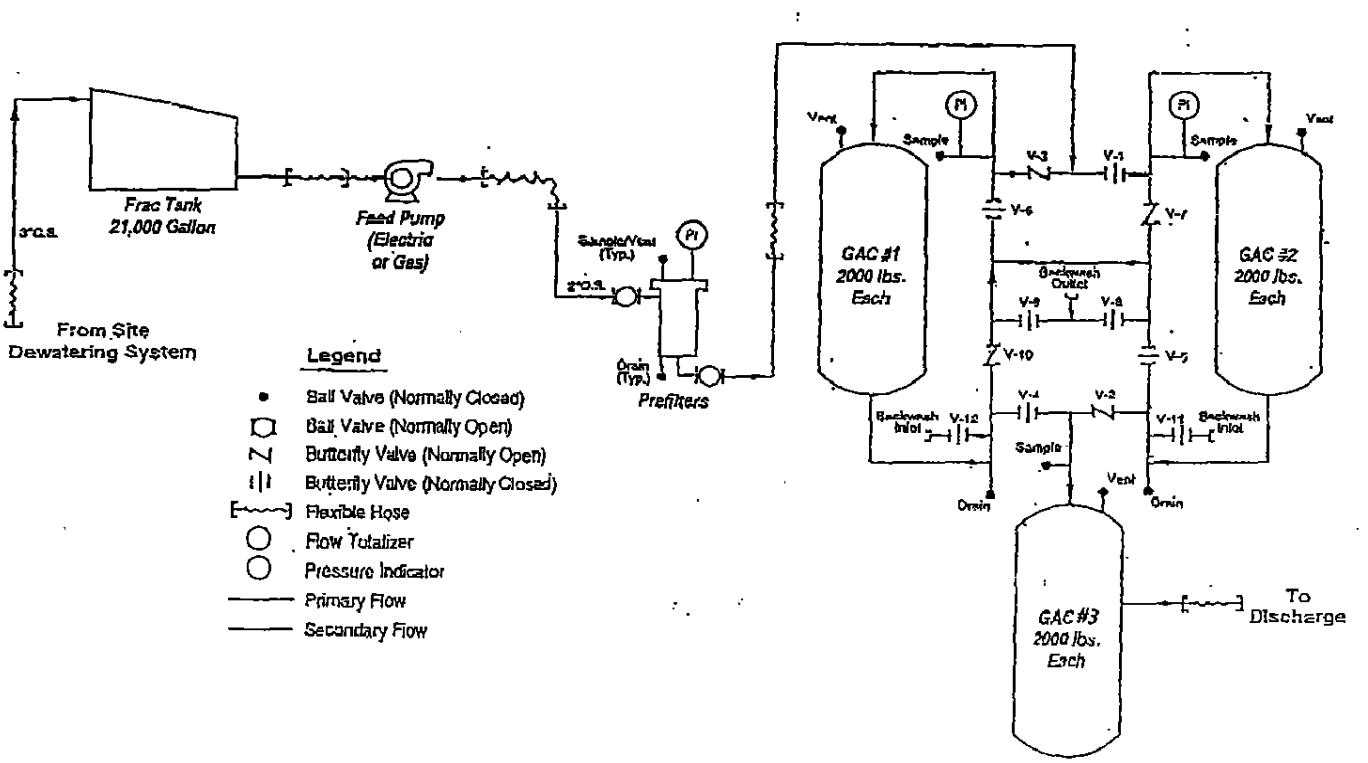
- Water will be pumped from the excavation via submersible pumps to a 10,000 gallon frac tank
- The 10,000 gallon frac tank will serve as a sedimentation and separation tank
- A centrifugal process pump will be utilized to move collected fluids through filtration components to discharge
- One bag filter will serve to remove particulates down to 25 microns. The bag filter vessel is size P2, 125 PSI.
- Following the bag filter, three liquid phase activated carbon vessels will be arranged in series configuration for VOC filtration. Each vessel will contain 2000 pounds LGAC. Vessels are rated for up to 100 GPM each, 75 PSI.
- A flow meter will be in-line following LGAC vessels for instant flow calculation. The flow meter is also a totalizer recoding total volume processed

SERVICE TECH, INC.

Activated Carbon Engineering, Sales and Service



Process Flow Diagram
Dewatering Treatment System (Typical)



1164 Douglas Avenue, North Providence, RI 02904
401-353-3664 Fax: 401-353-3696

ATTACHMENT B

Thursday, May 11, 2006

GeoLabs, Inc.
45 Johnson Lane
Braintree MA 02184
Tele: 781 848 7844
Fax: 781 848 7811

Brian Emery
Tyree
9 Otis St
Westborough, MA 01581

TEL: (508) 871-8300
FAX: (508) 871-8301

Project: 067126, Getty #30355
Location: 306 Main St, Reading, MA

Order No.: 0605128

Dear Brian Emery:

GeoLabs, Inc. received 1 sample(s) on 5/9/2006 for the analyses presented in the following report.

There were no problems with the analyses and all data for associated QC met EPA or laboratory specifications.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

Jim Chen
Laboratory Director

GeoLabs, Inc.

Date: *11-May-06*

CLIENT: Tyree
Project: 067126, Getty #30355

Lab Order: 0605128

Lab ID: 0605128-001
Client Sample ID: MW-1

Collection Date: 5/9/2006 6:30:00 AM
Matrix: GROUNDWATER

Analyses	Result	Det. Limit	Qual	Units	DF	Date Analyzed
NON-POLAR 1664		**E1664**				Analyst: **AMS**
Total Petroleum Hydrocarbons	102	5.00		mg/L	1	5/10/2006
TOTAL SUSPENDED SOLIDS		**E160.2**				Analyst: **AMS**
Total Suspended Solids	1040	4.00		mg/L	1	5/10/2006
POLYCHLORINATED BIPHENYLS		**SW8082**		**(SW3510B)**		Analyst: **GP**
Aroclor 1016/1242	ND	0.313		µg/L	1	5/10/2006
Aroclor 1221	ND	0.313		µg/L	1	5/10/2006
Aroclor 1232	ND	0.313		µg/L	1	5/10/2006
Aroclor 1248	ND	0.313		µg/L	1	5/10/2006
Aroclor 1254	ND	0.313		µg/L	1	5/10/2006
Aroclor 1260	4.51	0.313		µg/L	1	5/10/2006
Aroclor 1262	ND	0.313		µg/L	1	5/10/2006
Aroclor 1268	ND	0.313		µg/L	1	5/10/2006
Surr: Decachlorobiphenyl Sig 1	86.0	30-150		%REC	1	5/10/2006
Surr: Decachlorobiphenyl Sig 2	74.0	30-150		%REC	1	5/10/2006
Surr: Tetrachloro-m-xylene Sig 1	86.0	30-150		%REC	1	5/10/2006
Surr: Tetrachloro-m-xylene Sig 2	78.0	30-150		%REC	1	5/10/2006
ICP METALS		**E200.7**		**(SW3010A)**		Analyst: **QS**
Antimony	ND	0.0300		mg/L	1	5/11/2006
Arsenic	ND	0.0500		mg/L	1	5/11/2006
Cadmium	ND	0.00500		mg/L	1	5/11/2006
Chromium	ND	0.0600		mg/L	1	5/11/2006
Copper	0.0189	0.00800		mg/L	1	5/11/2006
Iron	5.25	0.0600		mg/L	1	5/11/2006
Lead	0.132	0.0150		mg/L	1	5/11/2006
Nickel	0.0173	0.0100		mg/L	1	5/11/2006
Selenium	ND	0.0500		mg/L	1	5/11/2006
Zinc	0.413	0.100		mg/L	1	5/11/2006
SILVER		**200.7**		**(SW3010A)**		Analyst: **QS**
Silver	ND	0.00700		mg/L	1	5/11/2006
TOTAL MERCURY		**E245.1**		**(SW7470A/E245.1)**		Analyst: **BF**
Mercury	ND	0.0005		mg/L	1	5/11/2006

Qualifiers:

*	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
E	Value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limits	ND	Not Detected at the Reporting Limit
S	Spike Recovery outside accepted recovery limits		

GeoLabs, Inc. **Date:** *11-May-06*

CLIENT: Tyree **Lab Order:** 0605128
Project: 067126, Getty #30355

VOLATILE ORGANIC COMPOUNDS BY GC/MS		SW8260B			Analyst: JG
1,1,1,2-Tetrachloroethane	ND	2.00	µg/L	1	5/11/2006 12:02:00 PM
1,1,1-Trichloroethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,1,2,2-Tetrachloroethane	ND	0.610	µg/L	1	5/11/2006 12:02:00 PM
1,1,2-Trichloroethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,1-Dichloroethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,1-Dichloroethene	ND	0.960	µg/L	1	5/11/2006 12:02:00 PM
1,1-Dichloropropene	ND	0.400	µg/L	1	5/11/2006 12:02:00 PM
1,2,3-Trichlorobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2,3-Trichloropropane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2,4-Trichlorobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2,4-Trimethylbenzene	48.8	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2-Dibromo-3-chloropropane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2-Dibromoethane	ND	1.00	µg/L	1	5/11/2006 12:02:00 PM
1,2-Dichlorobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2-Dichloroethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,2-Dichloropropane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,3,5-Trimethylbenzene	5.46	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,3-Dichlorobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,3-Dichloropropane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
1,4-Dichlorobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
2,2-Dichloropropane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
2-Butanone	ND	10.0	µg/L	1	5/11/2006 12:02:00 PM
2-Chloroethyl vinyl ether	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
2-Chlorotoluene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
2-Hexanone	ND	10.0	µg/L	1	5/11/2006 12:02:00 PM
4-Chlorotoluene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
4-Methyl-2-pentanone	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Acetone	ND	50.0	µg/L	1	5/11/2006 12:02:00 PM
Acrylonitrile	ND	50.0	µg/L	1	5/11/2006 12:02:00 PM
Benzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Bromobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Bromochloromethane	ND	2.00	µg/L	1	5/11/2006 12:02:00 PM
Bromodichloromethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Bromoform	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Bromomethane	ND	2.00	µg/L	1	5/11/2006 12:02:00 PM
Carbon tetrachloride	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Chlorobenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Chloroethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Chloroform	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Chloromethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
cis-1,2-Dichloroethene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
cis-1,3-Dichloropropene	ND	0.650	µg/L	1	5/11/2006 12:02:00 PM
Dibromochloromethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Dibromomethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM

Qualifiers:

*	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
E	Value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limits	ND	Not Detected at the Reporting Limit
S	Spike Recovery outside accepted recovery limits		

GeoLabs, Inc. **Date:** *11-May-06*

CLIENT: Tyree **Lab Order:** 0605128
Project: 067126, Getty #30355

VOLATILE ORGANIC COMPOUNDS BY GC/MS		SW8260B			Analyst: JG
Dichlorodifluoromethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Ethylbenzene	5.57	5.00	µg/L	1	5/11/2006 12:02:00 PM
Hexachlorobutadiene	ND	0.500	µg/L	1	5/11/2006 12:02:00 PM
Isopropylbenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Methyl tert-butyl ether	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Methylene chloride	ND	10.0	µg/L	1	5/11/2006 12:02:00 PM
Naphthalene	ND	20.0	µg/L	1	5/11/2006 12:02:00 PM
n-Butylbenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
n-Propylbenzene	5.94	5.00	µg/L	1	5/11/2006 12:02:00 PM
p-Isopropyltoluene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
sec-Butylbenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Styrene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
tert-Butylbenzene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Tetrachloroethene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Toluene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
trans-1,2-Dichloroethene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
trans-1,3-Dichloropropene	ND	0.950	µg/L	1	5/11/2006 12:02:00 PM
Trichloroethene	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Trichlorofluoromethane	ND	5.00	µg/L	1	5/11/2006 12:02:00 PM
Vinyl chloride	ND	2.00	µg/L	1	5/11/2006 12:02:00 PM
Xylenes, Total	24.2	5.00	µg/L	1	5/11/2006 12:02:00 PM
Surr: 1,2-Dichloroethane-d4	98.4	70-130	%REC	1	5/11/2006 12:02:00 PM
Surr: 4-Bromofluorobenzene	96.7	70-130	%REC	1	5/11/2006 12:02:00 PM
Surr: Dibromofluoromethane	103	70-130	%REC	1	5/11/2006 12:02:00 PM
Surr: Toluene-d8	102	70-130	%REC	1	5/11/2006 12:02:00 PM

CYANIDE, TOTAL		E335.2			Analyst: RP
Cyanide, Total	ND	0.020	mg/L	1	5/10/2006

HEXAVALENT CHROMIUM		M3500-Cr D			Analyst: RP
Chromium, Hexavalent	ND	0.00750	mg/L	1	5/9/2006

TOTAL RESIDUAL CHLORINE		Hach 8167			Analyst: RP
Total Residual Chlorine	ND	0.162	mg/L	1	5/9/2006

Qualifiers:

*	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
E	Value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Analyte detected below quantitation limits	ND	Not Detected at the Reporting Limit
S	Spike Recovery outside accepted recovery limits		

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CHAIN OF CUSTODY

GeoLabs CHAIN NUMBER: 0605128

CHECKED ITEMS MUST BE FILLED IN — 24/48 HOUR RUSHES ONLY WITH APPROVAL OF D. KAHLER OR LAB DIRECTOR

GeoLabs, Inc.
Environmental Laboratories
45 Johnson Lane
Braintree, MA 02184
Office: 781-848-7844
Fax: 781-848-7811

Turnaround Time: RUSH: 24 hrs / 48 hrs — STANDARD: X 5 DAYS
RUSH APPROVED BY: X

Page ___ of ___

SPECIAL INSTRUCTIONS

Note: JOBS WITH INCOMPLETELY FILLED OUT CHAINS WILL NOT BE RUN. CHAIN WILL BE RETURNED TO CLIENT FOR COMPLETION

TYPE OF CLIENT: BUS X LAB ___ HOMEOWNER ___

NOTE: HOMEOWNERS, LAW FIRMS MUST PAY WHEN DROPPING OFF SAMPLES

Client: X TYREE
Address: X 9 OTIS ST NO P.O. BOXES
WESTBORO MA
Phone: X 508 871-8300
Fax: 508 871-8301
Contact: X BRIAN EMERY
E-mail:

Project Number: X 067126
Project Location: X GETTY # 30355
306 MAIN ST READING MA
Purchase Order #:
Collected By: X [signature]

CHANGES REQUESTED? Y N
BY DATE

Received on ice?

ANALYSES REQUESTED

SAMPLE ID	DATE	TIME	SAMPLED BY	SAMPLE LOCATION	CONTAINER TYPE	CONTAINER QUANT	MATRIX	COMP	GRAB	PRES	GEOLABS SAMPLE NUMBER	SEE ATTACHED NPDES REGS.	TSS	TRC, CN	TPH-1664	8260	8270	Sb, As, Cd, Cr, Cu, Zn, Pb, Hg, Ni, Se, Ag, Fe	Cr 6, PCB	TEMPERATURE	LAB pH
	5-9-06	630	SH	MW-1	G/V/P	14	GW		X		05128-001	X	X	X	X	X	X	X	X	6°	

Verbal results given to ________ by (date/initial) ________

MATRIX CODES:	CONTAINER CODES:	PRESERVATIVE CODES:
GW = Ground Water	A = Amber B = Bag	1 = HCl 5 = NaOH
WW = Wastewater	G = Glass P = Plastic	2 = HNO_3 6 = MeOH
DW = Drinking Water	S = Summa Canister	3 = H_2SO_4 7 = ICE
SL = Sludge	O = Other V = VOA	4 = $Na_2S_2O_3$
S = Soil A = Air		
O = Oil OT = Other		

Terms: Payment due within 30 days unless other arrangements are made.
Past due balances subject to interest and collection costs.

Relinquished By:	Date/Time	Received By:	Date/Time:
[signature] PRINT: STEPHEN HEBENSTREIT	5-9-06	M. C	5/9/06 8:10
Relinquished By:		Received By:	
Relinquished By: M. C	5/9/06 10:00 Am	Received By GeoLabs: Danielle Ross	5/9/06 10:00a

05/11/2006 THU 16:45 FAX 1 781 848 7811 Geo Labs Inc 005/005

12/22/2006 09:49 FAX 5088718301 TYREE 023/023