

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: Glen Mobile Trailer Park		Facility/site address:		
Location of facility/site: longitude: <u>71°57'46"</u> latitude: <u>42°35'54"</u>	Facility SIC code(s): None	Street: 200 North Street		
b) Name of facility/site owner: Glen Mobile Park LLC		Town: Danvers		
Email address of owner: l.waraska@verizon.net		State: MA	Zip: 01923	County: Essex
Telephone no. of facility/site owner: (978) 462-8874		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:				
Address of owner (if different from site): Street: 15 Hanover Street				
Town: Newbury	State: MA	Zip: 01951	County: Essex	
c) Legal name of operator: New England Environmental Technologies Corporation		Operator telephone no: (978) 521-1111		
		Operator fax no.: (978) 521-1760	Operator email: John.NEET@comcast.net	
Operator contact name and title: John H. Clement, LSP, President				

Address of operator (if different from owner):		Street: 310 Main Street	
Town: Groveland	State: MA	Zip: 01834	County: Essex
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: 3-3711 & 3-20923 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: MA DEP, 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: Excavation dewatering activities may be necessary during the completion of petroleum contaminated soil (PCS) removal activities which are to be conducted in response to a historic subsurface release of No. 2 fuel oil and/or kerosene from a former subsurface distribution system.		
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>0.06</u> Average flow <u>0.04</u> 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.
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71°57'46"</u> lat. <u>42°35'57"</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 <input type="checkbox"/> ? Is discharge ongoing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ?
c) Expected dates of discharge (mm/dd/yy): start <u>10/16/06</u> end <u>11/17/06</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).	

There is no flow through the facility. Groundwater which may collect on the bottom of petroleum contaminated soil excavation areas and which requires removal prior to backfilling with clean soil will be pumped into a frac tank, allowed to settle, pumped through a bag filter and pumped through two (2) 2,000-pound activated carbon vessels (piped together in series). The total treated effluent volume will be metered, the discharge flow will be restricted through use of a valve to ensure the flow is between 20 to 30 gallons per minute and treated effluent will be discharged through a hose to the surface waters of Nichols Brook.

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		<input checked="" type="checkbox"/>	2	grab	160.2	2,000	2,700			
2. Total Residual Chlorine	<input checked="" type="checkbox"/>		1	grab	330.5	2,500	< 2,500			
3. Total Petroleum Hydrocarbons		<input checked="" type="checkbox"/>	1	grab	8100m	100	950			
4. Cyanide	<input checked="" type="checkbox"/>		1	grab	335.2	1	<1			
5. Benzene	<input checked="" type="checkbox"/>		1	grab	8260B	1	<1			
6. Toluene	<input checked="" type="checkbox"/>		1	grab	8260B	1	<1			
7. Ethylbenzene	<input checked="" type="checkbox"/>		1	grab	8260B	1	<1			
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>		1	grab	8260B	1	<1			
9. Total BTEX ⁴	<input checked="" type="checkbox"/>		1	grab	8260B	1	<1			

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)	✓		1	grab	8260B	1	<1			
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	grab	8260B	2	<2			
12. tert-Butyl Alcohol (TBA)	✓		1	grab	8260B	10	<10			
13. tert-Amyl Methyl Ether (TAME)	✓		1	grab	8260B	10	<10			
14. Naphthalene		✓	2	grab	8260B	1	7			
15. Carbon Tetrachloride	✓		1	grab	8260B	1	<1			
16. 1,4 Dichlorobenzene	✓		1	grab	8260B	1	<1			
17. 1,2 Dichlorobenzene	✓		1	grab	8260B	1	<1			
18. 1,3 Dichlorobenzene	✓		1	grab	8260B	1	<1			
19. 1,1 Dichloroethane	✓		1	grab	8260B	1	<1			
20. 1,2 Dichloroethane	✓		1	grab	8260B	1	<1			
21. 1,1 Dichloroethylene	✓		1	grab	8260B	1	<1			
22. cis-1,2 Dichloroethylene	✓		1	grab	8260B	1	<1			
23. Dichloromethane (Methylene Chloride)	✓		1	grab	8260B	5	<5			
24. Tetrachloroethylene	✓		1	grab	8260B	1	<1			

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓		1	grab	8260B	1	<1			
26. 1,1,2 Trichloroethane	✓		1	grab	8260B	1	<1			
27. Trichloroethylene	✓		1	grab	8260B	1	<1			
28. Vinyl Chloride	✓		1	grab	8260B	1	<1			
29. Acetone	✓		1	grab	8260B	10	<10			
30. 1,4 Dioxane	✓		1	grab	8260B	100	<100			
31. Total Phenols	✓		1	grab	8270C	10	<10			
32. Pentachlorophenol	✓		1	grab	8270C	10	<10			
33. Total Phthalates ⁵ (Phthalate esthers)	✓		1	grab	8270C	10	<10			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	grab	8270C	5	<5			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓									
a. Benzo(a) Anthracene	✓		1	grab	8270C	1	<1			
b. Benzo(a) Pyrene	✓		1	grab	8270C	10	<10			
c. Benzo(b)Fluoranthene	✓		1	grab	8270C	1	<1			
d. Benzo(k) Fluoranthene	✓		1	grab	8270C	1	<1			
e. Chrysene	✓		1	grab	8270C	2	<2			

⁵The sum of individual phthalate compounds.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	grab	8270C	1	<1			
g. Indeno(1,2,3-cd) Pyrene	✓		1	grab	8270C	1	<1			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓									
h. Acenaphthene	✓		1	grab	8270C	10	<10			
i. Acenaphthylene	✓		1	grab	8270C	10	<10			
j. Anthracene	✓		1	grab	8270C	10	<10			
k. Benzo(ghi) Perylene	✓		1	grab	8270C	10	<10			
l. Fluoranthene	✓		1	grab	8270C	10	<10			
m. Fluorene	✓		1	grab	8270C	10	<10			
n. Naphthalene-	✓		1	grab	8270C	10	<10			
o. Phenanthrene	✓		1	grab	8270C	10	<10			
p. Pyrene	✓		1	grab	8270C	10	<10			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	grab	608	1	<1			
38. Antimony	✓		1	grab	200.9	5	<5			
39. Arsenic		✓	2	grab	200.9	5	22			
40. Cadmium	✓		1	grab	200.9	0.5	<0.5			
41. Chromium III	✓		1	grab	calculation	20	<20			
42. Chromium VI	✓		1	grab	SM3500-LRD	20	<20			

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	✓		2	grab	200.9	2	<2			
44. Lead	✓		2	grab	200.9	2	<2			
45. Mercury	✓		1	grab	245.1	0.5	<0.5			
46. Nickel	✓		1	grab	200.7	20	<20			
47. Selenium	✓		1	grab	200.9	5	<5			
48. Silver	✓		1	grab	200.9	1	<1			
49. Zinc	✓		2	grab	200.7	20	<20			
50. Iron		✓	2	grab	200.7	50	17,000			
Other (describe):										

c) For discharges where metals are believed present, please fill out the following:

<p>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 <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>If yes, which metals? Arsenic and Iron.</p>
<p>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: <u>Arsenic and Iron.</u> DF: <u>2.3</u> and <u>8.2</u>, see attached information</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 checked="" type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals: <u>Arsenic and Iron</u></p>

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

<p>a) A description of the treatment system, including a schematic of the proposed or existing treatment system: The treatment system will include the following: 21,000-gallon frac tank; bag filter (with flow restriction valve); two (2) 2,000-pound activated carbon vessels; and flow meter (see attached schematic).</p>						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank <input checked="" type="checkbox"/>	Air stripper <input type="checkbox"/>	Oil/water separator <input type="checkbox"/>	Equalization tanks <input type="checkbox"/>	Bag filter <input checked="" type="checkbox"/>	GAC filter <input checked="" type="checkbox"/>
	Chlorination <input type="checkbox"/>	Dechlorination <input type="checkbox"/>	Other (please describe): <input type="checkbox"/>			
<p>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>20</u> Maximum flow rate of treatment system <u>30</u> Design flow rate of treatment system <u>50</u></p>						
<p>d) A description of chemical additives being used or planned to be used (attach MSDS sheets): None</p>						

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 checked="" type="checkbox"/>	Within facility <input type="checkbox"/>	Storm drain <input type="checkbox"/>	River/brook <input checked="" type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe): <input type="checkbox"/>
<p>b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Treated effluent will be pumped through a 2-inch nominal diameter hose which will discharge directly to the surface waters of Nichols Brook which is a tributary of the Ipswich River (see attached information).</p>						

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 Tributary to a Class A water body.

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 0.07 cfs
 Please attach any calculation sheets used to support stream flow and dilution calculations. Alternative 7Q10 was used. See attached information.

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes No If yes, for which pollutant(s)?
 NEET referenced the receiving water body as the Ipswich River.

Is there a TMDL? Yes No If yes, for which pollutant(s)?
 Draft Pathogen TMDL for Ipswich River Watershed, fecal coliform, E. coli and enterococcus bacteria.

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?
On-line database search was conducted see attached information

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 attached cover letter which contains additional supporting information/documentation.

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: Glen Mobile Trailer Park
Operator signature: <i>Linda Wareske</i>
Title: Manager
Date: <i>9/15/06</i>

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: Glen Mobile Trailer Park
Operator signature: 
Title: LSP, President
Date: 09/27/2006