

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

*MAE 9/10/27*

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

a) Name of facility/site: <b>Olmsted Green - Phase I</b>		Facility SIC code(s):		Facility/site address: <b>591 Morton Street Mattapan, MA 02124</b>	
Location of facility/site: longitude: <u>71°05'50"</u> latitude: <u>42°17'14"</u>		Street: <b>Morton Street</b>		Town: <b>Boston</b>	
b) Name of facility/site owner: <b>Lena New Boston, LLC</b>		State: <b>MA</b>		Zip: <b>02109</b>	
Email address of owner: <b>info@newbostonfund.com</b>		Telephone no. of facility/site owner: <b>(617) 878-7900</b>		County: <b>Suffolk</b>	
Fax no. of facility/site owner: <b>(617) 878-7852</b>		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: <b>60 State Street</b>		Town: <b>Boston</b>			
Town: <b>Boston</b>		State: <b>MA</b>		Zip: <b>02109</b>	
Country: <b>Suffolk</b>		Operator telephone no.: <b>(508) 279-0012</b>			
c) Legal name of operator: <b>Callahan, Inc.</b>		Operator fax no.: <b>(508) 279-0032</b>		Operator email: <b>smurphy@callahan-inc.com</b>	
Operator contact name and title: <b>Mr. Stephen A. Murphy, Project Manager</b>					

Address of operator (if different from owner):

Street:

80 First Street

Town:  
Bridgewater

State:  
MA

Zip:  
02324

County:  
Plymouth

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  No

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes  No

f) Is the site/facility covered by any other EPA permit, including:

- 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:
  1. multi-sector storm water general permit? Y  N  , if Y, number: 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:

Temporary construction dewatering during excavation and management of soil in support of remediation, installation of utilities, and new building construction.

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 <sup>3</sup> /s)? Max. flow 0.17 Average flow 0.06 Is maximum flow a design value? Y <input type="checkbox"/> 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.
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3) Latitude and longitude of each discharge within 100 feet: pt.1: long. 71.5 lat. 42.17 ; 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>10/21/06</u> end <u>10/21/07</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).	

See Attachment as Figure 3 of NOI Submittal

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	X	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		X	2	Grab	160.2	5000	5200			
2. Total Residual Chlorine	X		2	Grab	330.1	50	ND			
3. Total Petroleum Hydrocarbons	X		2	Grab	664	4000	ND			
4. Cyanide		X	2	Grab	335.2	5	19			
5. Benzene	X		2	Grab	624	1	ND			
6. Toluene	X		2	Grab	624	1	ND			
7. Ethylbenzene	X		2	Grab	624	1	ND			
8. (m,p,o) Xylenes	X		2	Grab	624	2	ND			
9. Total BTEX <sup>4</sup>	X		2	Grab	624	1	ND			

<sup>4</sup> BTEX = 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)
25. 1,1,1 Trichloroethane	X		2	Grab	624	2	ND			
26. 1,1,2 Trichloroethane	X		2	Grab	624	1.5	ND			
27. Trichloroethylene	X		2	Grab	624	1	ND			
28. Vinyl Chloride	X		2	Grab	624	2	ND			
29. Acetone	X		2	Grab	624	10	ND			
30. 1,4 Dioxane	X		2	Grab	624	2000	ND			
31. Total Phenols	X		2	Grab	420.1	30	ND			
32. Pentachlorophenol	X		2	Grab	8270 C-M	0.78	ND			
33. Total Phthalates <sup>5</sup> (Phthalate esters)	X		2	Grab	8270	4.8	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	X		2	Grab	8270	9.7	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	X		2	Grab	8270 C-M	0.19	ND			
b. Benzo(a) Pyrene	X		2	Grab	8279 C-M	0.19	ND			
c. Benzo(b) Fluoranthene	X		2	Grab	8270 C-M	0.19	ND			
d. Benzo(k) Fluoranthene	X		2	Grab	8270 C-M	0.19	ND			
e. Chrysene	X		2	Grab	8270 C-M	0.19	ND			

<sup>5</sup>The 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	X		2	Grab	8270 C-M	0.19	ND				
g. Indeno(1,2,3-cd)Pyrene	X		2	Grab	8270 C-M	0.19	ND				
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)											
h. Acenaphthene	X		2	Grab	8270 C-M	0.19	ND				
i. Acenaphthylene	X		2	Grab	8270 C-M	0.19	ND				
j. Anthracene	X		2	Grab	8270 C-M	0.19	ND				
k. Benzo(ghi) Perylene	X		2	Grab	8270 C-M	0.19	ND				
l. Fluoranthene	X		2	Grab	8270 C-M	0.19	ND				
m. Fluorene	X		2	Grab	8270 C-M	0.19	ND				
n. Naphthalene-	X		2	Grab	8270 C-M	0.19	ND				
o. Phenanthrene	X		2	Grab	8270 C-M	0.19	ND				
p. Pyrene	X		2	Grab	8270 C-M	0.19	ND				
37. Total Polychlorinated Biphenyls (PCBs)	X		2	Grab	608	0.258	ND				
38. Antimony	X		1	Grab	6010 B	5	ND				
39. Arsenic	X		1	Grab	6010 B	5	ND				
40. Cadmium	X		1	Grab	6010 B	0.2	ND				
41. Chromium III	X		1	Grab	6010 B	100	ND				
42. Chromium VI	X		2	Grab	3500	20	ND				

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (MDL) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper		X	1	Grab	6010 B	10	10			
44. Lead	X		1	Grab	6010 B	10	ND			
45. Mercury	X		1	Grab	7470 A	0.2	ND			
46. Nickel	X		1	Grab	6010 B	25	ND			
47. Selenium	X		1	Grab	6010 B	10	ND			
48. Silver	X		1	Grab	6010 B	7	ND			
49. Zinc		X	1	Grab	6010 B	50	940			
50. Iron		X	2	Grab	200.7/6010 B	50	450			
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?  
Copper, Zinc

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: Copper, Zinc

DF: 6.1

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 X N If "Yes," list which metals: Zinc

**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:

System Influent -----> Frac Tank -----> Bag Filter -----> GAC Filter -----> Ion Exchange -----> Precipitation System -----> Effluent

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): Bag Filter, GAC, Ion Exchange, Precipitation System if necessary			

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 25 Maximum flow rate of treatment system 75 Design flow rate of treatment system 100

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):

Refer to attached Flocc Log Fact Sheets and MSDS for Ion Exchange System for possible chemical additives or treatments

**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>X</u>	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:

Dewatering effluent is planned to be discharged into existing municipal storm drain system along Harvard and/or Morton Streets which eventually flows into the Charles River.

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 6.1 \_\_\_\_\_ 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)?  
Metals, Priority Organics, Nutrients, Pathogens, Oil & Grease, Noxious Aquatic Plants. Documented as Category 5 Waters "Waters Requiring TMDL"

**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.

[Empty box for supplemental 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:	OLMSTED GREEN
Operator signature:	 - STEPHEN A. MURPHY
Title:	PROJECT MANAGER
Date:	10/10/06

Olmsted Green - Phase I

Mattapan, MA

Remediation General Permit (RGP) Under the National Pollutant Discharge Elimination System (NPDES)

The 7Q10 (the minimum flow (cfs) for 7 consecutive days with a recurrence interval of 10 years) for the portion of the Stony Brook where discharge is anticipated under the NPDES RGP permit submitted for the Olmsted Green site in Mattapan, Massachusetts has been calculated using the average of the 7Q10 recorded at the Charles River Basin, as documented by "Hydrology and Water Resources of the Charles River Drainage Basin, Massachusetts," by E. H. Walker, S. W. Wandle, Jr., and W. W. Caswell, Hydrologic Investigations Atlas HA-554 (Sheet 1 of 3) and published by The Department of the Interior, United States Geological Survey.

The drainage area of the Charles River Basin is documented in the above referenced government publication as 184 square miles. The Stony Brook drainage basin is 8,393 acres (13.1 square miles) as documented by "Water Resources and the Urban Environment, Lower Charles River Watershed, Massachusetts," by Peter K. Weiskel, Lora K. Barlow, and Tomas W. Smieszek and in published by The Department of the Interior, United States Geological Survey.

7Q10 = Inferred from the Low-Flow Frequency graph of the Charles River Basin at River Village = 1.8 MGD or 12.1 cubic feet per second

Calculated 7Q10 for Stony Brook to Charles River Watershed

7Q10 = Area Stony Brook Basin/Area of Charles River Basin \* 12.1 cubic feet per second  
13.1 square miles/184 square miles\*12.1 cubic feet per second =  
0.86 cubic feet per second

$$DF = (Qd + Qs)/Qd$$

Where:  
DF = Dilution Factor  
Qd = Maximum flow rate of the discharge in cubic feet per second (cfs) (1.0 gpm = 0.00223 cfs)  
Qs = Receiving water 7Q10 (cfs) where,  
7Q10 = The minimum flow (cfs) for 7 consecutive days with a recurrence interval of 10 years

$$DF = (0.167 + 0.86)/0.167$$

$$DF = 6.1$$

Therefore, with a Dilution Factor of 6.1, utilize column with Dilution Range Concentration of 5 - 10 in Appendix IV in the NPDES RGP.