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January 25, 2006

Office of Ecosystem Protection
U.S. Environmental Protection Agency
One Congress Street, Suite 1100
Boston, Massachusetts 02114-2023

Attn: Municipal Permits Branch
George Papadopoulos

Re: Request for Approval for Groundwater Discharge
250 Pembroke Street
Kingston, Massachusetts
DEP Site No. 4-18576

Dear Mr. Pappadopoulos:

OHI Engineering, Inc. (OHI) has received approval from the Massachusetts Department of Environmental Protection (DEP) for implementation of a groundwater recovery and treatment system at the above-referenced location. Groundwater at this site has been affected by a release of gasoline. In January 2005 maximum dissolved gasoline in groundwater was approximately 77 mg/L, however, as of July 2005, maximum gasoline concentrations diminished to approximately 3 mg/L. The approved groundwater treatment system consists of a *dual phase* pneumatic pump, which is anticipated to recover groundwater at a rate of approximately 10 GPM. Recovered groundwater will be treated with two 250-lb. *granular activated carbon (GAC)* filters (in-series).

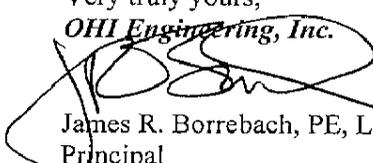
OHI requests your approval to discharge treated groundwater to the Town of Kingston's stormwater system, with final discharge to the Jones River approximately 0.25 miles south of the site. Sampling of the groundwater treatment system will be performed in accordance with EPA's standard criteria for gasoline (i.e., TPH, BTEX, MTBE, and naphthalene).

The NPDES application form, an area map, and copies of recent groundwater testing reports are attached.

Please contact us at any time if you have questions, or if we may further facilitate this process, as we are ready to start up the system and begin treatment.

Very truly yours,

OHI Engineering, Inc.



James R. Borrebach, PE, LSP
Principal

attachments

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

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

a) Name of facility/site: SILVER LAKE REGIONAL HIGH SCHOOL		Facility/site address: 250 PEMBROKE STREET	
Location of facility/site: longitude: 42° 00' 50" W latitude: 70° 47' 12" W	Facility SIC code(s):	Street: 250 PEMBROKE STREET	
b) Name of facility/site owner: MR. JOHN TUFFY		Town: KINGSTON	
Email address of owner: JTUFFY@MAIL.SL-REGIONAL.K12.MA.US		State: MA	Zip: 02364
Telephone no. of facility/site owner: 781-585-4313		County: PLYMOUTH	
Fax no. of facility/site owner:		Owner is (check one): 1. Federal ___ 2. State/Tribal ___	
Address of owner (if different from site):		3. Private ___ 4. other, if so, describe: REGIONAL SCHOOL DISTRICT	
Street: ABOVE			
Town: "	State: "	Zip: "	County: "
c) Legal name of operator: JAMES R. BORREBACH PE/LSP		Operator telephone no: 508-339-3929	
		Operator fax no.: 508-339-3140	Operator email: JBORREBACH@OHIENGINEERING.COM
Operator contact name and title: JAMES R. BORREBACH PE/LSP PRINCIPAL			

Address of operator (if different from owner): 44 WOOD AVENUE		Street:	
Town: MANFIELD	State: MA	Zip: 02048	County: BRISTOL
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 ___ No <input checked="" type="checkbox"/> If "yes," please list: 1. site identification # assigned by the state of NH or MA: 2. permit or license # assigned: N/A 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: SEEK APPROVAL TO DISCHARGE TREATED GROUND WATER TO THE TOWN OF KINGSTONS STORMWATER SYSTEM. SAMPLING OF THE GROUND WATER SYSTEM WILL BE PERFORMED IN ACCORDANCE WITH EPA'S STANDARD CRITERIA FOR GASOLINE		
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 .02 CFS Average flow _____ 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.
	3) Latitude and longitude of each discharge within 100 feet: pt.1: long. 42°00'46" N lat. _____; pt.2: long. 70°47'15" W 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 <u>X</u> or seasonal _____? Is discharge ongoing Yes ___ No <u>X</u> ?
c) Expected dates of discharge (mm/dd/yy): start <u>2/01/06</u> end <u>2/01/07</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 ATTACHED

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 <input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>									
2. Total Residual Chlorine	<input checked="" type="checkbox"/>									
3. Total Petroleum Hydrocarbons		<input checked="" type="checkbox"/>								
4. Cyanide		<input checked="" type="checkbox"/>								
5. Benzene		<input checked="" type="checkbox"/>								
6. Toluene		<input checked="" type="checkbox"/>								
7. Ethylbenzene		<input checked="" type="checkbox"/>								
8. (m,p,o) Xylenes		<input checked="" type="checkbox"/>								
9. Total BTEX ⁴		<input checked="" type="checkbox"/>								

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)	✓									
11. Methyl-tert-Butyl Ether (MtBE)		✓								
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓									
14. Naphthalene	✓									
15. Carbon Tetrachloride	✓									
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 Dichloroethylene	✓									
23. Dichloromethane (Methylene Chloride)	✓									
24. Tetrachloroethylene	✓									

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	✓									
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 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	✓									
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 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	✓									
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:

<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___ N_✓_</p>	<p>If yes, which metals? N/A</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: _____ N/A _____ DF: _____</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___ N___ 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: GROUNDWATER TREATMENT SYSTEM WILL CONSISTS OF A DUAL PHASE PNEUMATIC PUMP. ANTICIPATED RECOVERY RATE OF APPROXIMATELY 10 GPM. RECOVERED GROUND WATER WILL BE TREATED WITH TWO 250^{lb} GRANULAR ACTIVATED CARBON (GAC) FILTERS IN SERIES (SEE ATTACHED)

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 10 GPM Maximum flow rate of treatment system N/A Design flow rate of treatment system 10 GPM

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

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 type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe):
<u>STORM WATER SYSTEM</u>						

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:
SYSTEM EFFLUENT TO DISCHARGE INTO A STORM DRAIN TIED INTO THE TOWN OF KINGSTON'S STORM WATER SYSTEM. DRAINAGE ULTIMATELY ENDS AT A HEADWALL LEADING TOWARDS THE JONES 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, SEE ATTACHED

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water .49 cfs
 Please attach any calculation sheets used to support stream flow and dilution calculations. SEE ATTACHED

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes No If yes, for which pollutant(s)? PATHOGENS

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.