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:

<table>
<tr><td colspan="2">a) Name of facility/site:
Strassler Residence</td><td colspan="4">Facility/site address:
102 West Road, Alford, Massachusetts</td></tr>
<tr><td>Location of facility/site:
longitude: -73.4 latitude: 42.23</td><td>Facility SIC code(s):</td><td colspan="4">Street:</td></tr>
<tr><td colspan="2">b) Name of facility/site owner: Robert Strassler</td><td colspan="4">Town: Alford</td></tr>
<tr><td colspan="2" rowspan="2">Email address of owner:
rbs750@aol.com
Telephone no.of facility/site owner: (413) 528-3225</td><td rowspan="2">State:
MA</td><td rowspan="2">Zip:
01230</td><td rowspan="2">County:
Berkshire</td></tr>
<tr></tr>
<tr><td colspan="2">Fax no. of facility/site owner: (413) 528-5685
Address of owner (if different from site):</td><td colspan="3">Owner is (check one): 1. Federal____ 2. State/Tribal____
3. Private__✔___ 4. other, if so, describe:</td></tr>
<tr><td colspan="5">Street: P.O. Box 750</td></tr>
<tr><td>Town: Great Barrington</td><td>State: MA</td><td>Zip: 01230</td><td colspan="2">County: Berkshire</td></tr>
<tr><td rowspan="2">c) Legal name of operator:
Maxymillian Technologies, Inc.</td><td colspan="4">Operator telephone no: (413) 499-3050</td></tr>
<tr><td colspan="2">Operator fax no.: (413) 443-0511</td><td colspan="2">Operator email:
janthony@maxymillian.com</td></tr>
<tr><td colspan="5">Operator contact name and title: John B. Anthony, Vice-President</td></tr>
</table>

Address of **operator** (if different from owner):	Street: 1801 East Street		
Town: Pittsfield	State: MA	Zip: 01201	County: Berkshire

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✔
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:

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:

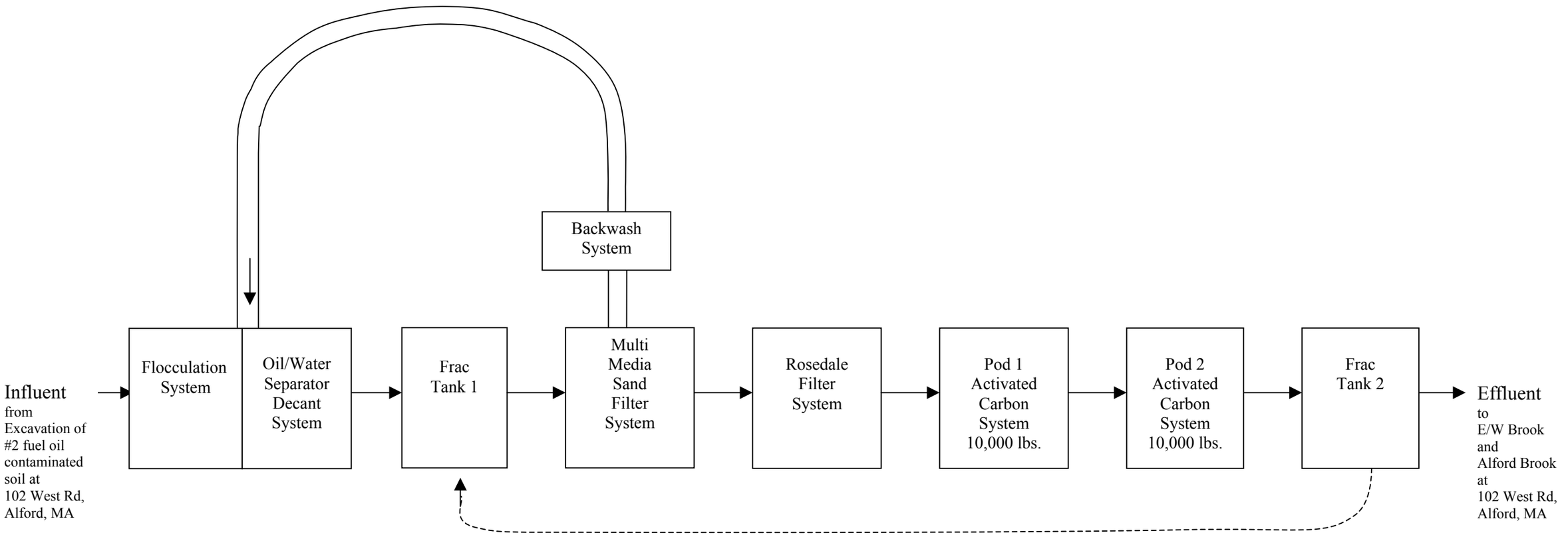
a) Describe the discharge activities for which the owner/applicant is seeking coverage:
Collection treatment and discharge of ground water during excavation of #2 heating oil contaminated soils.

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_____ Average flow_____ Is maximum flow a **design value**? Y✔ N___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. Estimate

3) Latitude and longitude of each discharge within 100 feet: pt.1:long.-73.4 lat.42.24; 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): N/A	5) Is the discharge intermittent_____ or seasonal_____? Is discharge ongoing Yes ✔ No_____?
c) Expected dates of discharge (mm/dd/yy): start 03/13/06 end 09/13/06	
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).	

Strassler / Alford Water Treatment System



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 ☐	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	☐	✔	1	grab	2540D	5 ppm	9000			
2. Total Residual Chlorine	✔	☐	1	grab	8167	.02 ppm	<ML			
3. Total Petroleum Hydrocarbons	☐	✔	1	grab	8100	0.2 ppm	2000			
4. Cyanide	✔	☐	1	grab	9012A	.01 ppm	<ML			
5. Benzene	☐	✔	1	grab	524.2	0.5 ppb	4			
6. Toluene	☐	✔	1	grab	524.2	0.5 ppb	10.8			
7. Ethylbenzene	☐	✔	1	grab	524.2	0.5 ppb	6.5			
8. (m,p,o) Xylenes	☐	✔	1	grab	524.2	0.5 ppb	81.9			
9. Total BTEX[4]	☐	✔					103.2			

[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)	✔		1	grab	524.2	0.5 ppb	<ML			
11. Methyl-tert-Butyl Ether (MtBE)		✔	1	grab	524.2	0.5 ppb	10.6			
12. tert-Butyl Alcohol (TBA)	✔		1	grab	524.2	10 ppb	<ML			
13. tert-Amyl Methyl Ether (TAME)		✔	1	grab	524.2	0.5 ppb	0.9			
14. Naphthalene		✔	1	grab	524.2	0.5 ppb	70.4			
15. Carbon Tetra-chloride	✔		1	grab	524.2	0.5 ppb	<ML			
16. 1,4 Dichlorobenzene	✔		1	grab	524.2	0.5 ppb	<ML			
17. 1,2 Dichlorobenzene	✔		1	grab	524.2	0.5 ppb	<ML			
18. 1,3 Dichlorobenzene	✔		1	grab	524.2	0.5 ppb	<ML			
19. 1,1 Dichloroethane	✔		1	grab	524.2	0.5 ppb	<ML			
20. 1,2 Dichloroethane	✔		1	grab	524.2	0.5 ppb	<ML			
21. 1,1 Dichloroethylene	✔		1	grab	524.2	0.5 ppb	<ML			
22. cis-1,2 Dichloro-ethylene	✔		1	grab	524.2	0.5 ppb	<ML			
23. Dichloromethane (Methylene Chloride)	✔		1	grab	524.2	0.5 ppb	<ML			
24. Tetrachloroethylene	✔		1	grab	524.2	0.5ppb	<ML			

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)
25. 1,1,1 Trichloroethane	✔		1	grab	524.2	0.5 ppb	<ML			
26. 1,1,2 Trichloroethane	✔		1	grab	524.2	0.5ppb	<ML			
27. Trichloroethylene	✔		1	grab	524.2	0.5 ppb	<ML			
28. Vinyl Chloride	✔		1	grab	524.2	0.5 ppb	<ML			
29. Acetone	✔		1	grab	524.2	10 ppb	<ML			
30. 1,4 Dioxane	✔		1	grab	analysis pending		<ML			
31. Total Phenols	✔		1	grab	analysis pending		<ML			
32. Pentachlorophenol	✔		1	grab	525.2	0.2 ppb	<ML			
33. Total Phthalates [5] (Phthalate esthers)	✔		1	grab	8270C	2.6 ppb	<ML			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✔		1	grab	8270c	2.6 ppb	<ML			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✔		1	grab	525.2	0.2 ppb	<ML			
b. Benzo(a) Pyrene	✔		1	grab	525.2	0.2 ppb	<ML			
c. Benzo(b)Fluoranthene	✔		1	grab	525.2	0.2 ppb	<ML			
d. Benzo(k) Fluoranthene	✔		1	grab	525.2	0.2 ppb	<ML			
e. Chrysene	✔		1	grab	525.2	0.2 ppb	<ML			

[5] The sum of individual phthalate compounds.

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	✔		1	grab	525.2	0.2 ppb	<ML			
g. Indeno(1,2,3-cd) Pyrene	✔		1	grab	525.2	0.2 ppb	<ML			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✔									
h. Acenaphthene		✔	1	grab	525.2	0.5 ppb	3.37			
i. Acenaphthylene	✔		1	grab	525.2	0.2 ppb	<ML			
j. Anthracene		✔	1	grab	525.2	0.2 ppb	0.589			
k. Benzo(ghi) Perylene	✔		1	grab	525.2	0.2 ppb	<ML			
l. Fluoranthene	✔		1	grab	525.2	0.5 ppb	<ML			
m. Fluorene		✔	1	grab	525.2	0.2 ppb	2.94			
n. Naphthalene-		✔	1	grab	525.2	0.5 ppb	45.5			
o. Phenanthrene		✔	1	grab	525.2	0.2 ppb	3.31			
p. Pyrene		✔	1	grab	525.2	0.2 ppb	0.326			
37. Total Polychlorinated Biphenyls (PCBs)	✔		1	grab	608	0.2 ppb	<ML			
***3*8. Antimony**	✔		1	grab	200.7	.01 ppm	<ML			
39. Arsenic	✔		1	grab	200.7	.008ppm	<ML			
40. Cadmium	✔		1	grab	200.7	.002ppm	<ML			
41. Chromium III	✔		1	grab	200.7	.005ppm	<ML			
42. Chromium VI	✔		1	grab	200.7	.005ppm	<ML			

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	✔		1	grab	200.7	.005ppm	<ML			
44. Lead	✔		1	grab	200.7	.007ppm	<ML			
45. Mercury	✔		1	grab	245.2	0.2 ppb	<ML			
46. Nickel	✔		1	grab	200.7	.005ppm	<ML			
47. Selenium	✔		1	grab	200.7	.015ppm	<ML			
48. Silver	✔		1	grab	200.7	.02 ppm	<ML			
49. Zinc		✔	1	grab	200.7	7.5 ppb	7.7			
50. Iron	✔		1	grab	analysis pending		<ML			
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___ N__✔__	If yes, which metals?
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:_____ DF: _____	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:

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:

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): Flocculation System, Multi-Media Sand Filter System,			

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 1-200 Maximum flow rate of treatment system up to 400 Design flow rate of treatment system 400

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

none to be used

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 waters will be to W/E Brook which in turn discharges into Alford Brook.

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 no information available 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)?

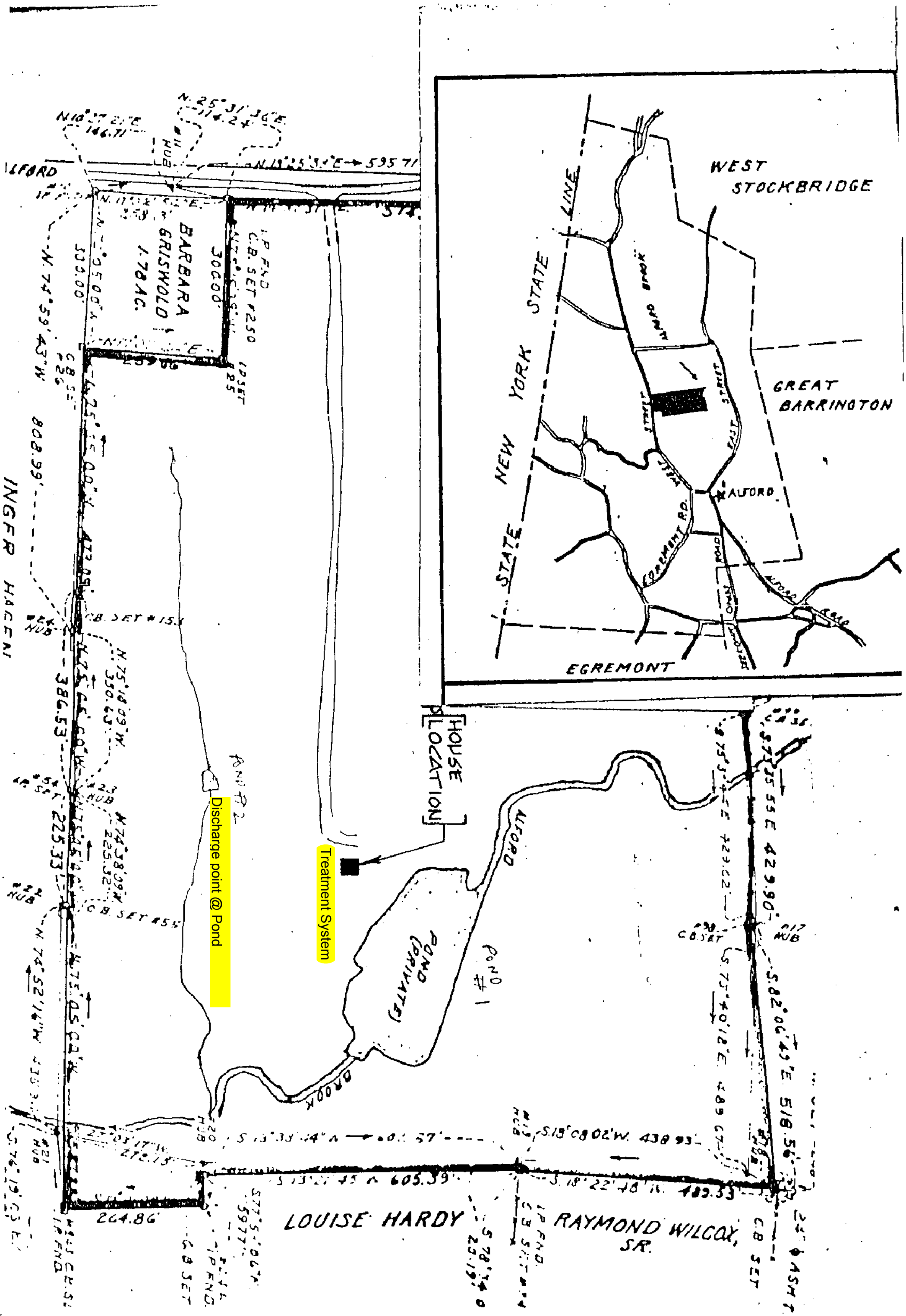
Is there a TMDL? Yes ☐ No ✔ If yes, for which pollutant(s)?

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? ☐ 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? Yes ☐ 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 ✔

Pond # I a



NOTE:
BASE MAP PROVIDED BY OWNER.

SITE PLAN
Scale: AS SHOWN

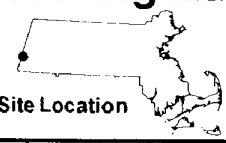
MA DEP #1-16011

Design REM Check ____ Drawn REM	MAXYMILLIAN Technologies	#2 HEATING OIL RELEASE STRASSLER RESIDENCE 102 WEST ROAD ALFORD, MASSACHUSETTS	JOB# 05143 DATE: DECEMBER 2005	FIGURE 3

MA DEP - Bureau of Waste Site Cleanup

Site Scoring Map: 500 feet & 0.5 Mile Radii

SITE NAME:
Strassler
102 West Road
ALFORD, MA 01266
421502n 732504ew



The information shown on this map is the best available at the date of printing. Please refer to the data source descriptions document.

MASS GIS — Massachusetts Geographic Information System
Massachusetts Executive Office of Environmental Affairs 2005

ALFORD

WEST

Alford Brook

EAST ROAD

WEST ROAD

FIGURE 4
MA DEP #1-16011

Roads: Limited Access, Divided, Major Road, Connector, Street, Track, Trail

Boundaries: Town, County, DEP Region; Train; Powerline; Pipeline; Aqueduct

Basins: Major, Sub; Streams: Perennial, Intermittent, Man Made Shore, Dams

Potentially Productive Aquifers: Medium, High Yield

Non-Potential Drinking Water Source Area: Medium, High Yield

EPA Sole Source Aquifer; FEMA 100-year floodplain

Public Water Supplies: Ground, Surface, Non Community

Approved Zone2; IWPA; Surface Water Supply Zone A

Hydrography: Water Features, Public Surface Water Supply

Wetlands: Fresh, Salt, NHESP Wetlands Habitat

Protected Open Space; ACEC

DEP Permitted Solid Waste Facilities; Certified Vernal Pools

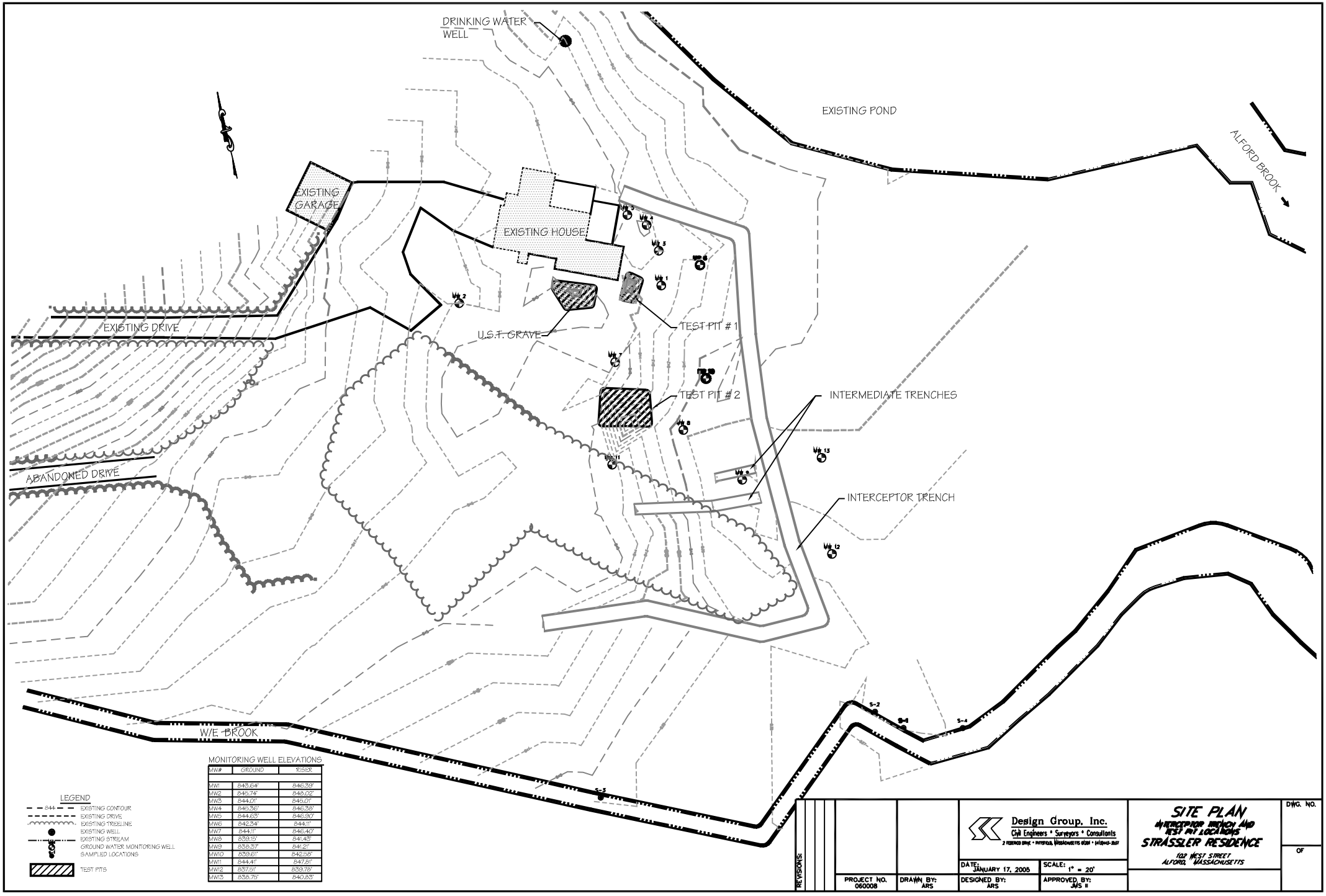
N
W
E
S

SCALE 1:15000

0 1/2 MILES

0 1/2 KILOMETERS

December 07, 2005



MONITORING WELL ELEVATIONS

MW#	GROUND	RISER
MW1	843.64'	846.39'
MW2	845.74'	848.02'
MW3	844.01'	845.01'
MW4	845.36'	846.38'
MW5	844.63'	846.90'
MW6	842.34'	844.11'
MW7	844.11'	846.40'
MW8	839.15'	841.43'
MW9	838.57'	841.21'
MW10	839.61'	842.58'
MW11	844.41'	847.81'
MW12	837.51'	839.75'
MW13	838.75'	840.83'

REVISIONS:

Design Group, Inc.
Civil Engineers • Surveyors • Consultants
2 FEDERAL DRIVE • FITCHBURG, MASSACHUSETTS 01420 • (978)345-3567

PROJECT NO. 060008 | DRAWN BY: ARS | DESIGNED BY: ARS | DATE: JANUARY 17, 2005 | SCALE: 1" = 20' | APPROVED BY: JWS II

SITE PLAN
w/INTERCEPTOR TRENCH AND TEST PIT LOCATIONS
STRASSLER RESIDENCE
102 WEST STREET
ALFORD, MASSACHUSETTS

DWG. NO.

OF

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: Strassler Residence

Operator signature:

Electronic signature removed

Title: Vice-President

Date: 02/24/06