

MAG-910329

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: Fan Pier Parcel F | | Facility/site address: 28-52 Northern Avenue | | |
| Location of facility/site: longitude: 71.02 latitude: 42.21 | Facility SIC code(s): | Street: Northern Avenue | | |
| b) Name of facility/site owner: Fan Pier Development, LLC | | Town: Boston | | |
| Email address of owner: rmartini@falloncompany.com | | State: MA | Zip: 02210 | County: Suffolk |
| Telephone no. of facility/site owner: (617) 737-4100 | | 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: (617) 737-4101 | | | | |
| Address of owner (if different from site): Street: Two Seaport Lane, 11th Floor | | | | |
| Town: Boston | State: MA | Zip: 02110 | County: Suffolk | |
| c) Legal name of operator: Fan Pier Development, LLC | | Operator telephone no: (617) 737-4100 | | |
| | | Operator fax no.: (617) 737-4101 | Operator email: rmartini@falloncompany.com | |
| Operator contact name and title: Mr. Richard Martini, Executive Vice President | | | | |

| | | | |
|--|--------|--|---------|
| Address of operator (if different from owner): | | Street: | |
| Town: | State: | Zip: | County: |
| 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: 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 <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: Construction dewatering to be performed concurrently with site excavation for construction of high-rise building with three levels of below-grade parking. Excavation and construction will be performed within a continuously interlocking steel sheet pile wall installed just beyond the perimeter foundation walls of the structure. The sheet pile wall will be restrained using temporary bracing consisting of either internal and/or external supports. A perimeter ground-water cutoff will be provided during the construction period by the sheet piling toe embedment into the marine clay deposit. | | |
| 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>.223</u> Average flow <u>.156</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. 35 to 100 GPM during initial stages of excavation of granular soils 20 to 50 GPM during excavation of silty clay soil |
| 3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71.02</u> lat. <u>42.21</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 _____? Is discharge ongoing Yes <input checked="" type="checkbox"/> No _____? |
| c) Expected dates of discharge (mm/dd/yy): start <u>11/01/07</u> end <u>11/01/09</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). | |

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 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 | | ✓ | 2 | | 160.2 | | 40000 | 87.34 | 212 | 46.29 |
| 2. Total Residual Chlorine | ✓ | | | | 330.1 | 50 | ND | | | |
| 3. Total Petroleum Hydrocarbons | ✓ | | | | 1664 | 4 | ND | | | |
| 4. Cyanide | | ✓ | | | 335.4 | 5 | 16 | .00349 | 11 | .0048 |
| 5. Benzene | ✓ | | | | 624 | 1 | ND | | | |
| 6. Toluene | ✓ | | | | 624 | 1 | ND | | | |
| 7. Ethylbenzene | ✓ | | | | 624 | 1 | ND | | | |
| 8. (m,p,o) Xylenes | ✓ | | | | 624 | 2 | ND | | | |
| 9. Total BTEX ⁴ | ✓ | | | | 624 | | ND | | | |

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) | ✓ | | | | 504.1 | .019 | ND | | | |
| 11. Methyl-tert-Butyl Ether (MtBE) | ✓ | | | | 624 | 20 | ND | | | |
| 12. tert-Butyl Alcohol (TBA) | ✓ | | | | 624 | 100 | ND | | | |
| 13. tert-Amyl Methyl Ether (TAME) | ✓ | | | | 624 | 20 | ND | | | |
| 14. Naphthalene | ✓ | | | | 624 | 4.9 | ND | | | |
| 15. Carbon Tetrachloride | ✓ | | | | 624 | 1 | ND | | | |
| 16. 1,4 Dichlorobenzene | ✓ | | | | 624 | 5 | ND | | | |
| 17. 1,2 Dichlorobenzene | ✓ | | | | 624 | 5 | ND | | | |
| 18. 1,3 Dichlorobenzene | ✓ | | | | 624 | 5 | ND | | | |
| 19. 1,1 Dichloroethane | ✓ | | | | 624 | 1.5 | ND | | | |
| 20. 1,2 Dichloroethane | ✓ | | | | 624 | 1.5 | ND | | | |
| 21. 1,1 Dichloroethylene | ✓ | | | | 624 | 1 | ND | | | |
| 22. cis-1,2 Dichloroethylene | ✓ | | | | 624 | 1 | ND | | | |
| 23. Dichloromethane (Methylene Chloride) | ✓ | | | | 624 | 5 | ND | | | |
| 24. Tetrachloroethylene | ✓ | | | | 624 | 1.5 | ND | | | |

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|--|----------------|-----------------|--------------------------|-----------------------------|-----------------------------------|-----------------------------------|----------------------|-----------|----------------------|-----------|
| | | | | | | | concentration (ug/l) | mass (kg) | concentration (ug/l) | mass (kg) |
| 25. 1,1,1 Trichloroethane | ✓ | | | | 624 | 2 | ND | | | |
| 26. 1,1,2 Trichloroethane | ✓ | | | | 624 | 1.5 | ND | | | |
| 27. Trichloroethylene | ✓ | | | | 624 | 1 | ND | | | |
| 28. Vinyl Chloride | ✓ | | | | 624 | 2 | ND | | | |
| 29. Acetone | ✓ | | | | 624 | 10 | ND | | | |
| 30. 1,4 Dioxane | ✓ | | | | 624 | 2,000 | ND | | | |
| 31. Total Phenols | ✓ | | | | 420.1 | | ND | | | |
| 32. Pentachlorophenol | ✓ | | | | 8270 | .78 | ND | | | |
| 33. Total Phthalates ⁵ (Phthalate esthers) | ✓ | | | | 8270 | | ND | | | |
| 34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate] | ✓ | | | | 8270 | 9.8 | ND | | | |
| 35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH) | ✓ | | | | 8270 | | ND | | | |
| a. Benzo(a) Anthracene | ✓ | | | | 8270 | .2 | ND | | | |
| b. Benzo(a) Pyrene | ✓ | | | | 8270 | .2 | ND | | | |
| c. Benzo(b)Fluoranthene | ✓ | | | | 8270 | .2 | ND | | | |
| d. Benzo(k) Fluoranthene | ✓ | | | | 8270 | .2 | ND | | | |
| e. Chrysene | ✓ | | | | 8270 | .2 | ND | | | |

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 | ✓ | | | | 8270 | .2 | ND | | | |
| g. Indeno(1,2,3-cd) Pyrene | ✓ | | | | 8270 | .2 | ND | | | |
| 36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH) | ✓ | | | | | | | | | |
| h. Acenaphthene | | ✓ | | | 8270 | .2 | 0.52 | .00011 | 0.36 | .000075 |
| i. Acenaphthylene | ✓ | | | | 8270 | .2 | ND | | | |
| j. Anthracene | | ✓ | | | 8270 | .2 | 0.58 | .00013 | 0.39 | .000085 |
| k. Benzo(ghi) Perylene | ✓ | | | | 8270 | .2 | ND | | | |
| l. Fluoranthene | | ✓ | | | 8270 | .2 | 0.74 | .00016 | 0.6 | .00013 |
| m. Fluorene | | ✓ | | | 8270 | .2 | 0.22 | .00005 | 0.21 | .000045 |
| n. Naphthalene- | ✓ | | | | 8270 | .2 | ND | | | |
| o. Phenanthrene | | ✓ | | | 8270 | .2 | 0.66 | .00014 | 0.43 | .00009 |
| p. Pyrene | | ✓ | | | 8270 | .2 | 0.51 | .00011 | 0.42 | .00009 |
| 37. Total Polychlorinated Biphenyls (PCBs) | ✓ | | | | 608 | .258 | ND | | | |
| 38. Antimony | | ✓ | | | | .5 | 0.8 | 0.0002 | 0.75 | .0002 |
| 39. Arsenic | | ✓ | | | 200.7 | | 17.2 | 0.00376 | 12.9 | .00282 |
| 40. Cadmium | ✓ | | | | GFAA | .2 | ND | 0.00004 | | |
| 41. Chromium III | | ✓ | | | 200.7 | | 18.5 | 0.00404 | 13.6 | .00297 |
| 42. Chromium VI | ✓ | | | | 200.7 | 20 | ND | 0.00437 | | |

| 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 | | ✓ | | | 200.7 | | 13.8 | 0.00301 | 8.55 | .001865 |
| 44. Lead | | ✓ | | | GFAA | | 11.6 | 0.00253 | 7.4 | .001615 |
| 45. Mercury | ✓ | | | | 245.2 | .2 | ND | 0.00004 | | |
| 46. Nickel | | ✓ | | | 200.7 | | 12.6 | 0.00275 | 9.35 | .00204 |
| 47. Selenium | | ✓ | | | 200.7 | 1 | 13 | 0.00284 | 8 | .00175 |
| 48. Silver | ✓ | | | | GFAA | .4 | ND | 0.00009 | | |
| 49. Zinc | | ✓ | | | 200.7 | | 39.3 | 0.00858 | 27.6 | .006025 |
| 50. Iron | | ✓ | | | 200.7 | | 11000 | 2.40192 | 8000 | 1.74685 |
| 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 <input checked="" type="checkbox"/> N <input type="checkbox"/></p> | <p>If yes, which metals? Copper, Lead, Nickel, and Iron</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: <u>Dilution Factor does not apply, discharging directly into salt water body.</u> 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 <input type="checkbox"/> N <input type="checkbox"/> 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:
 Two (2) sedimentation tanks with 10,000-gallons capacity and a cyanide treatment system in series. A test of the effluent will be completed prior to discharge into the storm drain system, and additional filtration and/or metal treatment will be added to meet permit limits. See attached figure.

| | | | | | | |
|--|--------------|----------------|---|--------------------|------------|------------|
| 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): Cyanide treatment system which may include but is not limited to ion exchange, precipitation, coagulation and flocculation, adsorption, and absorption. | | | |

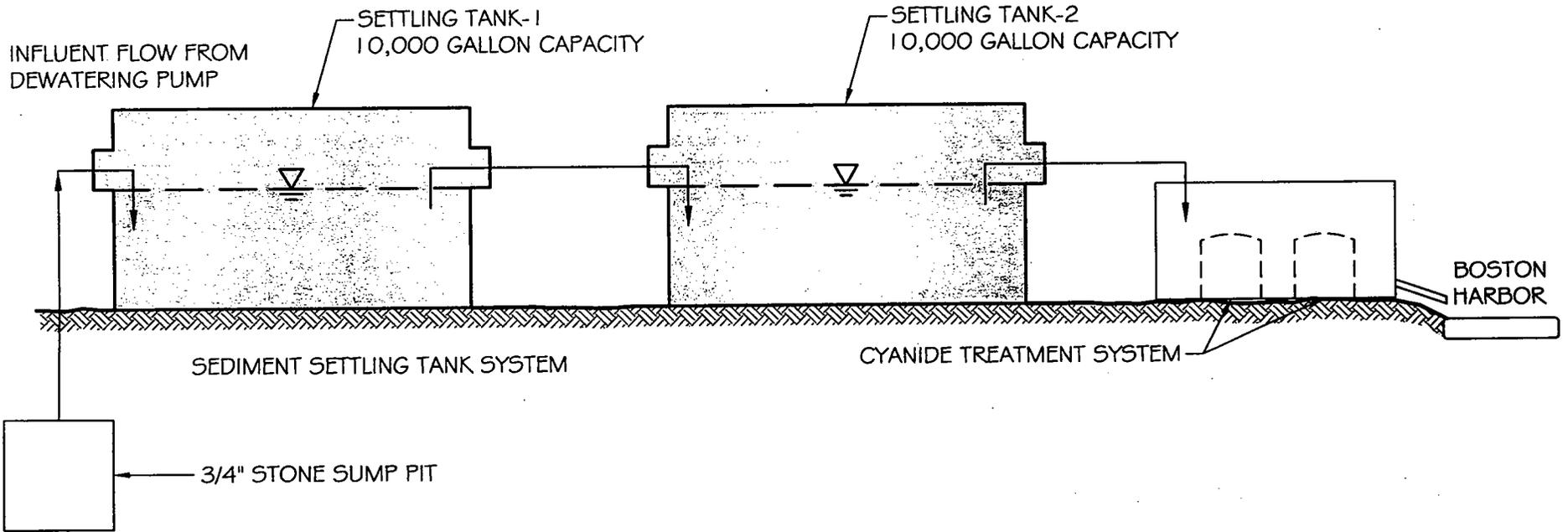
c) Proposed **average** and **maximum flow rates** (gallons per minute) for the discharge and the **design flow rate(s)** (gallons per minute) of the treatment system:
 Average flow rate of discharge 50 Maximum flow rate of treatment system 100 Design flow rate of treatment system NA

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):
 None

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): |
|------------------------------------|--|--|--------------------------------------|--------------------------------------|-----------------------------------|-------------------|

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:
 See Figure 2 in attached report. The construction dewatering discharge will be pumped directly into Boston's Inner Harbor located immediately to the north of the subjects site.



| | | | |
|---|---|---------------|---------------|
|  McPHAIL ASSOCIATES, INC. Geotechnical Engineers 30 Norfolk Street Cambridge, MA 02139 617/868-1420 617/868-1423 (Fax) | PARCEL F - FAN PIER | | |
| | BOSTON | MASSACHUSETTS | |
| | SCHEMATIC OF WATER FLOW | | |
| | FOR U.S. ENVIRONMENTAL PROTECTED AGENCY BY McPHAIL ASSOCIATES, INC. CONSULTING GEOTECHNICAL ENGINEERS | | |
| Date: AUGUST 2007 | Dwn: M.B.S. | Chkd: W.J.B. | Scale: N.T.S. |
| Project No: 4426 | | | |

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 SB

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water N/A 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? 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

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: Fan Pier Parcel F, Fan Pier Development, LLC

Operator signature:

A handwritten signature in black ink, appearing to be "Munt", written over a horizontal line.

Title:

Date:

SEPT. 11, 2007