

**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: First Science Complex		Facility/site address:		
Location of facility/site: longitude: <u>71.12</u> latitude: <u>42.36</u>		Facility SIC code(s):	Street: Western Avenue	
b) Name of facility/site owner: President and Fellow of Harvard College c/o Allston Development Group		Town: Allston		
Email address of owner: Allison_Nichols@harvard.edu		State: MA	Zip: 02134	County: Suffolk
Telephone no. of facility/site owner: (617) 495-2956		<b>Owner is (check one):</b> 1. Federal ___ 2. State/Tribal ___ 3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Fax no. of facility/site owner: (617) 384-5269				
Address of owner (if different from site):				
Street: Holyoke Center - 1350 Massachusetts Avenue				
Town: Cambridge		State: MA	Zip: 02138	County: Middlesex
c) Legal name of operator: Turner Construction Company		Operator telephone no: (617) 247-6400		
		Operator fax no.: (617) 247-5416	Operator email: cscharff@tcco.com	
Operator contact name and title: Chris Scharff				

Address of <b>operator</b> (if different from owner):		Street: Two Seaport Lane	
Town: Boston	State: MA	Zip: 02210	County: Suffolk
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: Temporary construction dewatering in support of new below grade construction.		
b) Provide the following information about each discharge:	1) Number of discharge points: 3	2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, ft <sup>3</sup> /s)? Max. flow <u>0.67</u> Average flow <u>0.11</u> Is maximum flow a <b>design value</b> ? 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>71.12</u> lat. <u>42.36</u> ; pt.2: long. <u>71.12</u> lat. <u>42.36</u> ; pt.3: long. <u>71.12</u> lat. <u>42.36</u> ; 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>05/01/07</u> end <u>12/01/10</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 Figures 2 (Proposed Treatment System Schematic) and 3 (Proposed Dewatering Discharge Route).

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		✓	3	GRAB	160	5000	16000			
2. Total Residual Chlorine	✓		3	GRAB	330	20/50	ND			
3. Total Petroleum Hydrocarbons	✓		3	GRAB	1664	4000	ND			
4. Cyanide	✓		3	GRAB	335	5	ND			
5. Benzene	✓		3	GRAB	624	1/5	ND			
6. Toluene	✓		3	GRAB	624	1/5	ND			
7. Ethylbenzene	✓		3	GRAB	624	1/5	ND			
8. (m,p,o) Xylenes	✓		3	GRAB	624	1/5	ND			
9. Total BTEX <sup>4</sup>	✓		3	GRAB	624		ND			

<sup>4</sup>BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.