

MARTIN MISTRETTA
NH 6910011

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: Former Pease AFB Plume 13/14 AS/SVE		Facility/site address:	
Location of facility/site: longitude: 43 04' 2" latitude: -70 48' 40"	Facility SIC code(s):	Street: 20 Short Street	
b) Name of facility/site owner: AFCEE		Town: Portsmouth	
Email address of owner:	State: NH	Zip: 03801	County: Rockingham
Telephone no. of facility/site owner: 207-328-7109	Owner is (check one): 1. Federal <input checked="" type="checkbox"/> 2. State/Tribal <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. other, if so, describe:		
Fax no. of facility/site owner: 269-328-7131			
Address of owner (if different from site): AFRPA Eastern Region		Street: 154 Development Drive, Suite G	
Town: Limestone	State: ME	Zip: 04750	County: Aroostook
c) Legal name of operator: URS Corporation	Operator telephone no: 716-856-5636		
	Operator fax no.: 716-856-2545	Operator email: martin_mistretta@urscorp.com	
Operator contact name and title: Martin Mistretta, Pease/Loring Site Manager			
Address of operator (if different from owner):		Street: 77 Goodell Street	
Town: Buffalo	State: NY	Zip: 14203	County: Erie
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 ___ No ___			

<p>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"/></p> <p>If "yes," please list:</p> <ol style="list-style-type: none"> 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: 	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <ol style="list-style-type: none"> 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:
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2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:

<p>a) Describe the discharge activities for which the owner/applicant is seeking coverage:</p> <p style="text-align: center; font-size: 1.2em;">See Attached Letter</p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points:</p> <p style="text-align: center; font-size: 1.2em;">1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>0.11</u></p> <p>Average flow <u>0.05</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N ___</p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1:long. <u>43 4'</u> lat. <u>70 49'</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.</p>		
<p>4) If hydrostatic testing, total volume of the discharge (gals):</p>	<p>5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____?</p> <p>Is discharge ongoing Yes <input checked="" type="checkbox"/> No _____?</p>	
<p>c) Expected dates of discharge (mm/dd/yy): start <u>09/17/07</u> end <u>09/09/10</u></p>		
<p>d) Please attach a line drawing or flow schematic showing water flow through the facility including:</p> <p>1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).</p>		

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 (ug/L)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		✓	2	Grab	160.2	10,000	100,000	1.6	51,700	0.86
2. Total Residual Chlorine	✓		2	Grab	330.1	20	0	0	0	0
3. Total Petroleum Hydrocarbons			2	Grab	1664A	4,000	0	0	0	0
4. Cyanide	✓		2	Grab	335.2	5	0	0	0	0
5. Benzene		✓	3	Grab	624	20	1,900	3.2E-02	787.7	1.3E-02
6. Toluene		✓	3	Grab	624	20	15	2.5E-03	5	8.3E-05
7. Ethylbenzene		✓	3	Grab	624	20	620	1.0E-02	303.3	5.1E-03
8. (m,p,o) Xylenes		✓	3	Grab	624	40	2,000	3.3E-02	823.3	1.4E-02
9. Total BTEX ⁴		✓	3	Grab	624	40	4,535	7.7E-02	1,919.3	3.2E-02

⁴BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide ⁵ (1,2- Dibromo-methane)	✓		2	Grab	504.1	0.02	0	0	0	0
11. Methyl-tert-Butyl Ether (MtBE)			3	Grab	624	400	0	0	0	0
12. tert-Butyl Alcohol (TBA)			3	Grab	624	2,000	0	0	0	0
13. tert-Amyl Methyl Ether (TAME)			3	Grab	624	400	0	0	0	0
14. Naphthalene		✓	2	Grab	8270M	0.97	77	1.3E-03	40.9	6.8E-04
15. Carbon Tetra-chloride			3	Grab	624	20	0	0	0	0
16. 1,4 Dichlorobenzene			3	Grab	624	100	0	0	0	0
17. 1,2 Dichlorobenzene			3	Grab	624	100	0	0	0	0
18. 1,3 Dichlorobenzene			3	Grab	624	100	0	0	0	0
19. 1,1 Dichloroethane			3	Grab	624	30	0	0	0	0
20. 1,2 Dichloroethane			3	Grab	624	30	0	0	0	0
21. 1,1 Dichloroethylene			3	Grab	624	20	0	0	0	0
22. cis-1,2 Dichloro-ethylene			3	Grab	624	20	0	0	0	0
23. Dichloromethane (Methylene Chloride)			3	Grab	624	100	0	0	0	0
24. Tetrachloroethylene			3	Grab	624	30	0	0	0	0

⁵EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane			3	Grab	624	40	0	0	0	0
26. 1,1,2 Trichloroethane			3	Grab	624	30	0	0	0	0
27. Trichloroethylene			3	Grab	624	20	0	0	0	0
28. Vinyl Chloride			3	Grab	624	40	0	0	0	0
29. Acetone			3	Grab	624	200	0	0	0	0
30. 1,4 Dioxane	✓		4	Grab	8260	20	0	0	0	0
31. Total Phenols		✓	2	Grab	420.1	30	80	1.3E-03	24	4.0E-04
32. Pentachlorophenol		✓	2	Grab	8270M	0.78	0	0	0	0
33. Total Phthalates ⁶ (Phthalate esters)			2	Grab	8270	4.8	0	0	0	0
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		2	Grab	8270	4.8	0	0	0	0
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✓		2	Grab	8270M	0.19	0	0	0	0
b. Benzo(a) Pyrene	✓		2	Grab	8270M	0.19	0	0	0	0
c. Benzo(b)Fluoranthene	✓		2	Grab	8270M	0.19	0	0	0	0
d. Benzo(k) Fluoranthene	✓		2	Grab	8270M	0.19	0	0	0	0
e. Chrysene	✓		2	Grab	8270M	0.19	0	0	0	0

⁶The 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 (ug/L)	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		2	Grab	8270M	0.19	0	0	0	0
g. Indeno(1,2,3-cd) Pyrene	✓		2	Grab	8270M	0.19	0	0	0	0
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene		✓	2	Grab	8270M	0.19	0.31	5.2E-06	0.16	2.6E-06
i. Acenaphthylene	✓		2	Grab	8270M	0.19	0	0	0	0
j. Anthracene	✓		2	Grab	8270M	0.19	0	0	0	0
k. Benzo(ghi) Perylene	✓		2	Grab	8270M	0.19	0	0	0	0
l. Fluoranthene	✓		2	Grab	8270M	0.19	0	0	0	0
m. Fluorene		✓	2	Grab	8270M	0.19	0.54	9.0E-06	0.27	4.5E-06
n. Naphthalene-		✓	2	Grab	8270M	0.19	77	1.3E-03	40.9	6.8E-04
o. Phenanthrene		✓	2	Grab	8270M	0.19	0.2	3.3E-06	0.1	1.7E-06
p. Pyrene		✓	2	Grab	8270M	0.19	0	0	0	0
37. Total Polychlorinated Biphenyls (PCBs)	✓		2	Grab	608	0.206	0	0	0	0
38. Antimony	✓		2	Grab	6020	0.50	0	0	0	0
39. Arsenic		✓	2	Grab	6020	0.50	458.6	7.6E-03	231.1	3.9E-03
40. Cadmium	✓		2	Grab	6020	0.20	0	0	0	0
41. Chromium III		✓	2	Grab	6020	0.50	3.4	5.7E-05	1.3	2.2E-05
42. Chromium VI	✓		2	Grab	3500CR-D	10	0	0	0	0

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper		✓	2	Grab	6020	0.5	2.3	3.8E-05	1.2	2.2E-05
44. Lead		✓	2	Grab	6020	0.5	0.8	1.3E-05	0.4	6.7E-06
45. Mercury	✓		2	Grab	245.2	0.2	0	0	0	0
46. Nickel		✓	2	Grab	6020	0.5	8.1	1.4E-04	1.5	2.4E-05
47. Selenium		✓	2	Grab	6020	1.0	1	1.7E-05	0.5	8.3E-06
48. Silver	✓		2	Grab	6020	0.4	0	0	0	0
49. Zinc		✓	2	Grab	6020	5	39.7	6.6E-04	6.3	1.1E-04
50. Iron		✓	2	Grab	200.7	50	43,000	0.72	22,250	0.37
Other (describe):		✓	2	Grab	8270M	0.19	32	5.3E-04	16.85	2.7E-04
1-methylnaphthalene		✓	2	Grab	8270M	0.19	35	5.8E-04	17.62	2.9E-04
2-methylnaphthalene		✓	2	Grab	8270M	0.19	2.9	4.8E-05	1.45	2.4E-05
2,6 dimethylnaphthalene		✓	2	Grab	8270M	0.78	7.0	1.2E-04	3.5	5.8E-05
Biphenyl										

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? Arsenic, Iron, Zinc, Copper, Lead</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: Arsenic, Iron, Zinc, Copper, Lead DF: 0-5</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 checked="" type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals: Arsenic, Iron, Zinc, Copper, Lead</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:						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator <input checked="" type="checkbox"/>	Equalization tanks	Bag filter <input checked="" type="checkbox"/>	GAC filter <input checked="" type="checkbox"/>
	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 <u>25 gpm</u> Maximum flow rate of treatment system <u>50 gpm</u> Design flow rate of treatment system <u>25 gpm</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): <u>NA</u>						

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 type="checkbox"/>	Within facility <input type="checkbox"/>	Storm drain <input checked="" 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: <u>See Attached Letter</u>						
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 <u>Class B</u> ,						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water Please attach any calculation sheets used to support stream flow and dilution calculations.				The NHDES indicated that the 7Q10 was "nominal" and the dilution range was 0-5.		
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, for which pollutant(s)? <u>Manganese and Mercury</u> Is there a TMDL? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Has any consultation with the federal services been completed? Yes ___ No <input checked="" type="checkbox"/> or is consultation underway? Yes ___ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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.

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: **Former Pease AFB Plume 13/14 AS/SVE**

Operator signature: **Martin Mistretta**

Title: **Pease/Loring Site Manager**

Date: