

MAG-910319

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: Hydrostatic Testing, Northhampton Lateral, Tennessee Gas Pipeline		Facility/site address: Intersection of existing ROW with Westfield River	
Location of facility/site: longitude: <u>72.71</u> latitude: <u>42.11</u>	Facility SIC code(s): N/A	Street: Off Little River Road	
b) Name of facility/site owner: Tennessee Gas Pipeline Company		Town: Westfield	
Email address of owner: al.garcia@elpaso.com	State: MA	Zip: 01085	County: Hampden
Telephone no. of facility/site owner: (413) 786-1933		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: (413) 786-2922			
Address of owner (if different from site): Street: 1615 Suffield Street			
Town: Agawam	State: MA	Zip: 01001	County: Hampden
c) Legal name of operator: Tennessee Gas Pipeline Company	Operator telephone no: (860) 763-6024		
	Operator fax no.: (860) 763-6041	Operator email: mike.reagan@elpaso.com	
Operator contact name and title: Michael Reagan, Senior Field Project Coordinator			

Address of operator (if different from owner):		Street: 8 Anngina Drive	
Town: Enfield	State: CT	Zip: 06082	County: Hartford
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 <input checked="" type="checkbox"/>			
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: N/A 2. permit or license # assigned: N/A 3. state agency contact information: name, location, and telephone number: N/A		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: Tennessee Gas Pipeline Co. (Tennessee) is seeking coverage for discharge of water resulting from a hydrostatic test of an existing section of pipeline identified as the Northhampton lateral, located between Westford and Greenfield, Massachusetts. The intake and discharge will occur in the City of Westfield at the intersection of the existing pipeline and the Westfield River. The test is necessary to evaluate the integrity of the pipeline. Please see the attached cover letter for additional information.		
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>2.7</u> Average flow <u>2.2</u> Is maximum flow a design value ? Y ___ N <input checked="" type="checkbox"/> * CALCULATED 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>72.72</u> lat. <u>42.11</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>4) If hydrostatic testing, total volume of the discharge (gals): 180000</p>	<p>5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes _____ No <input checked="" type="checkbox"/>?</p>
<p>c) Expected dates of discharge (mm/dd/yy): start <u>08/27/07</u> end <u>09/01/07</u></p>	
<p>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).</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	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	✓									
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons	✓									
4. Cyanide	✓									
5. Benzene	✓									
6. Toluene	✓									
7. Ethylbenzene	✓									
8. (m,p,o) Xylenes	✓									
9. Total BTEX ⁴	✓									

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 Tetra-chloride	✓									
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 Dichloro-ethylene	✓									
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		✓	1	Grab	200.7		150		150	
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: _____ 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:
 Currently, Tennessee proposes to hold the water within the section of pipe until water samples have been analyzed. Based on results from similar projects and the fact that the pipeline was recently pigged, it is anticipated that sample results will meet allowable limits. Once this is confirmed, water will be released to a splash plate and haybale containment structure. The haybales will slow velocity and help to filter the discharge. Water will also filter through existing vegetation for several hundred feet before reaching the river. Please see the attached cover letter for additional information.

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): Energy diffusion device (splash plate) and haybale filters.			

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 987.36 Maximum flow rate of treatment system 606 Design flow rate of treatment system 493.68 * CALCULATED

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):
 No additives will be used in the water.

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): Over land, through vegetation.
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:
 Water will be pumped from the Westfield River just north of the proposed fill site at the existing pipeline. Following the pressurized test, the water will be held until allowable water quality limits are met. Water will be released from the pipe to an adjacent spill site with appropriate controls and BMPs to reduce erosion and velocity, and allowed to filter through vegetation, indirectly to the Westfield River. Please see the attached cover letter for additional information.

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 discharges, 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 B WW (WARM WATER),

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 58.4 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 ___ *

* CATEGORICAL
 CLEARANCE WITH
 SHPO FOR REGULAR
 MAINTENANCE OF
 THE PIPELINE

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.

Attachments include:

Locus map highlighting the work area/discharge point. This includes GIS layers with MADEP wetlands and drinking water supplies.

Locus map highlighting the work area with buildings and districts on the National Register of Historic Places.

Applicable portion of the categorical clearance provided by MHC for maintenance work in the existing gas pipeline corridor.

Line drawing indicating the intake and discharge points in relation to the pipeline. This includes flow through the BMP system.

Lab results of the initial influent water sampling.

Streamstats information regarding the 7Q10 for the receiving water.

Cover letter summarizing the work.

* In addition to the clearance provided by the US Fish and Wildlife Service, Tennessee sent a 2007 Operation and Maintenance Plan to the Massachusetts Natural Heritage and Endangered Species Program for review and clearance of all maintenance activities proposed to occur this year. The hydrostatic test activities were included in this plan. Natural Heritage responded with information regarding state-listed species in the vicinity of the proposed work, and management guidelines to be followed while working in these areas. Tennessee will be implementing the specific guidelines in the work site.

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:	NORTHAMPTON LATERAL, TENNESSEE GAS PIPELINE
Operator signature:	
Title:	AREA MANAGER
Date:	07-12-07