

## T FORD COMPANY, INC.

## FACSIMILE COVER SHEET

TO	Ann Herrick
COMPANY	EPA
FAX #	617 918 0560
DATE	1-30-07
FROM	Jack Enos
COMMENTS	NOT as requested
# OF PAGES INCLUDING THIS COVER SHEET: 13	

IF YOU HAVE ANY QUESTIONS OR YOU DO NOT RECEIVE ALL THE PAGES OF THIS TRANSMISSION, PLEASE CALL (978) 352-5606 AS SOON AS POSSIBLE.

**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:  Keyspan Storage Yard		Facility/site address:  Rear of 176 Main St	
Location of facility/site: longitude: _____ latitude: _____ 72:1':51"      42:4':29.4"	Facility SIC code(s):  4925-01	Street:	
b) Name of facility/site owner: National Grid		Town: Southbridge	
Email address of owner: Attn. Michele Leone  michele.leone@us.ngrid.com		State:  MA	Zip:  01550
Telephone no. of facility/site owner: 508 389 4296		County:  Worcester	
Fax no. of facility/site owner: 508 389 4299		Owner is (check one): 1. Federal ___ 2. State/Tribal ___	
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:	
Street: 25 Research Drive			
Town: Westborough	State: MA	Zip: 01582	County: Worcester
c) Legal name of operator:  T Ford Co Inc.	Operator telephone no:  978 352 5606		
	Operator fax no.:  978 352 7943	Operator email:  jack@tford.com	
Operator contact name and title:  John L. Enos/ Vice President			

Address of operator (if different from owner): <b>118 Tenney St</b>		Street:		
Town: <b>Georgetown</b>	State: <b>MA</b>	Zip: <b>01833</b>	County: <b>Essex</b>	
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 <input checked="" type="checkbox"/> No ___ If "yes," please list: 1. site identification # assigned by the state of NH or MA: <b>RTN 2-11251</b> 2. permit or license # assigned: <b>None</b> 3. state agency contact information: name, location, and telephone number: <b>MADEP Central Region Office 621 Main St. Worcester</b> <b>508 792 7650</b>		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 <input checked="" type="checkbox"/> N ___ if Y, number: <b>Order of Conditions 291-360</b>		

**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: Prior to excavation of the Gas Holder soils the groundwater level will be lowered using deep wells. Discharge from the dewatering pumps will be stored in an 18000 gal Frac Tank with Baffles. Water will then be treated in a mobile treatment system consisting of filtration with a 25 micron bag filter and treatment with Granulated Activated Carbon prior to discharge to an onsite drainage swale.		
b) Provide the following information about each discharge:	1) Number of discharge points:  <b>1</b>	2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft <sup>3</sup> /s)? Max. flow <b>0.11 (50 gpm)</b> Average flow <b>35 gpm</b> 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.  <b>35 gpm = 0.077 cfs</b>
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. ___ lat. ___; 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. <b>pt. 1 Long. 72:151.14" Lat 42:429.37"</b>		

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 _____ No <input checked="" type="checkbox"/> ?
c) Expected dates of discharge (mm/dd/yy): start <u>2/12/07</u> end <u>3/30/07</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). <span style="float: right;">Attached</span>	

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 (Minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method <i>ug/l</i>	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l) <i>*</i>	mass (kg)
1. Total Suspended Solids		X	1	grab	160.2	5000	8000	2.18		1.53
2. Total Residual Chlorine	X		1		330.4	20	< 50	< 0.01		< 0.01
3. Total Petroleum Hydrocarbons		X	1		1664	5000	< 4100	< 1.12		< 0.78
4. Cyanide	X		1		335.3	10	< 10	< 0.00		< 0.00
5. Benzene		X	1		82608	2	20,300	5.53		3.87
6. Toluene		X	1		"	2	14,200	3.87		2.71
7. Ethylbenzene		X	1		"	2	3,120	0.85		0.59
8. (m,p,o) Xylenes		X	1		"	10	4,130	1.12		0.79
9. Total BTEX <sup>4</sup>		X	1		"	2	41,750	11.37		7.96

\* Same as Maximum assumed

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

PARAMETER	Believe Absent	Believe Present	# of Samples (if more than one)	Type of Sample (eg, grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ng/l)	mass (kg)	concentration (ng/l)	mass (kg)
10. Ethylene Dibromide (1,2-Dibromo-methane)		x	1	grab	8260B	0.1	<200	<0.05		<0.04
11. Methyl-tert-Butyl Ether (MTBE)	x		1		"	5	<100	<0.03		<0.02
12. tert-Butyl Alcohol (TBA)	x		1		"	100	<10,000	2.72		1.91
13. tert-Amyl Methyl Ether (TAME)	x		1		"	0.5	<200	<0.05		<0.04
14. Naphthalene		x	1		"	5	6280	1.71		1.20
15. Carbon Tetrachloride	x		1		"	2	<100	<0.03		<0.02
16. 1,4 Dichlorobenzene	x		1		"	2	<100	<0.03		<0.02
17. 1,2 Dichlorobenzene	x		1		"	2	<100	<0.03		<0.02
18. 1,3 Dichlorobenzene	x		1		"	2	<100	<0.03		<0.02
19. 1,1 Dichloroethane	x		1		"	1	<100	<0.03		<0.02
20. 1,2 Dichloroethane	x		1		"	2	<100	<0.03		<0.02
21. 1,1 Dichloroethylene	x		1		"	2	<100	<0.03		<0.02
22. cis-1,2 Dichloroethylene	x		1		"	2	<100	<0.03		<0.02
23. Dichloromethane (Methylene Chloride)	x		1		"	2	<200	<0.05		<0.04
24. Tetrachloroethylene	x		1		"	2	<100	<0.03		<0.02

PARAMETER	Believe Absent	Believe Present	# of Samples (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 (ng/l)	mass (kg)
25. 1,1,1 Trichloroethane	X		1	grab	8260B	2	<100	<0.03		<0.02
26. 1,1,2 Trichloroethane	X		1		"	2	<100	<0.03		<0.02
27. Trichloroethylene	X		1		"	2	<100	<0.03		<0.02
28. Vinyl Chloride	X		1		"	2	<100	<0.03		<0.02
29. Acetone	X		1		"	50	<500	<0.14		<0.10
30. 1,4 Dioxane	X		1		"	50	<2500	<0.68		<0.48
31. Total Phenols	X		1		8270C/ 3510C	1	11.8	0.00		0.00
32. Pentachlorophenol	X		1		8270C	5	<10	0.00		0.00
33. Total Phthalates <sup>5</sup> (Phthalate esters)		X	1		8270C <sup>590C</sup>	5	2.9	0.00		0.00
34. Bis (2-Ethylhexyl) Phthalate (Di-(2-ethylhexyl) Phthalate)		X	1		8270C	5	0.94	0.00		0.00
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	X		1		8270C	Not Specified	ND	-		-
a. Benzo(a) Anthracene	X		1		8270C/ 3510C	5	<2.5	<0.00		<0.00
b. Benzo(a) Pyrene	X		1		"	10	<5	<0.00		<0.00
c. Benzo(b) Fluoranthene	X		1		"	10	<2.5	<0.00		<0.00
d. Benzo(k) Fluoranthene	X		1		"	10	<5	<0.00		<0.00
e. Chrysene	X		1		"	10	<5	<0.00		<0.00

<sup>5</sup>The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (if 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	X		1	grab	8270C / 3510C	10	<5	<0.00		<0.00
g. Indeno(1,2,3-cd) Pyrene	X		1		"	10	<5	<0.00		<0.00
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		X	1		"	Not Specified	44947	1.22		0.86
h. Acenaphthene		X	1		"	1	74.8	0.02		0.01
i. Acenaphthylene		X	1		"	10	154	0.04		0.03
j. Anthracene		X	1		"	10	9.5	0.00		0.00
k. Benzo(ghi) Perylene	X		1		"	5	<5	<0.00		0.00
l. Fluoranthene	X		1		"	1	<5	<0.00		0.00
m. Fluorene		X	1		"	10	30.2	0.01		0.01
n. Naphthalene		X	1		"	2	4190	1.14		0.80
o. Phenanthrene		X	1		"	5	56.8	0.02		0.01
p. Pyrene		X	1		"	10	5	0.00		0.00
37. Total Polychlorinated Biphenyls (PCBs)	X		1		8082	0.5	<0.25	0.00		<0.00
38. Antimony	X		1		6010B	50	<6	0.00		<0.00
39. Arsenic		X	1		"	5	10.7	0.00		0.00
40. Cadmium	X		1		"	5	<4.0	0.00		0.00
41. Chromium III	X		1		"	10	<10	0.00		0.00
42. Chromium VI	X		1		7196A	10	<10	0.00		0.00

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	X		1	grab	6010B	5	< 25	< 0.01		< 0.00
44. Lead	X		1		"	40	< 5.0	< 0.00		< 0.00
45. Mercury	X		1		7470A	0.2	< 0.2	< 0.00		< 0.00
46. Nickel	X		1		6010B	10	< 40	< 0.01		< 0.01
47. Selenium	X		1		"	50	< 10	< 0.00		< 0.00
48. Silver	X		1		"	10	< 5.0	< 0.00		< 0.00
49. Zinc	X		1		"	10	< 20	< 0.01		< 0.00
50. Iron		X	1		"	Not Specified	11,500	3.13		2.19
Other (describe): Styrene		X	1		8260B	Not Specified	1970	0.54		0.38
2-Methylnaphthalene		X	1		8270C/ 3510C	Not Specified	457	0.12		0.09

c) For discharges where metals are believed present, please fill out the following:

<p><b>Step 1:</b> 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? <b>Arsenic and Iron</b></p>
<p><b>Step 2:</b> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part LA.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>Iron, Arsenic</u> DF: <u>1201</u></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: <b>Iron</b></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:  
 System will consist of an 18000 gallon frac tank for initial solids removal followed by a 25 micron bag filter followed by treatment in a 1000 lb vessel with Granulated Activated Carbon. A plan showing the treatment units is attached along with cut sheets for the Bag Filter and Carbon Vessel.

b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter
	X				X	X
	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 35 gpm Maximum flow rate of treatment system 50 gpm Design flow rate of treatment system 35 gpm

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 _____	Within facility__	Storm drain_____	River/brook_____	Wetlands_____	Other (describe): Drainage Swale
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:  
 Discharge from the treatment system will flow into a riprap drainage swale onsite and flow northeast into a seasonal pond adjacent to an abandoned railroad track (see attached plan).  
 The nearest waterway is the Quinebaug River which is approximately 1000 ft. from the site.

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. Sensitive receptors incl. seasonal pond (wetland)

d) Provide the state water quality classification of the receiving water Quinebaug River Basin - Class B (no direct discharge from site wetland to river)

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water NA 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)?  
NA  
 Is there a TMDL? Yes \_\_\_ No \_\_\_ If yes, for which pollutant(s)? NA

**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? \_\_\_ 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  \*

\* Consulted Mass GIS Maps

**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.

3b: Analytical data to support the application is attached. SVOC's were analyzed by both methods 8270C and 3510C (SIM). For contaminants that were detected by both methods the higher concentration is listed in Section 3. For contaminants that were not detected by both methods the lower detection limit is listed in Section 3.

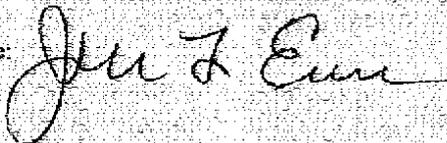
3c: Dilution factor for metals was calculated since some metals have reasonable potential to exceed effluent limits. The stream flow for the nearby Quinebaug River was used in the calculation. It should be noted that there is not direct discharge from the onsite wetland (where treated effluent will be discharged) to the Quinebaug River. The approximate distance from the wetland to the river is 1000 ft.

**& 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: Keyspan Storage Yard

Operator signature:



Title: Vice President

Date: January 26 2007