

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: Russia Wharf Development		Facility/site address: 270 - 286 Congress Street	
Location of facility/site: longitude: <u>71.05</u> latitude: <u>42.35</u>	Facility SIC code(s):	Street: 270 - 286 Congress Street	
b) Name of facility/site owner: BP Russia Wharf LLC - Jon Randall		Town: Boston	
Email address of owner: jrandall@bostonproperties.com		State: MA	Zip: 02110
Telephone no. of facility/site owner: (617) 236-3335		County: Suffolk	
Fax no. of facility/site owner: (617) 421-1566		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: 800 Boylston Street, Suite 1900			
Town: Boston	State: MA	Zip: 02199	County: Suffolk
c) Legal name of operator: John Moriarity & Associates, Inc.		Operator telephone no: (781) 729-3900	
		Operator fax no.: (781) 729-8456	Operator email: FOSullivan@jm-a.com
Operator contact name and title: Finn O'Sullivan, Project Executive			

Address of operator (if different from owner):		Street: 3 Church Street	
Town: Winchester	State: MA	Zip: 01890	County: Middlesex
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, discharged through either a site storm drain or an existing outfall, to the Fort Point Channel.		
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>0.67</u> Average flow <u>0.11</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.
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71.05</u> lat. <u>42.35</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 _____ No <input checked="" type="checkbox"/> ?
c) Expected dates of discharge (mm/dd/yy): start <u>12/01/07</u> end <u>05/01/10</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		✓	1	GRAB	2540	10000	12000			
2. Total Residual Chlorine	✓		1	GRAB	4500	200	ND			
3. Total Petroleum Hydrocarbons	✓		1	GRAB	1664	5000	ND			
4. Cyanide	✓		1	GRAB	9012	10	ND			
5. Benzene	✓		1	GRAB	8260	0.5	ND			
6. Toluene	✓		1	GRAB	8260	0.5	ND			
7. Ethylbenzene	✓		1	GRAB	8260	0.5	ND			
8. (m,p,o) Xylenes	✓		1	GRAB	8260	0.5	ND			
9. Total BTEX ⁴	✓		1	GRAB	8260	0.5	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)	✓		1	GRAB	504.1	0.02	ND			
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	GRAB	8260	0.5	ND			
12. tert-Butyl Alcohol (TBA)	✓		1	GRAB	8260	20	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		1	GRAB	8260	0.5	ND			
14. Naphthalene	✓		1	GRAB	8260	0.5	ND			
15. Carbon Tetrachloride	✓		1	GRAB	8260	0.5	ND			
16. 1,4 Dichlorobenzene	✓		1	GRAB	8260	0.5	ND			
17. 1,2 Dichlorobenzene	✓		1	GRAB	8260	0.5	ND			
18. 1,3 Dichlorobenzene	✓		1	GRAB	8260	0.5	ND			
19. 1,1 Dichloroethane	✓		1	GRAB	8260	0.5	ND			
20. 1,2 Dichloroethane	✓		1	GRAB	8260	0.5	ND			
21. 1,1 Dichloroethylene	✓		1	GRAB	8260	0.5	ND			
22. cis-1,2 Dichloroethylene	✓		1	GRAB	8260	0.5	ND			
23. Dichloromethane (Methylene Chloride)	✓		1	GRAB	8260	2.5	ND			
24. Tetrachloroethylene	✓		1	GRAB	8260	0.5	ND			

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓		1	GRAB	8260	0.5	ND			
26. 1,1,2 Trichloroethane	✓		1	GRAB	8260	0.5	ND			
27. Trichloroethylene	✓		1	GRAB	8260	0.5	ND			
28. Vinyl Chloride	✓		1	GRAB	8260	0.5	ND			
29. Acetone	✓		1	GRAB	8260	10	ND			
30. 1,4 Dioxane	✓		1	GRAB	8260	500	ND			
31. Total Phenols	✓		1	GRAB	8270	5	ND			
32. Pentachlorophenol	✓		1	GRAB	8270	1	ND			
33. Total Phthalates ⁵ (Phthalate esthers)	✓		1	GRAB	8270	5	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	GRAB	8270	5	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	GRAB	8270		ND			
a. Benzo(a) Anthracene	✓		1	GRAB	8270	0.1	ND			
b. Benzo(a) Pyrene	✓		1	GRAB	8270	0.1	ND			
c. Benzo(b)Fluoranthene	✓		1	GRAB	8270	0.1	ND			
d. Benzo(k) Fluoranthene	✓		1	GRAB	8270	0.1	ND			
e. Chrysene	✓		1	GRAB	8270	0.1	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	✓		1	GRAB	8270	0.1	ND			
g. Indeno(1,2,3-cd) Pyrene	✓		1	GRAB	8270	0.1	ND			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	GRAB	8270		ND			
h. Acenaphthene	✓		1	GRAB	8270	0.5	ND			
i. Acenaphthylene	✓		1	GRAB	8270	0.5	ND			
j. Anthracene	✓		1	GRAB	8270	0.5	ND			
k. Benzo(ghi) Perylene	✓		1	GRAB	8270	0.1	ND			
l. Fluoranthene	✓		1	GRAB	8270	0.5	ND			
m. Fluorene	✓		1	GRAB	8270	0.5	ND			
n. Naphthalene-	✓		1	GRAB	8270	0.5	ND			
o. Phenanthrene	✓		1	GRAB	8270	0.5	ND			
p. Pyrene	✓		1	GRAB	8270	0.5	ND			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	GRAB	8082	0.2	ND			
38. Antimony	✓		1	GRAB	6020	6	ND			
39. Arsenic	✓		1	GRAB	6020	2	ND			
40. Cadmium	✓		1	GRAB	6010	4	ND			
41. Chromium III	✓		1	GRAB	6010	10	ND			
42. Chromium VI	✓		1	GRAB	7196	10	ND			

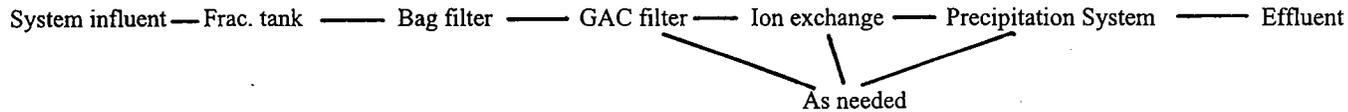
PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	✓		1	GRAB	6010	5	ND			
44. Lead	✓		1	GRAB	6020	5	ND			
45. Mercury	✓		1	GRAB	7470	0.2	ND			
46. Nickel	✓		1	GRAB	6010	20	ND			
47. Selenium	✓		1	GRAB	7740	5	ND			
48. Silver	✓		1	GRAB	6010	7	ND			
49. Zinc	✓		1	GRAB	6010	50	ND			
50. Iron	✓		1	GRAB	6010	100	ND			
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 <input checked="" type="checkbox"/></p>	<p>If yes, which metals?</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:



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): Bag filter, GAC, Ion exchange, Precipitation System, if necessary			

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 est Maximum flow rate of treatment system 300 est Design flow rate of treatment system 300est

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):

Please see attached Flocc Log fact sheets and MSDS for ion exchange system for possible chemical additives or treatments.

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 checked="" type="checkbox"/>	River/brook <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe):
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:

Dewatering effluent is planned to be discharged into an existing or proposed site storm drain. Discharge to the storm drain flows southeast discharging to the Fort Point Channel in Boston, MA, located adjacent to the site. Dewatering effluent may also be discharged directly into the Fort Point Channel through an existing outfall through the seawall.

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 4.75 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)?
Priority Organics, Pathogens

Is there a TMDL? Yes No If yes, for which pollutant(s)?
Priority Organics, Pathogens. Documented as Category 5 Waters "Waters requiring a TMDL"

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? Yes 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

6. b) Memorandum of Agreement prepared between The Massachusetts Historical Commission, Massachusetts Department of Environmental Protection, The Boston Landmark Commission, and MA-Russia Wharf, L.L.C, dated 8 October, 2004.

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.

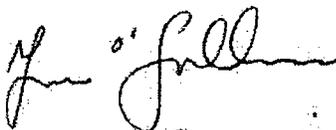
8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

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:	Russia Wharf Development
Owner signature:	Jonathan S. Radcliff
Title:	SVP-CONSTRUCTION
Date:	10/31/07

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:	
Operator signature:	
Title:	Project Executive
Date:	11-5-07.