



MAG-910291

February 21, 2007

United States Environmental Protection Agency
RGP – NOI Processing
1 Congress Street
Boston, Massachusetts 02114-2023

Re: Remediation General Permit (RGP) – Notice of Intent (NOI)
Sunoco-branded Service Station
1707 Revere Beach Parkway Road
Everett, Massachusetts 02149-5909
Sunoco DUNS 0475-5070
MassDEP RTN 3-1564

To Whom It May Concern:

At the request of Sunoco, Inc. (R&M) (Sunoco), EnviroTrac Ltd (EnviroTrac) is submitting the attached RGP-NOI for the above-referenced location, referred to as the "site." The RGP-NOI form is included as **Attachment A**. The site is currently a Sunoco-branded gasoline station. Temporary construction dewatering will be required to facilitate the removal and installation of underground storage tanks (USTs). Gauging of monitoring wells recently completed at the site revealed groundwater to be located at 6 to 9 feet below grade surface. Excavations to approximately 15 feet below grade surface will be required for the UST installation. The location of the site and discharge receiving waters are depicted on **Figure 1**. Also attached is a site plan (**Figure 2**), which depicts the existing site features and the catch basin which represents the proposed discharge point.

During the construction dewatering process, groundwater will be pumped from the excavation(s) into a fractionation tank for settlement, and then pumped through one of two bag filters before treatment via two 1,000-pound liquid phase carbon units. A schematic drawing is included in **Attachment B**. The treated effluent will be discharged via the catch basin on the property, which discharges to drainage located in Revere Beach Parkway, which ultimately discharges to Island End River. The average discharge rate of treated groundwater is anticipated to be 25 gallons per minute.

On January 30, 2007, a groundwater sample was obtained from an existing monitoring well. Based on the analytical data, total residual chlorine (TRC), cyanide, arsenic, copper, lead, mercury, zinc and iron were detected. No compounds were reported at concentrations exceeding the applicable Effluent Limitations published in Appendix III of the RGP under the National Pollutant Discharge Elimination System (NPDES) for Discharges in Massachusetts. The laboratory analytical report supporting this submittal is included in **Attachment C**.

The excavation and dewatering will be conducted as a Release Abatement Measure (RAM) pursuant to post-Response Action Outcome (RAO) provisions of the Massachusetts Contingency Plan (MCP) as set forth at 310 CMR 40.1067(4)(b). Therefore, completion and submittal of State Application Form BRPWM 12 or payment of a state fee are not required.

If you have any questions or require further information, please contact the undersigned at (781) 769-5005.

Sincerely,
EnviroTrac Ltd.



Patrick D. Corcoran, LSP
Senior Project Manager

cc.: MassDEP
John F. Hanlon, Mayor, City of Everett
W. Brochu, Sunoco Inc. (R&M)
Y. Monti, Sunoco Inc. (R&M)

B. Suggested Form for Notice of Intent (NOI) for the Remediation System

1. General site information. Please provide the following information about the site:

a) Name of facility/site : Sunoco service station		Facility/site address:	
Location of facility/site : longitude: 71.04 latitude: 42.40		Facility SIC code(s): 5541	Street: 1707 Revere Beach Parkway
b) Name of facility/site owner : Richard Salinsky		Town: Everett	
Email address of owner: rsalinsky@bestpetroleum.com		State: MA	Zip: 02149-5909
Telephone no. of facility/site owner : (781) 593-6853		County: Middlesex	
Fax no. of facility/site owner : (781) 593-3316		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: 152 Lynnway, Suite 2F			
Town: Lynn	State: MA	Zip: 01902	County: Essex
c) Legal name of operator :		Operator telephone no: (781) 769-5005	
EnviroTrac Ltd.		Operator fax no.: (781) 769-9345	Operator email: patrickc@envirotrac.com
Operator contact name and title: Patrick D. Corcoran, LSP			
Address of operator (if different from owner):		Street: 1400 Providence Hwy., Ste. 2100	
Town: Norwood	State: MA	Zip: 02062	County: Norfolk
d) Check "yes" or "no" for the following:			
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input checked="" type="checkbox"/> No ___ , 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"/>			

<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: Approx. 25 gpm of groundwater will be pumped into a fractionation tank and then one of two bag filters and two 1,000-pound liquid phase carbon units arranged in series. The effluent will be discharged to a catch basin that ultimately discharges to Island End River.</p>			
<p>b) Provide the following information about each discharge:</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"> <p>1) Number of discharge points:</p> <p>1</p> </td> <td> <p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>25</u> Average flow <u>25</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N ___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p> <p>25 gpm, design value</p> </td> </tr> </table>	<p>1) Number of discharge points:</p> <p>1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>25</u> Average flow <u>25</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N ___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p> <p>25 gpm, design value</p>
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<p>3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71.04</u> lat. <u>42.40</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): N/A</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>03/15/2007</u> end <u>04/30/2007</u></p>			
<p>d) Please attach a line drawing or flow schematic showing water flow through the facility including: See attached 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 min- imum)	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	160.2	4	140		140	
2. Total Residual Chlorine	✓		1	Grab	330.5	0.03	0	0	0	0
3. Total Petroleum Hydrocarbons	✓		1	Grab	MAEPH	0.17	0	0	0	0
4. Cyanide		✓	1	Grab	335.2	0.01	0.011		0.011	
5. Benzene	✓		1	Grab	8260B	5	0	0	0	0
6. Toluene	✓		1	Grab	8260B	5	0	0	0	0
7. Ethylbenzene	✓		1	Grab	8260B	5	0	0	0	0
8. (m,p,o) Xylenes	✓		1	Grab	8260B	10	0	0	0	0
9. Total BTEX ⁴	✓		1	Grab	8260B		0	0	0	0

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 ⁵ (1,2- Dibromo-methane)	✓		1	Grab	504.1	0.02	0	0	0	0
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	Grab	8260B	5	0	0	0	0
12. tert-Butyl Alcohol (TBA)	✓		1	Grab	8260B	50	0	0	0	0
13. tert-Amyl Methyl Ether (TAME)	✓		1	Grab	8260B	5	0	0	0	0
14. Naphthalene	✓		1	Grab	8270C	5	0	0	0	0
15. Carbon Tetrachloride	✓		1	Grab	8260B	5	0	0	0	0
16. 1,4 Dichlorobenzene	✓		1	Grab	8270C	5	0	0	0	0
17. 1,2 Dichlorobenzene	✓		1	Grab	8270C	5	0	0	0	0
18. 1,3 Dichlorobenzene	✓		1	Grab	8270C	5	0	0	0	0
19. 1,1 Dichloroethane	✓		1	Grab	8260B	5	0	0	0	0
20. 1,2 Dichloroethane	✓		1	Grab	8260B	5	0	0	0	0
21. 1,1 Dichloroethylene	✓		1	Grab	8260B	5	0	0	0	0
22. cis-1,2 Dichloroethylene	✓		1	Grab	8260B	5	0	0	0	0
23. Dichloromethane (Methylene Chloride)	✓		1	Grab	8260B	5	0	0	0	0
24. Tetrachloroethylene	✓		1	Grab	8260B	5	0	0	0	0

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

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	✓		1	Grab	8260B	5	0	0	0	0
26. 1,1,2 Trichloroethane	✓		1	Grab	8260B	5	0	0	0	0
27. Trichloroethylene	✓		1	Grab	8260B	5	0	0	0	0
28. Vinyl Chloride	✓		1	Grab	8260B	10	0	0	0	0
29. Acetone	✓		1	Grab	8260B	10	0	0	0	0
30. 1,4 Dioxane	✓		1	Grab	8260B	100	0	0	0	0
31. Total Phenols	✓		1	Grab	8270C		0	0	0	0
32. Pentachlorophenol	✓		1	Grab	8270C	10	0	0	0	0
33. Total Phthalates ⁶ (Phthalate esters)	✓		1	Grab	8270C					
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	Grab	8270C	5	0	0	0	0
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	Grab	MAEPH					
a. Benzo(a) Anthracene	✓		1	Grab	MAEPH	0.01	0	0	0	0
b. Benzo(a) Pyrene	✓		1	Grab	MAEPH	0.01	0	0	0	0
c. Benzo(b) Fluoranthene	✓		1	Grab	MAEPH	0.02	0	0	0	0
d. Benzo(k) Fluoranthene	✓		1	Grab	MAEPH	0.01	0	0	0	0
e. Chrysene	✓		1	Grab	MAEPH	0.01	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	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	Grab	MAEPH	0.02	0	0	0	0
g. Indeno(1,2,3-cd) Pyrene	✓		1	Grab	MAEPH	0.01	0	0	0	0
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	Grab	MAEPH					
h. Acenaphthene	✓		1	Grab	MAEPH	0.02	0	0	0	0
i. Acenaphthylene	✓		1	Grab	MAEPH	0.02	0	0	0	0
j. Anthracene	✓		1	Grab	MAEPH	0.01	0	0	0	0
k. Benzo(ghi) Perylene	✓		1	Grab	MAEPH	0.02	0	0	0	0
l. Fluoranthene	✓		1	Grab	MAEPH	0.02	0	0	0	0
m. Fluorene	✓		1	Grab	MAEPH	0.02	0	0	0	0
n. Naphthalene-	✓		1	Grab	MAEPH	0.02	0	0	0	0
o. Phenanthrene	✓		1	Grab	MAEPH	0.01	0	0	0	0
p. Pyrene	✓		1	Grab	MAEPH	0.02	0	0	0	0
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	Grab	E413.1	0.05	0	0	0	0
38. Antimony	✓		1	Grab	6010B	0.02	0	0	0	0
39. Arsenic		✓	1	Grab	6010B	0.02	0.0229		0.0229	
40. Cadmium	✓		1	Grab	6010B	0.01	0	0	0	0
41. Chromium III	✓		1	Grab	6010B	0.01	0	0	0	0
42. Chromium VI	✓		1	Grab	M3500CRD	0.01	0	0	0	0

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	6010B	0.01	0.11		0.11	
44. Lead		✓	1	Grab	6010B	0.01	0.107		0.107	
45. Mercury		✓	1	Grab	SW7470A	0.0002	0.000232		0.000232	
46. Nickel	✓		1	Grab	6010B	0.01	0	0	0	0
47. Selenium	✓		1	Grab	6010B	0.02	0	0	0	0
48. Silver	✓		1	Grab	6010B	0.01	0	0	0	0
49. Zinc		✓	1	Grab	6010B	0.02	0.429		0.429	
50. Iron		✓	1	Grab	6010B	0.1	19.5		19.5	
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 <input checked="" type="checkbox"/>	Air stripper	Oil/water separator	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</u> Maximum flow rate of treatment system <u>25</u> Design flow rate of treatment system <u>25</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): No chemical additives will be used.						

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: Treated water will discharge to storm drain at facility. Storm drain system along Revere Beach Pkwy. discharges to Island End River.						
c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: See attached. 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>SB</u>						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>Not applicable</u> cfs Please attach any calculation sheets used to support stream flow and dilution calculations. <u>Not applicable (salt water)</u>						
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>See below</u> Is there a TMDL? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, for which pollutant(s)?						

303(d) pollutants: Metals (other than mercury); oil and grease; organic enrichment/low D.O.; other organics; pathogens; priority organics; taste, color and odor; and unionized ammonia

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

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: Sunoco Everett, 1707 Revere Beach Parkway, Everett, MA

Operator signature:



Title: Patrick D. Corcoran, LSP; Senior Project Manager

Date:

02/21/2007