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:

<table>
<tr><td colspan="2">a) Name of facility/site:
Serrentino</td><td colspan="4">Facility/site address:</td></tr>
<tr><td colspan="2">Location of facility/site:
longitude: 42.48 latitude: 71.05</td><td>Facility SIC code(s):</td><td colspan="3">Street:
100 Farm Street</td></tr>
<tr><td colspan="3">b) Name of facility/site owner: Donna Serrentino</td><td colspan="3">Town: Wakefield</td></tr>
<tr><td colspan="3">Email address of owner:</td><td>State:</td><td>Zip:</td><td>County:</td></tr>
<tr><td colspan="3">Telephone no.of facility/site owner:</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td colspan="3">Fax no. of facility/site owner:</td></tr>
<tr><td colspan="3">Address of owner (if different from site):</td><td colspan="3">Owner is (check one): 1. Federal____ 2. State/Tribal____
3. Private_____ 4. other, if so, describe:</td></tr>
<tr><td colspan="6">Street:</td></tr>
<tr><td colspan="2">Town:</td><td>State:</td><td>Zip:</td><td colspan="2">County:</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:
Commonwealth Tank Inc.</td><td colspan="4">Operator telephone no: (617) 628-8260</td></tr>
<tr><td colspan="2">Operator fax no.: (781) 224-9918</td><td colspan="2">Operator email:
dhoag@commtank.com</td></tr>
<tr><td colspan="6">Operator contact name and title: Daniel Hoag, Project Manager</td></tr>
</table>

Address of **operator** (if different from owner):	Street: 84 New Salem Street		
Town: Wakefield	State: Ma	Zip: 01880	County: USA

d) Check "yes" or "no" for the following:
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes___ No✓, if "yes," number:
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes___ No✓, if "yes," date and tracking #:
3. Is the discharge a "new discharge"as defined by 40 CFR 122.2? Yes ✓ No___
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes✓No__

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes___ No✓
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✓, if Y, number:
2. phase I or II construction storm water general permit? Y___ N✓, if Y, number:
3. individual NPDES permit? Y___ N✓, if Y, number:
4. any other water quality related permit? Y___ N✓, 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:

The source of the discharge is a basement sump. The basement will flood if the water is not discharged. The water in the sump was impacted by a release of 50-gallons of oil from a home heating tank that was released from a neighboring property (25 Old Nahant Rd, Wakefield). The oil was cleaned up but there is disolved phase oil in the groundwater.

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 1.34 Average flow .936 Is maximum flow a **design value**? Y ✓ N___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. This value is an estimate.

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 42.48 lat. 71.05 ; 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_____ or seasonal ✓ ? Is discharge ongoing Yes ✓ No_____?
c) Expected dates of discharge (mm/dd/yy): start 10/08/08 end 10/28/08	
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).	

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		160.2		19000			
2. Total Residual Chlorine	✓		1							
3. Total Petroleum Hydrocarbons		✓	1		8015		16000			
4. Cyanide	✓									
5. Benzene	✓		1		8260B					
6. Toluene	✓		1		8260B					
7. Ethylbenzene	✓		1		8260B					
8. (m,p,o) Xylenes	✓		1		8260B					
9. Total BTEX[4]	✓				8260B					

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

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)
10. Ethylene Dibromide (1,2- Dibromo-methane)	✓		1		8260b					
11. Methyl-tert-Butyl Ether (MtBE)	✓		1		8260b					
12. tert-Butyl Alcohol (TBA)	✓		1		8260b					
13. tert-Amyl Methyl Ether (TAME)	✓		1		8260b					
14. Naphthalene	✓		1		8260b					
15. Carbon Tetra-chloride	✓		1		8260b					
16. 1,4 Dichlorobenzene	✓		1		8260b					
17. 1,2 Dichlorobenzene	✓		1		8260b					
18. 1,3 Dichlorobenzene	✓		1		8260b					
19. 1,1 Dichloroethane	✓		1		8260b					
20. 1,2 Dichloroethane	✓		1		8260b					
21. 1,1 Dichloroethylene	✓		1		8260b					
22. cis-1,2 Dichloro-ethylene	✓		1		8260b					
23. Dichloromethane (Methylene Chloride)	✓		1		8260b					
24. Tetrachloroethylene	✓		1		8260b					

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)
25. 1,1,1 Trichloroethane	✓		1		8260b					
26. 1,1,2 Trichloroethane	✓		1		8260b					
27. Trichloroethylene	✓		1		8260b					
28. Vinyl Chloride	✓		1		8260b					
29. Acetone	✓		1		8260b					
30. 1,4 Dioxane	✓		1		8260b					
31. Total Phenols			1		8260b					
32. Pentachlorophenol	✓		1		8260b					
33. Total Phthalates [5] (Phthalate esthers)	✓		1		8260b					
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1		8260b					
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)			1							
a. Benzo(a) Anthracene	✓		1		8270c					
b. Benzo(a) Pyrene	✓		1		8270c					
c. Benzo(b)Fluoranthene	✓		1		8270c					
d. Benzo(k) Fluoranthene	✓		1		8270c					
e. Chrysene	✓				8270c					

[5] The sum of individual phthalate compounds.

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		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1		8270c					
g. Indeno(1,2,3-cd) Pyrene	✓		1		8270c					
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)			1		8270c					
h. Acenaphthene	✓		1		8270c					
i. Acenaphthylene	✓		1		8270c					
j. Anthracene	✓		1		8270c					
k. Benzo(ghi) Perylene	✓		1		8270c					
l. Fluoranthene	✓		1		8270c					
m. Fluorene	✓		1		8270c					
n. Naphthalene-	✓		1		8270c					
o. Phenanthrene	✓		1		8270c					
p. Pyrene	✓		1		8270c					
37. Total Polychlorinated Biphenyls (PCBs)	✓		1							
38. Antimony	✓		1		6010b					
39. Arsenic	✓		1		6010b					
40. Cadmium	✓		1		6010b					
41. Chromium III	✓		1		6010b					
42. Chromium VI	✓		1		6010b					

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)
43. Copper	✓		1		SW846					
44. Lead	✓		1		SW846					
45. Mercury	✓		1		7470A					
46. Nickel	✓		1		SW846					
47. Selenium	✓		1		SW846					
48. Silver	✓		1		SW846					
49. Zinc	✓		1		SW846					
50. Iron	✓		1		SW846					
Other (describe):										

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

Step 1: 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✓	If yes, which metals?
Step 2: 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: _____	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:

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:

The treatment system is composed of 6 steel canisters containing 400lbs of organophillic clay inline with 800lbs or gas activated carbon. See attached drawing for more detail.

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): Organonphillic clay will be used as the primary adsorber.			

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 2 GPM Maximum flow rate of treatment system 12 GPM Design flow rate of treatment system 10 GPM

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

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):

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:

The storm drain located near the driveway of the site discharges to the Mill River approximately 600 yards from the site. The Mill River is a 2.0 mile Class B waterbody. The River originates just south of Salem Street in Wakefield and flows to its confluence with the Saugus River also in Wakefield. The river is not listed as being impaired by any contaminents.

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 B ,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water .29 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_____

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: Commonwealth Tank Inc
Operator signature:
Title: Project Manager
Date: 06/18/07

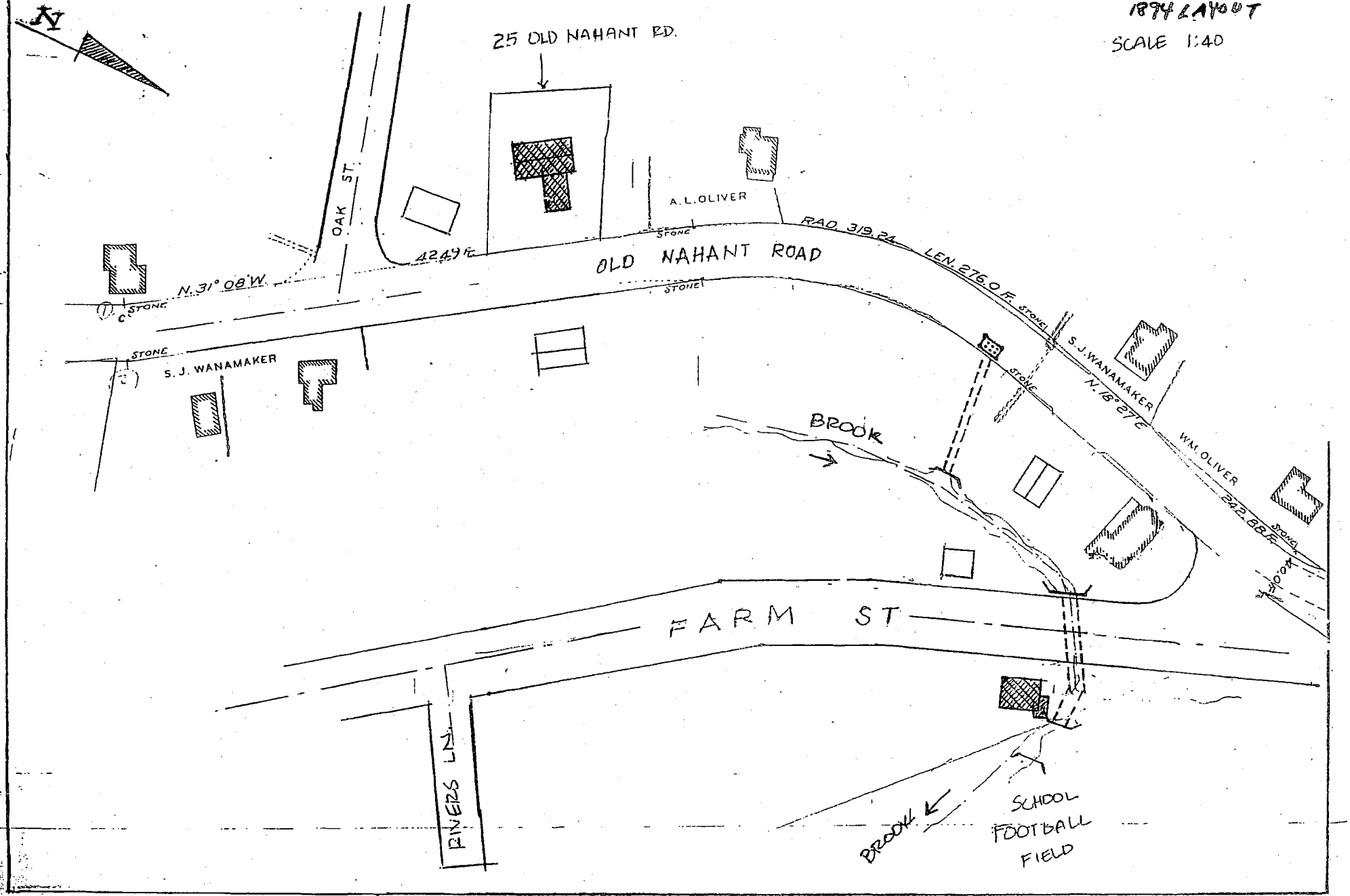
Compound	Method Blank Result (mg/l)	Detection Limit (mg/l)
Antimony	<DL	0.100
Arsenic	<DL	0.100
Barium	<DL	0.100
Beryllium	<DL	0.010
Cadmium	<DL	0.010
Chromium	<DL	0.010
Lead	<DL	0.100
Nickel	<DL	0.010
Selenium	<DL	0.100
Silver	<DL	0.010
Thallium	<DL	0.100
Vanadium	<DL	0.010
Zinc	<DL	0.010
Mercury (SW7470A)	<DL	0.0002

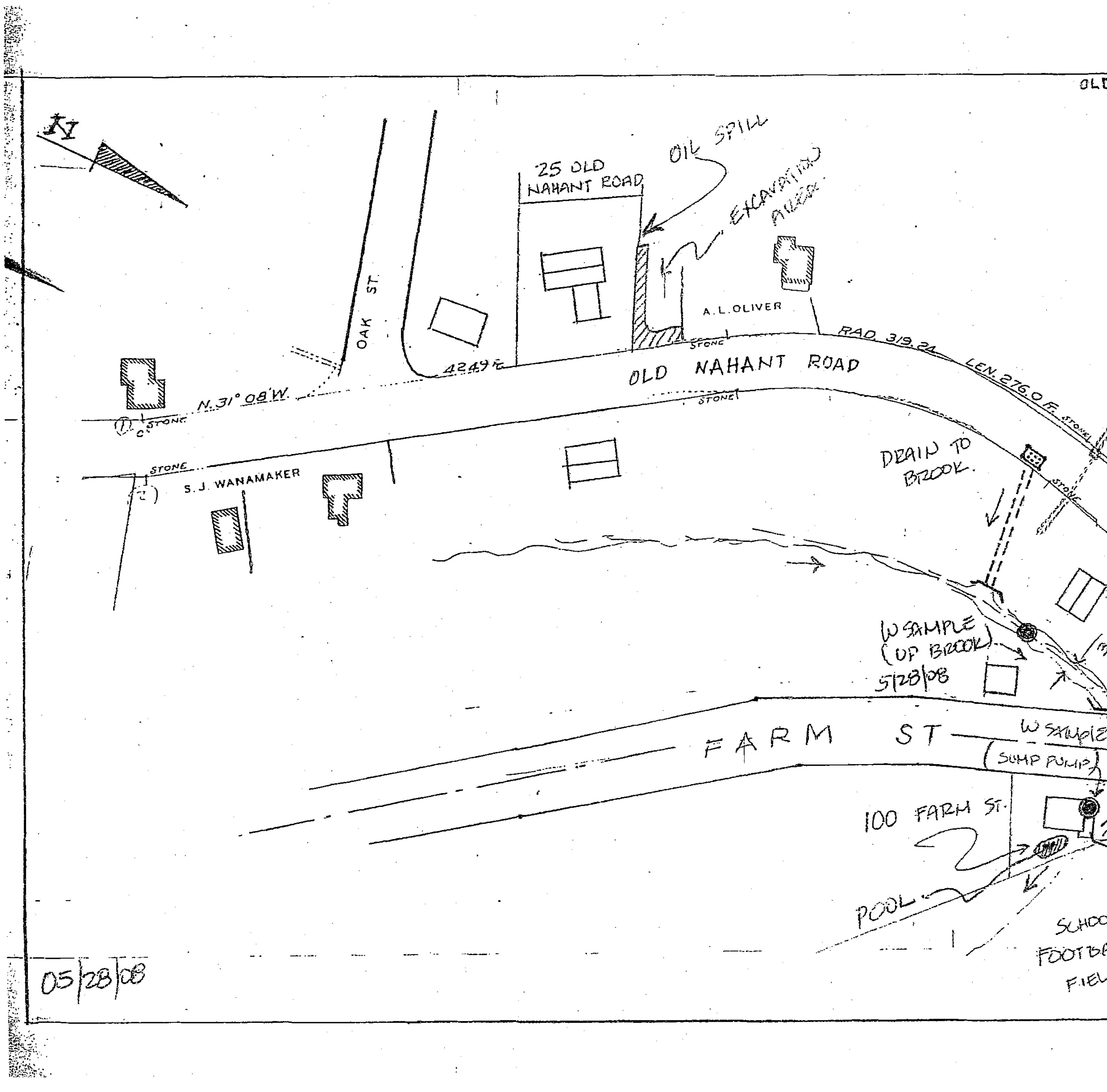
WAKEFIELD

OLD NAHANT ST. RD NO. 2.

1894 LAYOUT

SCALE 1:40




N
25 OLD NAHANT ROAD
OIL SPILL
EXCAVATION AREA
OAK ST.
A.L.OLIVER
STONE
OLD NAHANT ROAD
RAD. 319.24
LEN. 276.0 F.
424.9 F.
N. 31° 08' W.
STONE
S.J. WANAMAKER
DRAIN TO BROOK.
W SAMPLE (UP BROOK) 5/28/08
FARM ST
W SAMPLE (SUMP PUMP)
100 FARM ST.
POOL
05/28/08

ChemServe

8260B Volatile Method Blank Data

Laboratory Number: 08080101 **Date Analyzed:** 8/14/2008

Method Blank Number: LCB 08/14/08 **Analyst:** TD

Compound	Method Blank Result (ug/l)	Detection Limit (ug/l)	Compound	Method Blank Result (ug/l)	Detection Limit (ug/l)
1,1,1,2-Tetrachloroethane	<DL	1.0	Acrylonitrile	<DL	50
1,1,1-Trichloroethane	<DL	1.0	Benzene	<DL	1.0
1,1,2,2-Tetrachloroethane	<DL	1.0	Bromobenzene	<DL	1.0
1,1,2-Trichloroethane	<DL	1.0	Bromochloromethane	<DL	1.0
1,1-Dichloroethane	<DL	1.0	Bromodichloromethane	<DL	1.0
1,1-Dichloroethene	<DL	1.0	Bromoform	<DL	1.0
1,1-Dichloropropene	<DL	1.0	Bromomethane	<DL	1.0
1,2,3-Trichlorobenzene	<DL	1.0	Carbon Disulfide	<DL	1.0
1,2,3-Trichloropropane	<DL	1.0	Carbon Tetrachloride	<DL	1.0
1,2,4-Trichlorobenzene	<DL	1.0	Chlorobenzene	<DL	1.0
1,2,4-Trimethylbenzene	<DL	1.0	Chloroethane	<DL	1.0
1,2-Dibromo-3-Chloropropane	<DL	1.0	Chloroform	<DL	1.0
1,2-Dibromoethane	<DL	1.0	Dibromomethane	<DL	1.0
1,2-Dichlorobenzene	<DL	1.0	Dichlorodifluoromethane	<DL	1.0
1,2-Dichloroethane	<DL	1.0	Diethyl Ether	<DL	5.0
1,2-Dichloropropane	<DL	1.0	Ethylbenzene	<DL	1.0
1,3,5-Trichlorobenzene	<DL	1.0	Hexachlorobutadiene	<DL	1.0
1,3,5-Trimethylbenzene	<DL	1.0	Isopropylbenzene	<DL	1.0
1,3-Dichlorobenzene	<DL	1.0	M/P-Xylene	<DL	1.0
1,3-Dichloropropane	<DL	1.0	Methylene Chloride	<DL	5.0
1,4-Dichlorobenzene	<DL	1.0	N-Butylbenzene	<DL	1.0
1,4-Dioxane	<DL	1.0	N-Propylbenzene	<DL	1.0
2,2-Dichloropropane	<DL	1.0	Naphthalene	<DL	1.0
2-Butanone	<DL	25	O-Xylene	<DL	1.0
2-Chloroethyl Vinyl Ether	<DL	20	Sec-Butylbenzene	<DL	1.0
2-Chlorotoluene	<DL	1.0	Styrene	<DL	1.0
2-Ethoxy-2-Methyl Propane (ETBE)	<DL	1.0	Tert-Butylbenzene	<DL	1.0
2-Hexanone	<DL	25	Tetrachloroethene	<DL	1.0
2-Methoxy-2-Methyl Butane (TAME)	<DL	1.0	Tetrahydrofuran	<DL	5.0
2-Methoxy-2-Methyl Propane (MTBE)	<DL	1.0	Toluene	<DL	1.0
2-Methyl-2-Propanol (TBA)	<DL	20	Trans-1,2-Dichloroethene	<DL	1.0
4-Chlorotoluene	<DL	1.0	Trans-1,3-Dichloropropene	<DL	1.0
4-Isopropyltoluene	<DL	1.0	Trichloroethene	<DL	1.0
4-Methyl-2-Pentanone	<DL	25	Trichlorofluoromethane	<DL	1.0
Acetone	<DL	50	Vinyl Chloride	<DL	1.0
Acrolein	<DL	50			