

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

MAG-910343

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

a) Name of facility/site: Const. Dewatering, Sewer Pump Sta.		Facility/site address:	
Location of facility/site: longitude: -71.176 latitude: 42.229	Facility SIC code(s): 1623	Street: Off 200 Elm Street	
b) Name of facility/site owner: Gencel Realty LLC		Town: Dedham	
Email address of owner: jtownsend@National-Amusements.com	State: MA	Zip: 02026	County: Norfolk
Telephone no. of facility/site owner: 781-461-1600	Owner is (check one): 1. Federal ___ 2. State/Tribal ___		
Fax no. of facility/site owner: 781-461-1412	3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Address of owner (if different from site):			
Street: 200 Elm Street			
Town: Dedham	State: MA	Zip: 02026	County: Norfolk
c) Legal name of operator: GZA GeoEnvironmental, Inc.		Operator telephone no: 781-278-3700	
		Operator fax no.: 781-278-5701	Operator email: charles.lindberg@gza.com
Operator contact name and title: Charles A. Lindberg, Principal			
Address of operator (if different from owner):		Street: One Edgewater Drive	
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 ___ 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
 If "yes," please list: **RTN 3-26872**

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:
MassDEP, BWSC, Wilmington, MA (978-694-3200)

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:

Construction-related dewatering at state-listed release site.

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>0.22</u> Average flow <u>0.11</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. Estimated maximum flow in cfs (= to 100 gpm) based on pump test.
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>-71.176</u> lat. <u>42.229</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 _____ or seasonal _____? Is discharge ongoing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ?
c) Expected dates of discharge (mm/dd/yy): start <u>01/28/08</u> end <u>03/31/08</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 Figure 3.	

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.

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		2000	20000	10.9	20000	5.46
2. Total Residual Chlorine	✓		1	grab	330.5	100				
3. Total Petroleum Hydrocarbons		✓	1	grab	1664	500	5900	3.22	5900	1.6
4. Cyanide	✓		1	grab	335.2	10				
5. Benzene	✓		5	grab	8260	1				
6. Toluene	✓		5	grab	8260	1				
7. Ethylbenzene	✓		5	grab	8260	1				
8. (m,p,o) Xylenes	✓		5	grab	8260	1				
9. Total BTEX ⁴	✓		5	grab	8260	1				

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 (MIL) 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)	✓		5	grab	8260	2				
11. Methyl-tert-Butyl Ether (MTBE)	✓		5	grab	8260	1				
12. tert-Butyl Alcohol (TBA)	✓		5	grab	8260	25				
13. tert-Amyl Methyl Ether (TAME)	✓		5	grab	8260	2				
14. Naphthalene	✓		5	grab	8260	2				
15. Carbon Tetrachloride	✓		5	grab	8260	1				
16. 1,4 Dichlorobenzene	✓		5	grab	8260	1				
17. 1,2 Dichlorobenzene	✓		5	grab	8260	1				
18. 1,3 Dichlorobenzene	✓		5	grab	8260	1				
19. 1,1 Dichloroethane		✓	5	grab	8260	1	6.6	0.004	3.7	0.001
20. 1,2 Dichloroethane	✓		5	grab	8260	1				
21. 1,1 Dichloroethylene			5	grab	8260	1				
22. cis-1,2 Dichloroethylene		✓	5	grab	8260	1	1.7	0.0009	0.6	0.0002
23. Dichloromethane (Methylene Chloride)	✓		5	grab	8260	2				
24. Tetrachloroethylene	✓		5	grab	8260	1				

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

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane		✓	5	grab	8260	1	27	0.015	7.7	0.002
26. 1,1,2 Trichloroethane	✓		5	grab	8260	1				
27. Trichloroethylene		✓	5	grab	8260	1	8	0.004	4.3	0.001
28. Vinyl Chloride	✓		5	grab	8260	1				
29. Acetone	✓		5	grab	8260	25				
30. 1,4 Dioxane	✓		5	grab	8260	100				
31. Total Phenols	✓		1	grab	8270	10				
32. Pentachlorophenol	✓		1	grab	8270	50				
33. Total Phthalates ⁶ (Phthalate esters)	✓		1	grab	8270	10				
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	grab	8270	10				
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	grab	8270	2				
a. Benzo(a) Anthracene	✓		1	grab	8270	2				
b. Benzo(a) Pyrene	✓		1	grab	8270	2				
c. Benzo(b)Fluoranthene	✓		1	grab	8270	2				
d. Benzo(k) Fluoranthene	✓		1	grab	8270	2				
e. Chrysene	✓		1	grab	8270	2				

⁶The sum of individual phthalate compounds.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	grab	8270	2				
g. Indeno(1,2,3-cd) Pyrene	✓		1	grab	8270	2				
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	grab	8270	2				
h. Acenaphthene	✓		1	grab	8270	2				
i. Acenaphthylene	✓		1	grab	8270	2				
j. Anthracene	✓		1	grab	8270	2				
k. Benzo(ghi) Perylene	✓		1	grab	8270	2				
l. Fluoranthene	✓		1	grab	8270	2				
m. Fluorene	✓		1	grab	8270	2				
n. Naphthalene-	✓		1	grab	8270	2				
o. Phenanthrene	✓		1	grab	8270	2				
p. Pyrene	✓		1	grab	8270	2				
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	grab	608	0.5				
38. Antimony	✓		1	grab	6010B	25				
39. Arsenic		✓	1	grab	6010B	10	11	0.006	11	0.003
40. Cadmium	✓		1	grab	6010B	5				
41. Chromium III		✓	1	grab	6010B	5	20	0.011	20	0.005
42. Chromium VI	✓		1	grab	Sm18 4500	10				

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	grab	6010B	10	290	0.16	57	0.016
44. Lead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	grab	6010B	10	38	0.02	5.6	0.002
45. Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	7470A	0.4				
46. Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	6010B	10				
47. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	6010B	25				
48. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	6010B	5				
49. Zinc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	grab	6010B	10	160	0.087	33	0.009
50. Iron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	grab	6010B	25	1600	0.87	1600	0.44
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>								

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

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: As, Cu, Pb, Zn, Fe

DF: 1

If yes, which metals? **As, Cu, Pb, Zn, Fe**

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: **As, Cu, Pb, Zn, Fe**

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: **See Figure 3**

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): Ion exchange unit			

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 gpm Maximum flow rate of treatment system 100 gpm Design flow rate of treatment system 100 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):

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:
Discharge to a catch basin within the parking lot at 200 Elm Street or directly to municipal storm drain (flows to unnamed brook).

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. **See Figures 1 and 2.**

d) Provide the state water quality classification of the receiving water Class B

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 0.14 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? 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

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: Construction Dewatering, Proposed Sewer Pump Station
Operator signature: *Charles A. Dunlop*
Title: Principal
Date: 01/09/2008