

**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: Eagle Gas, Inc.		Facility/site address:		
Location of facility/site: longitude: 72° 43' 36.5" latitude: 41° 50' 6.6"		Facility SIC code (s): 4471	Street: 131 Main Street	
b) Name of facility/site owner: Najib Badaoui		Town: Carver		
Email address of owner:		State: MA	Zip: 02330	County: Plymouth
Telephone no. of facility/site owner: 508-866-9098		<b>Owner is (check one)</b> 1. Federal <input type="checkbox"/> 2. State/Tribal <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. other, <input checked="" type="checkbox"/> if so, describe: Corporation		
Fax no. of facility/site owner:				
Address of owner (if different from site):				
Street:				
Town:		State: MA	Zip: 02021	County: Norfolk
c.) Legal name of operator: Corporate Environmental Advisors, Inc.		Operator telephone no.: 508-835-8822		
		Operator fax no.: 508-835-8812		Operator email:
Operator contact name and title: Christopher E. Gill, R.I. Regional Manager				
Address of operator (if different from owner):		Street: 127 Hartwell Street		
Town: West Boylston		State: MA	Zip: 01583	County: Worcester
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 <input type="checkbox"/> 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 <input type="checkbox"/>				
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 <input type="checkbox"/>				

<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA:</p> <p>2. permit or license # assigned:</p> <p>3. state agency contact information: name, location, and telephone number:</p>	<p>f) Is the site/facility covered by any other EP A permit, including:</p> <p>1. multi-sector storm water general permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>, if Y, number:</p> <p>2. phase I or II construction storm water general permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>, if Y, number:</p> <p>3. individual NPDES permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>, if Y, number:</p> <p>4. any other water quality related permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>, if Y, number:</p>
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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:</p> <p style="padding-left: 40px;">Discharging the extracted and treated groundwater from an operating high vacuum extraction (HVE) system</p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points:</p> <p style="text-align: center;">1</p>	<p>2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, W/s)? Max. flow <u>0.056 ft<sup>3</sup>/sec</u></p> <p>Average flow <u>0.022 ft<sup>3</sup>/sec</u> Is maximum flow a <b>design value</b>? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>,</p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p> <p>Average flow is estimated based on a short duration test run.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1 :long. 72° 43' 36.5" Lat 41° 50' 6.6" ; 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):</p> <p style="text-align: center;">N/A</p>	<p>5) Is the discharge intermittent <input checked="" type="checkbox"/> Or seasonal <input type="checkbox"/> ?</p> <p>Is discharge ongoing Yes No <input checked="" type="checkbox"/></p>
<p>c) Expected dates of discharge (mm/dd/yy): start <u>04/01/08</u> end <u>04/01/11</u></p>	
<p>d) Please attach a line drawing or flow schematic showing water flow through the facility including: <u>See attached figure 2, 3, &amp; 4.</u></p> <p>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 <input checked="" type="checkbox"/>	VOC Only <input type="checkbox"/>	Primarily Metals <input type="checkbox"/>	Urban Fill Sites <input type="checkbox"/>	Contaminated Sumps <input type="checkbox"/>	Mixed Contaminants <input type="checkbox"/>	Aquifer Testing <input type="checkbox"/>
Fuel Oils (and <input type="checkbox"/> Other Oils) only	VOC with Other Contaminants <input type="checkbox"/>	Petroleum with Other Contaminants <input type="checkbox"/>	Listed Contaminated Sites <input type="checkbox"/>	Contaminated Dredge Condensates <input type="checkbox"/>	Hydrostatic Testing of Pipelines/Tanks <input type="checkbox"/>	Well Development or Rehabilitation <input type="checkbox"/>

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 (ug/l)	Maximum daily value		Avg. daily value	
							concentration ( ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
1. Total Suspended Solids		√	1	GRAB	SM 2540D	5,000	304,000	41.63		
2. Total Residual Chlorine		√	1	GRAB	HACH 8167	0.500	2,700	0.370		
3. Total Petroleum Hydrocarbons		√	1	GRAB	1664	1,000	9,600	1.31		
4. Cyanide	√			GRAB	335.4	10	<10	<0.0014		
5. Benzene		√	1	GRAB	8260B	1.0	28.9	0.0040		
6. Toluene		√	1	GRAB	8260B	1.0	42.6	0.0058		
7. Ethylbenzene		√	1	GRAB	8260B	1.0	39.3	0.0054		
8. (m,p,o) Xylenes		√	1	GRAB	8260B	3.0	277	0.0379		
9. Total BTEX <sup>4</sup>		√	1	GRAB	8260B	-----	387.8	0.0531		

<sup>4</sup> BTEX = 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 (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
10. Ethylene Dibromide (1,2- Dibromo-methane)	√		1	GRAB	504.1	0.01	< 0.01	<1E-6		
11. Methyl-tert-Butyl Ether (MtBE)		√	1	GRAB	8260B	1.0	2,360	0.323		
12. tert-Butyl Alcohol (TBA)		√	1	GRAB	8260B	10	1,890	0.259		
13. tert-Amyl Methyl Ether (TAME)		√	1	GRAB	8260B	1.0	498	0.068		
14. Naphthalene		√	1	GRAB	8260B	1.0	99.8	0.014		
15. Carbon Tetrachloride	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
16. 1,4 Dichlorobenzene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
17. 1,2 Dichlorobenzene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
18. 1,3 Dichlorobenzene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
19. 1,1 Dichloroethane	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
20. 1,2 Dichloroethane	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
21. 1,1 Dichloroethylene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
22. cis-1,2 Dichloroethylene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
23. Dichloromethane (Methylene Chloride)	√		1	GRAB	EPA 624	50	<50.0	<0.007		
24. Tetrachloroethylene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		

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							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
25. 1,1,1 Trichloroethane	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
26. 1,1,2 Trichloroethane	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
27. Trichloroethylene	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
28. Vinyl Chloride	√		1	GRAB	EPA 624	5.0	< 5.0	< 0.001		
29. Acetone		√	1	GRAB	EPA 624	100	179	0.025		
30. 1,4 Dioxane		√	1	GRAB	EPA 8260B	50	<50	<0.0068		
31. Total Phenols		√	1	GRAB	EPA 625	15	64	<0.0088		
32. Pentachlorophenol	√		1	GRAB	EPA 625	10	<10	<0.001		
33. Total Phthalates <sup>6</sup> (phthalate esthers)	√		1	GRAB	EPA 625	10	All phthalates are BDL see lab report	-		
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	√		1	GRAB	EPA 625	10	<10	<0.001		
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	√		1	GRAB	EPA 625	70	< 10	0.000		
a. Benzo(a) Anthracene	√		1	GRAB	EPA 625	10	<10	<0.001		
b. Benzo(a) Pyrene	√		1	GRAB	EPA 625	10	<10	<0.001		
c. Benzo(b) Fluoranthene	√		1	GRAB	EPA 625	10	<10	<0.001		
d. Benzo(k) Fluoranthene	√		1	GRAB	EPA 625	10	<10	<0.001		
e. Chrysene	√		1	GRAB	EPA 625	10	<10	<0.001		

<sup>6</sup>The sum of individual phthalate compounds.

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							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
<b>f. Dibenzo(a,h) anthracene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>g. Indeno(1,2,3-cd) Pyrene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>36. Total Group II Polycyclic Aromatic Hydrocarbons (pAR)</b>		√	1	GRAB	EPA 625	90	15.39	0.002		
<b>h. Acenaphthene</b>		√	1	GRAB	EPA 625	10	1.62	0.0002		
<b>i. Acenaphthylene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>j. Anthracene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>k. Benzo(ghi) Perylene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>l. Fluoranthene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>m. Fluorene</b>		√	1	GRAB	EPA 625	10	2.07	0.0003		
<b>n. Naphthalene-</b>		√	1	GRAB	EPA 625	10	11.7	0.0016		
<b>o. Phenanthrene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>p. Pyrene</b>	√		1	GRAB	EPA 625	10	<10	<0.001		
<b>37. Total Polychlorinated Biphenyls (PCBs)</b>	√		1	GRAB	EPA 608	0.00235	<0.00235	<0.000		
<b>38. Antimony</b>	√		1	GRAB	EPA 200.7	6	<6	<0.0008		
<b>39. Arsenic</b>	√		1	GRAB	EPA 200.7	4	<4	<0.0005		
<b>40. Cadmium</b>	√		1	GRAB	EPA 200.7	2.5	<2.5	<0.0003		
<b>41. Chromium III (I)</b>		√	1	GRAB	EPA 200.7	5	6.4	0.001		
<b>42. Chromium VI</b>	√		1	GRAB	SW846/7196A	5	<5.0	-		

NOTES: (1) Chromium III = Total Chromium – Hexavalent Chromium

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							concentration (ug/l)	mass (kg/day)	concentration (ug/l)	mass (kg/day)
43. Copper (2)		√	1	GRAB	EPA 200.7	5	9.0	0.001		
44. Lead		√	1	GRAB	EPA 200.7	7.5	9.0	0.001		
45. Mercury	√		1	GRAB	7470A	0.20	<0.2	<0.000		
46. Nickel		√	1	GRAB	EPA 200.7	5	5.4	0.0007		
47. Selenium	√		1	GRAB	EPA 200.7	15	<15	<0.002		
48. Silver	√		1	GRAB	EPA 200.7	5	<5	<0.0007		
49. Zinc		√	1	GRAB	EPA 200.7	5	480	0.066		
50. Iron		√	1	GRAB	EPA 200.7	15	24,900	3.41		
Other (describe):	----	----	----	----	----	----	----	----	----	----

NOTES: (2) Total Copper, Instrument Detection Level (IDL) = 5 ug/l

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

<p>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 <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>If yes, which metals? <u>copper, lead, Zinc, iron</u></p>
<p>Step 2: For any metals which have <b>reasonable potential</b> to exceed the <b>Appendix III</b> limits, calculate the <b>dilution factor (DF)</b> 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: <u>Cu, Pb, Zn, &amp; Fe</u>           DF: <u>1 to 5</u></p>	<p>Look up the limit calculated at the corresponding dilution factor in <b>Appendix IV</b>. Do any of the metals in the <b>influent</b> have the potential to exceed the corresponding <b>effluent</b> 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: <u>Cu, Pb, Zn, Fe,</u></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:  
See Figure 3.

b) Identify each applicable treatment unit (check all that apply):	Frac. tank <input type="checkbox"/>	Air stripper <input type="checkbox"/>	Oil/water separator <input checked="" type="checkbox"/>	Equalization tanks <input type="checkbox"/>	Bag filter <input checked="" type="checkbox"/>	GAC filter <input checked="" type="checkbox"/>
	Chlorination <input type="checkbox"/>	Dechlorination <input type="checkbox"/>	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 10 GPM Maximum flow rate of treatment system 25 GPM Design flow rate of treatment system 30 GPM

d) A description of chemical additives being used or planned to be used (attach MSDS sheets): Not Applicable

**5. Receiving surface water(s).** Please provide information about the receiving water (s) using separate sheets as necessary, including:

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):
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:  
Discharge to an on-site storm water catch basin connecting to an outfall at South Meadow Brook, which drains to South Meadow Pond and then to the Weweantic River.

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 Not Classified.

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water NA (intermittent flow) cfs  
Please attach any calculation sheets used to support stream flow and dilution calculations. NA.

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)?

**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): Not applicable

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.  
See cover letter.

**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: Eagle Gas, Inc.

Operator signature: Christopher E. Gill

Title: Christopher E. Gill, R. I. Regional Manager

Date: March 25, 2007