NHG910045

Wilcox & Barton INC.
ENVIRONMENTAL AND ENGINEERING SERVICES

TRANSMITTAL FORM

Submitted from:

☑ **Vermont**
1115 Route 100B
P.O. Box 750
Moretown, VT 05660
Tel: (802) 496-4747
Fax: (802) 496-4748

☐ **New Hampshire**
57 Hoit Road
Concord, NH 03301
Tel: (603) 715-1643
Fax: (603) 715-1647

☐ **Massachusetts**
P.O. Box 399
Maynard, MA 01754
Tel: (978) 461-3938
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☐ **Rhode Island**
48 Townsend Street
Barrington, RI 02806
Tel: (401) 323-9571
Fax: (401) 289-2057

☐ **Tank Testing Division**
50 Purdue Drive
Milford, MA 01757
Tel: (508) 381-0745

Attn:

From: Michellle Lavoie

Address:
Mr. Victor Alvarez
EPA NE
1 Congress Street, Suite 1100
Boston, MA 02114-2023

Job Number: SRS0008.5

Date: July 18, 2008

Phone:

Copy To:

Re: Notice of Intent
Remediation General Permit

☐ Attached ☐ Samples ☐ Per Your Request ☑ For Review
☐ Plans ☐ Specifications ☐ Please Reply ☐ Please Return
☐ Test Results ☐ Copies No. ____ ☐ Please Comment ☐ Please Distribute

Description/Comments:

If you have any questions or comments, please contact Russell Barton at (603) 715-1643.

Thank you
Michelle

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**: Gasoline Station		**Facility/site** address: 990 Washington Street, Stoughton, Massachusetts		
Location of **facility/site**: longitude:_____ latitude:_____ 71d 06' 03.25"W 42d 07' 06.76"N	Facility SIC code(s): 4471	Street: 990 Washington Street		
b) Name of **facility/site owner:** South Shore Petro, LLC		Town: Stoughton		
Email address of owner:		State: MA	Zip: 02072	Cou Nor
Telephone no.of facility/site **owner**: (781) 771-8293				
Fax no. of facility/site **owner**:		**Owner** is (check one): 1. Federal____ 2. State/Tribal____ 3. Private__✓__ 4. other, if so, describe:		
Address of **owner** (if different from site):				
Street: 12 Briggs Road				
Town: Lexington	State: MA	Zip: 02421	County: Middlesex	
c) Legal name of **operator**: SRS Petroleum Services, LLC	**Operator** telephone no: (508) 279-1700			
	Operator fax no.: (508) 279-1711		**Operator** email: Andy@srspetroleum.com	
Operator contact name and title: Andy Bissonnette, Principal				

Address of **operator** (if different from owner):	Street: 100 Brookside Drive		
Town: Bridgewater	State: MA	Zip: 02324	County: Plymouth

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: 1
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:

Dewatering for purposes of underground storage tank installation and placement of backfill. Discharge to catchbasin on project site will follow treatment by settling, sediment filtration, and carbon filtration. Low levels of metal contaminants have been detected in groundwater by the limited sampling conducted to date. RGP coverage is desired in the event that contaminated groundwater is encountered during construction.

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 .178 Average flow .111 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. Dewatering system is designed to extract groundwater at a rate of 0.111 cfs (50 gpm) during working hours. Treatment system is designed to process this flow, but may continue operation beyond working hours. Attenuation/storage provided by frac tank.

3) Latitude and longitude of each discharge within 100 feet: pt.1:long._____ lat._____; 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.

Pt. 1 71d 06' 03.23"W 42d 07' 06.35"N

4) If hydrostatic testing, total volume of the discharge (gals): NA	5) Is the discharge intermittent_____or seasonal_____? Is discharge ongoing Yes ____ No_____?
c) Expected dates of discharge (mm/dd/yy): start 07/28/08 end 08/28/08	
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).	