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**: Isabella Stewart Gardner Museum		**Facility/site** address: 280 The Fenway, Boston, MA 02115		
Location of **facility/site**: longitude: 32700 latitude: 46892	Facility SIC code(s): N/A	Street:		
b) Name of **facility/site owner:** Isabella Stewart Gardner Museum		Town: Boston		
Email address of owner: mholland@isgm.org		State: MA	Zip: 02115	Count Suffo
Telephone no.of facility/site **owner**: (617) 278-5178				
Fax no. of facility/site **owner**: (617) 278-5167		**Owner** is (check one): 1. Federal____ 2. State/Tribal____ 3. Private ✓ 4. other, if so, describe:		
Address of **owner** (if different from site):				
Street:				
Town:	State:	Zip:	County:	
c) Legal name of **operator**: Same as Owner	**Operator** telephone no: (617) 278-5178			
	Operator fax no.:		**Operator** email:	
Operator contact name and title: Michael Holland, Facilities Manager				

Address of **operator** (if different from owner):	Street:		
Town:	State:	Zip:	County:

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:
Temporary Construction Dewatering

b) Provide the following information about each discharge:	1) Number of discharge points: 2	2) What is the **maximum** and **average flow rate** of discharge (in cubic feet per second, ft^3/s)? Max. flow 0.07 Average flow 0.04 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.

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 71.5 lat. 42.2 ; pt.2: long. 71.5 lat. 42.2 ; 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 08/01/08 end 08/01/09	
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			2	Grab	2540	5 mg/l	14000	3.057	7000	1.53
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons		✓	2	Grab	MADEP	104	5250	1.1		1.1
4. Cyanide	✓									0
5. Benzene	✓		2	Grab	8260	0.5 ug/				0
6. Toluene	✓		2	Grab	8260	0.75 ug				0
7. Ethylbenzene	✓		2	Grab	8260	0.5 ug				0
8. (m,p,o) Xylenes	✓		2	Grab	8260	1 ug/l				0
9. Total BTEX[4]	✓		2	Grab	8260					0

[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	Grab	8260	5 ug/l				0
11. Methyl-tert-Butyl Ether (MtBE)	✓		2	Grab	8260	1 ug/l				0
12. tert-Butyl Alcohol (TBA)	✓									0
13. tert-Amyl Methyl Ether (TAME)	✓		1	Grab	8260	2 ug/l				0
14. Naphthalene	✓		2	Grab	8260	2.5 ug				0
15. Carbon Tetra-chloride	✓		1	Grab	8260	0.5 ug				0
16. 1,4 Dichlorobenzene	✓		1	Grab	8260	2.5 ug				0
17. 1,2 Dichlorobenzene	✓		1	Grab	8260	2.5 ug				0
18. 1,3 Dichlorobenzene	✓		1	Grab	8260	2.5 ug				0
19. 1,1 Dichloroethane	✓		1	Grab	8260	0.75 ug				0
20. 1,2 Dichloroethane	✓		1	Grab	8260	0.5 ug/				0
21. 1,1 Dichloroethylene	✓		1	Grab	8260	0.5 ug/				0
22. cis-1,2 Dichloro-ethylene	✓		1	Grab	8260	0.5 ug/				0
23. Dichloromethane (Methylene Chloride)	✓		1	Grab	8260	5 ug/l				0
24. Tetrachloroethylene	✓		1	Grab	8260	0.5 ug/				0

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	Grab	8260	0.5 ug/				0
26. 1,1,2 Trichloroethane	✓		1	Grab	8260	0.75 ug				0
27. Trichloroethylene	✓		1	Grab	8260	0.5 ug/				0
28. Vinyl Chloride	✓		1	Grab	8260	1 ug/l				0
29. Acetone	✓		1	Grab	8260	5 ug/l				0
30. 1,4 Dioxane	✓		1	Grab	8260	250 ug				0
31. Total Phenols	✓			Grab						0
32. Pentachlorophenol	✓		1	Grab	8270	19 ug/l				0
33. Total Phthalates [5] (Phthalate esthers)	✓		1	Grab						0
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	Grab	8270	9.6 ug/				0
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		2	Grab	8270					0
a. Benzo(a) Anthracene	✓		2	Grab	8270	4.8 ug/				0
b. Benzo(a) Pyrene	✓		2	Grab	8270	4.8 ug/				0
c. Benzo(b)Fluoranthene	✓		2	Grab	8270	4.8 ug/				0
d. Benzo(k) Fluoranthene	✓		2	Grab	8270	4.8 ug/				0
e. Chrysene	✓		2	Grab	8270	4.8 ug/				0

[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	✓		2	grab	8270	4.8 ug/				0
g. Indeno(1,2,3-cd) Pyrene	✓		2	grab	8270	4.8 ug/				0
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓									0
h. Acenaphthene	✓		2	grab	8270	4.8 ug/				0
i. Acenaphthylene	✓		2	grab	8270	4.8 ug/				0
j. Anthracene	✓		2	grab	8270	4.8 ug/				0
k. Benzo(ghi) Perylene	✓		2	grab	8270	4.8 ug/				0
l. Fluoranthene	✓		2	grab	8270	4.8 ug/				0
m. Fluorene	✓		2	grab	8270	4.8 ug/				0
n. Naphthalene-	✓		2	grab	8270	4.8 ug/				0
o. Phenanthrene	✓		2	grab	8270	4.8 ug/				0
p. Pyrene	✓		2	grab	8270	4.8 ug/				0
37. Total Polychlorinated Biphenyls (PCBs)	✓									
38. Antimony	✓		1	grab	6010	50 ug/l				0
39. Arsenic	✓		1	grab	6010	5 ug/l				0
40. Cadmium	✓		1	grab	6010	4 ug/l				0
41. Chromium III	✓		1	grab	6010	10 ug/l				0
42. Chromium VI	✓		1	grab	6010	10 ug/l				0

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	grab	6010	10 ug/l				0
44. Lead	✓		1	grab	6010	10 ug/l				0
45. Mercury	✓		1	grab	6010	0.2 ug/				0
46. Nickel		✓	1	grab	6010	2.5 ug/		2.4E-9		Neg.
47. Selenium		✓	1	grab	6010	10 ug/l		2.1E-10		Neg.
48. Silver	✓		1	grab	6010	7 ug/l				0
49. Zinc	✓		1	grab	6010	50 ug/l				0
50. Iron		✓	1	grab	6010	50 ug/l	6000	1.31		1.31
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? Iron
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: >100 DF: 232	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: Iron

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:
Sedimentation tank and bag filters - see text for details

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): Iron (ion exchange system)			

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 20 GPM Maximum flow rate of treatment system 45 GPM Design flow rate of treatment system 45 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:
Storm drain into Muddy River that ultimately discharges into the Charles 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 B,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 15 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.

See attached text and chemical test data sheets

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: Isabella Stewart Gardner Museum

Operator signature:

Title: Facilities Manager

Date: 6/12/08

Owner of property being dewatered: Isabella Stewart Gardner Museum

Location of Discharge:

Street The Fenway **Neighborhood** _____ **Phone #** N/A

Discharge is to a: Sanitary Sewer Combined Sewer (Storm Drain) (Circle One)

BWSC Outfall #: SDO047 and SDO048 **Receiving Waters:** Muddy River

Temporary Discharges: August 1, 2008 **To** August 1, 2009 **(Provide anticipated dates of discharge)**

___ Groundwater Remediation ___ Tank Removal/Installation _X_ Foundation Excavation

___ Utility/Manhole Pumping ___ Test Pit ___ Trench Excavation

___ Accum. Surface Water ___ Hydrogeologic Testing ___ Other _____

Permanent Discharges:

___ Foundation Drainage ___ Crawl Space/Footing Drain.

___ Accumulated Surface Water ___ Non-contact/Uncontaminated Cooling

___ Non-contact/Uncontaminated Process ___ Other _____

1. Attach a Site Plan showing the source of the discharge and the location of the point of discharge (i.e. the sewer pipe or catch basin). Include meter type, meter number, size, make and start reading. All discharges are assessed current sewer charges.

2. If discharging to a sanitary or combined sewer, attach a copy of MWRA's Sewer Use Discharge permit or application.

3. If discharging to a separate storm drain attached a copy of EPA's NPDES Permit or NOI application, or NPDES Permit exclusion letter for the discharge, as well as other relevant information.

4. Dewatering Drainage Permit will be denied or revoked if applicant fails to obtain the necessary permits from MWRA or EPA.

Submit to: Mr. Francis M. McLaughlin **Phone: 617-989-7000**
Manager, Engineering Customer Services **Fax: 617-989-7716**
Boston Water and Sewer Commission
980 Harrison Ave.
Boston, MA 02119

BWSC Use Only

Date Received: _____ **Comments:**