

**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:

MA6910345

a) Name of facility/site: Lexington Place at the Center		Facility SIC code(s): N/A		Facility/site address: 1720 Massachusetts Avenue,	
Location of facility/site: Longitude: 711.3 latitude: 42.26		Street:			
b) Name of facility/site owner: Waltham Street Partners, LLC		Town: Lexington			
Email address of owner:		State: MA		Zip: 02420	
Telephone no. of facility/site owner: (617) 491-9100		County: Middlesex			
Fax no. of facility/site owner:		Owner is (check one): 1. Federal _____ 2. State/Tribal _____			
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe: _____			
Street: 129 Mt. Auburn Street					
Town: Cambridge		State: MA		Zip: 02138	
		County: Middlesex			
c) Legal name of operator: Same as Owner		Operator telephone no.: (617) 491-9100		Operator fax no.:	
		Operator email:			
Operator contact name and title: Arthur Klipfel, Director					

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: MAG070292
- 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

f) Is the site/facility covered by any other EPA permit, including:

- 1. site identification # assigned by the state of NH or MA:  if Y, number:
- 2. permit or license # assigned:  if Y, number:
- 3. state agency contact information: name, location, and telephone number:
- 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) What is the maximum and average flow rate of discharge (in cubic feet per second, ft <sup>3</sup> /s)? Max. flow <u>0.07</u> Average flow <u>0.03</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.
	1	

3) Latitude and longitude of each discharge within 100 feet: pt.1: long 711.3 lat 42.26 ; 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 01/10/08 end 01/10/09

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 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			2	Grab	2540	5 mg/l	27000	5.89	15000	3.2
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons	✓		2	Grab	MADDP	104				0
4. Cyanide	✓									0
5. Benzene	✓		2	Grab	8260	0.5 ug/l				0
6. Toluene	✓		2	Grab	8260	0.75 ug				0
7. Ethylbenzene	✓		2	Grab	8260	0.5 ug	1.7	3.7E-4		0
8. (m,p,o) Xylenes	✓		2	Grab	8260	1 ug/l	1.5	3.2E-4		0
9. Total BTEX <sup>4</sup>	✓		2	Grab	8260					0

<sup>4</sup>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 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)
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 <sup>5</sup> (Phthalate esters)	✓		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

<sup>5</sup>The sum of individual phthalate compounds.

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		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		2	grab		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)	✓								0	
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	

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	<input checked="" type="checkbox"/>		1	grab	6010	10 ug/l			0	
44. Lead	<input checked="" type="checkbox"/>		1	grab	6010	10 ug/l			0	
45. Mercury	<input checked="" type="checkbox"/>		1	grab	6010	0.2 ug/l			0	
46. Nickel	<input checked="" type="checkbox"/>		1	grab	6010	2.5 ug/l			0	
47. Selenium	<input checked="" type="checkbox"/>		1	grab	6010	10 ug/l			0	
48. Silver	<input checked="" type="checkbox"/>		1	grab	6010	7 ug/l			0	
49. Zinc	<input checked="" type="checkbox"/>		1	grab	6010	50 ug/l			0	
50. Iron	<input checked="" type="checkbox"/>								0	
Other (describe):										

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

<p><b>Step 1:</b> 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 type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Step 2:</b> 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: &gt;100</p> <p>DF: <u>114.</u></p>	<p>If yes, which metals?</p> <p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> If "Yes," list which metals:</p>
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**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
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
	Chlorination	Dechlorination	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 20 GPM      Design flow rate of treatment system 35 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):
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:  
Storm drain into Vine Brook that ultimately discharges into the Shawshen 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 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.

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 5 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Has any consultation with the federal services been completed? No <input checked="" type="checkbox"/> or is consultation underway? Yes <input type="checkbox"/> 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? <input type="checkbox"/> or written concurrence <input type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**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

A large, empty rectangular box with a black border, intended for providing supplemental information as requested in the text above. The box is currently blank.

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: Lexington Place at the Center

Operator signature:

Title: DIRECTOR WALTHAM STREET PARTNERS, LLC

Date: 01.25.08