

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

MAG-910360

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

a) Name of facility/site: Procter & Gamble - Gillette SBMC		Facility/site address:		
Location of facility/site: longitude: <u>71.0567</u> latitude: <u>42.3441</u>		Facility SIC code(s): <u>3421</u>	Street: <u>One Gillette Park</u>	
b) Name of facility/site owner: Julie Serowik		Town: <u>South Boston</u>		
Email address of owner: <u>serowik.ja@pg.com</u>		State: <u>MA</u>	Zip: <u>02127</u>	County: <u>Suffolk</u>
Telephone no. of facility/site owner: <u>617-463-3821</u>		Owner is (check one): 1. Federal <input type="checkbox"/> 2. State/Tribal <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Fax no. of facility/site owner: <u>617-463-3748</u>				
Address of owner (if different from site):		Street: <u>Same</u>		
Town:				
State:		Zip:	County:	
c) Legal name of operator: <u>Hunt Walsh</u>		Operator telephone no: <u>617-436-6243</u>		
		Operator fax no.: <u>617-720-6116</u>	Operator email: <u>cscarvalas@walshbrothers.com</u>	
Operator contact name and title: <u>Christopher Scarvalas, Project Manager</u>				
Address of operator (if different from owner):		Street: <u>One Gillette Park</u>		
Town: <u>Boston</u>		State: <u>MA</u>	Zip: <u>02127</u>	County: <u>Suffolk</u>
d) Check "yes" or "no" for the following:				
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA: <b>RTNs 3-11312 and 3-4365</b></p> <p>2. permit or license # assigned:</p> <p>3. state agency contact information: name, location, and telephone number: <b>MADEP, NERO, Wilmington, MA 978-694-3200</b></p>	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p> <p>2. phase I or II construction storm water general permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>, if Y, number: <b>MAR100000</b></p> <p>3. individual NPDES permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>, if Y, number: <b>MA0003832</b></p> <p>4. any other water quality related permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>, if Y, number: <b>MAG910168 (RGP for groundwater pump-and-treat system)</b></p>
--	--

**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><b>Discharge of water recovered during construction-related dewatering, and micropile installation.</b></p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points:  up to 4</p>	<p>2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, ft<sup>3</sup>/s)? Max. flow <u>0.067</u> Average flow <u>0.067</u> Is maximum flow a <b>design value</b>? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71°03'25"</u> lat. <u>42°20'45"</u>; pt.2: long. <u>71°31'23"</u> lat. <u>42°20'44"</u>; pt.3: long. <u>71°03'21"</u> lat. <u>42°20'44"</u>; pt.4: long. <u>71°03'19"</u> lat. <u>42°20'44"</u>; 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): <b>NA</b></p>	<p>5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes _____ No <input checked="" type="checkbox"/> ?</p>	
<p>c) Expected dates of discharge (mm/dd/yy): start <u>05/27/08</u> end <u>12/31/09</u></p>		
<p>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).</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	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	2540D	5,000	28,000	4.58	21,500	3.52
2. Total Residual Chlorine	✓		2	grab	4500CLF	20	<0.050	<0.008	<0.050	<0.008
3. Total Petroleum Hydrocarbons	✓		2	grab	1664	5,000	<4,100	<0.067	<4,100	<0.067
4. Cyanide	✓		2	grab	335.4	10	<10	<0.002	<10	<0.002
5. Benzene	✓		2	grab	8260B	2	<0.5	<0.000	<0.5	<0.000
6. Toluene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
7. Ethylbenzene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
8. (m,p,o) Xylenes	✓		2	grab	8260B	10	<1.0	<0.000	<1.0	<0.000
9. Total BTEX <sup>4</sup>	✓		2	grab	8260B	2	<3.5	<0.01	<3.5	<0.01

<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	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide <sup>5</sup> (1,2- Dibromo-methane)	✓		2	grab	8260B	0.1	<2.0	<0.000	<2.0	<0.000
11. Methyl-tert-Butyl Ether (MtBE)	✓		2	grab	8260B	5	<1.0	<0.000	<1.0	<0.000
12. tert-Butyl Alcohol (TBA)	✓		2	grab	8260B	100	<100	<0.002	<100	<0.002
13. tert-Amyl Methyl Ether (TAME)	✓		2	grab	8260B	0.5	<2.0	<0.000	<2.0	<0.000
14. Naphthalene	✓		2	grab	8260B	5.0	<5.0	<0.001	<5.0	<0.001
15. Carbon Tetrachloride	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
16. 1,4 Dichlorobenzene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
17. 1,2 Dichlorobenzene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
18. 1,3 Dichlorobenzene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
19. 1,1 Dichloroethane	✓		2	grab	8260B	1	<1.0	<0.000	<1.0	<0.000
20. 1,2 Dichloroethane	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
21. 1,1 Dichloroethylene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
22. cis-1,2 Dichloroethylene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
23. Dichloromethane (Methylene Chloride)	✓		2	grab	8260B	2	<2.0	<0.000	<2.0	<0.000
24. Tetrachloroethylene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000

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

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	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
26. 1,1,2 Trichloroethane	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
27. Trichloroethylene	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
28. Vinyl Chloride	✓		2	grab	8260B	2	<1.0	<0.000	<1.0	<0.000
29. Acetone	✓		2	grab	8260B	50	<5.0	<0.001	<5.0	<0.001
30. 1,4 Dioxane	✓		2	grab	8260B	50	<25	<0.004	<25	<0.004
31. Total Phenols	✓		2	grab	8270C	1	<120.0	<0.02	<120.0	<0.02
32. Pentachlorophenol	✓		2	grab	8270/SIM	5	<1	<0.000	<1	<0.000
33. Total Phthalates <sup>6</sup> (Phthalate esters)	✓		2	grab	8270C	5	<27.0	<0.004	<27.0	<0.004
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		2	grab	8270C	5	<2.0	<0.000	<2.0	<0.000
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		2	grab	8270/SIM	NA	NA	NA	NA	NA
a. Benzo(a) Anthracene	✓		2	grab	8270/SIM	5	<0.050	<0.000	<0.050	<0.000
b. Benzo(a) Pyrene	✓		2	grab	8270/SIM	10	<0.10	<0.000	<0.10	<0.000
c. Benzo(b) Fluoranthene	✓		2	grab	8270/SIM	10	<0.050	<0.000	<0.050	<0.000
d. Benzo(k) Fluoranthene	✓		2	grab	8270/SIM	10	<0.10	<0.000	<0.10	<0.000
e. Chrysene	✓		2	grab	8270/SIM	10	<0.10	<0.000	<0.10	<0.000

<sup>6</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	8270C/SIM	10	<0.10	<0.000	<0.10	<0.000
g. Indeno(1,2,3-cd) Pyrene	✓		2	grab	8270C/SIM	10	<0.10	<0.000	<0.10	<0.000
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		2	grab	8270C/SIM	NA	NA	NA	NA	NA
h. Acenaphthene	✓		2	grab	8270C/SIM	1	<0.10	<0.000	<0.10	<0.000
i. Acenaphthylene	✓		2	grab	8270C/SIM	10	<0.10	<0.000	<0.10	<0.000
j. Anthracene	✓		2	grab	8270C/SIM	10	<0.10	<0.000	<0.10	<0.000
k. Benzo(ghi) Perylene	✓		2	grab	8270C/SIM	5	<0.10	<0.000	<0.10	<0.000
l. Fluoranthene	✓		2	grab	8270C/SIM	1	<0.10	<0.000	<0.10	<0.000
m. Fluorene	✓		2	grab	8270C/SIM	10	<0.10	<0.000	<0.10	<0.000
n. Naphthalene-	✓		2	grab	8270C/SIM	2	<0.10	<0.000	<0.10	<0.000
o. Phenanthrene	✓		2	grab	8270C/SIM	5	<0.050	<0.000	<0.050	<0.000
p. Pyrene	✓		2	grab	8270C/SIM	10	<0.10	<0.000	<0.10	<0.000
37. Total Polychlorinated Biphenyls (PCBs)	✓		2	grab	8082	0.5	<0.25	<0.000	<0.25	<0.000
38. Antimony	✓		2	grab	200.7	50	<6.0	<0.001	<6.0	<0.001
39. Arsenic	✓		2	grab	200.7	5	<10	<0.002	<10	<0.002
40. Cadmium	✓		2	grab	200.7	5	<4.0	<0.001	<4.0	<0.001
41. Chromium III	✓		2	grab	200.7	10	<10	<0.002	<10	<0.002
42. Chromium VI	✓		2	grab	7196A	10	<10	<0.002	<10	<0.002

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)
43. Copper	✓		2	grab	200.7	5	<25	<0.004	<25	<0.004
44. Lead	✓		2	grab	200.7	40	<5.0	<0.001	<5.0	<0.001
45. Mercury	✓		2	grab	245.1	0.20	<0.20	<0.000	<0.20	<0.000
46. Nickel	✓		2	grab	200.7	10	<40	<0.007	<40	<0.007
47. Selenium	✓		2	grab	200.7	50	<10	<0.002	<10	<0.002
48. Silver	✓		2	grab	200.7	10	<5.0	<0.001	<5.0	<0.001
49. Zinc	✓		2	grab	200.7	10	<20	<0.003	<20	<0.003
50. Iron		✓	2	grab	200.7	NA	8,080	1.32	4,065	0.66
Other (describe): Dichlorodifluoromethane*	✓		2	grab	8260B	NA	354	0.06	182.9	0.03

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

<p><i>Step 1:</i> 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? iron</p>
<p><i>Step 2:</i> 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: iron DF: <u>100</u></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 checked="" type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals: iron</p>

\*Dichlorodifluoromethane is a refrigerant and propellant used for aerosol sprays and is not believed to be related to site contamination. Source may be laboratory contamination or some other means.

**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: System will consist of a frac tank for initial solids removal, followed by filter, followed by, if necessary, treatment with granular activated carbon.						
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):			
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 <u>30</u> Maximum flow rate of treatment system <u>30</u> Design flow rate of treatment system <u>30</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): None planned.						

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

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):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Discharge via onsite catch basins then directed to private stormwater drainage system and ultimately to Fort Point Channel.						
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 <u>SB</u>						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>Not applicable since</u> cfs Please attach any calculation sheets used to support stream flow and dilution calculations. discharge is to saline water.						
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, for which pollutant(s)? fecal coliform bacteria Is there a TMDL? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, for which pollutant(s)? fecal coliform bacteria						

**6. Results of Consultation with Federal Services:** Please provide the following information according to requirements of Part LB.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 <input checked="" type="checkbox"/>
Has any consultation with the federal services been completed? Yes ___ No <input checked="" type="checkbox"/> or is consultation underway? Yes ___ No <input checked="" 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? ___ 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 <input checked="" type="checkbox"/> Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes ___ No <input checked="" type="checkbox"/>

**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:	Procter & Gamble - Gillette SBMC
Owner <del>Operator</del> signature:	
Title:	Health, Safety, & Environmental Manager, Procter & Gamble - Gillette (owner)
Date:	5/9/08

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: Procter & Gamble - Gillette SBMC

Operator signature: 

Title: Project Manager, Hunt Walsh (operator)

Date: 5-8-08