



WHERE BUSINESS AND THE ENVIRONMENT CONVERGE

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Ann Herrick  
US Environmental Protection Agency  
Industrial NPDES Permits (CIP)  
1 Congress Street  
Suite 100  
Boston, MA 02114-2023

May 20, 2008  
Project No. 01-209708  
Document No. 35623

MA91036E

RE: Excavation Dewatering Discharge  
30 Conway Street  
Buckland, Massachusetts

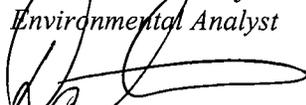
Dear Ms. Herrick:

On behalf of Rice Oil Co., Inc. (ROC) and Inergy Propane LLC (IP), Environmental Compliance Services, Inc. (ECS) has prepared the attached Notice of Intent (NOI) and supporting documentation for the Remediation General Permit (RGP) for the property located at 30 Conway Street, Buckland, Massachusetts. On April 7, 2008, D.T.S Realty, Inc, a real estate holding company operated by ROC, sold the subject property to Inergy Propane LLC. As a condition of the sale ROC is installing a 5,000 gallon gross capacity oil water separator for Site storm water. The separator is being integrated into the Site's existing storm drainage system and will neither change the existing runoff flow rates from the Site or constitute a new discharge point. Groundwater at the Site is located approximately 3 feet below the ground surface. Excavation for the separator installation will require excavation to approximately 12 feet below the ground surface. It is anticipated that dewatering of the excavation will be required for a period of approximately 1 week beginning on approximately July 7, 2008. It is anticipated that the water will be processed through particulate filters and a two stage activated carbon system prior to discharging to the Deerfield River. A Site Locus is included as Figure 1 and a Site Plan depicting the approximate work area and storm water discharge routing is included as Figure 2.

If there are any questions regarding this submittal, please contact the undersigned at (413) 789-3530.

Sincerely,  
ENVIRONMENTAL COMPLIANCE SERVICES, INC.

  
Richard A. Starodoj  
Environmental Analyst

  
Daniel W. Felten, P.E., LSP, LEP  
Principal

RAS/DWF/kab  
Attachments

**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: <b>Rice Oil and Propane</b>		Facility/site address: <b>Rice Oil and Propane</b>	
Location of facility/site: <b>Buckland, MA</b> longitude: <b>72d 44' 22"</b> latitude: <b>42d 36' 03"</b>	Facility SIC code(s): <b>5983,1711</b>	Street: <b>30 Conway Street</b>	
b) Name of facility/site owner: <b>Inergy Propane, LLC</b>		Town: <b>Buckland, MA</b>	
Email address of owner: <b>tveber@ricecompanies.com</b>	State: <b>MA</b>	Zip: <b>01338</b>	County: <b>Franklin</b>
Telephone no. of facility/site owner: <b>413-223-8570</b>	Owner is (check one): 1. Federal ___ 2. State/Tribal ___		
Fax no. of facility/site owner:	3. Private ___ 4. other, if so, describe:		
Address of owner (if different from site):			
Street: <b>Two Brush Creek Blvd</b>			
Town: <b>Kansas City</b>	State: <b>Missouri</b>	Zip: <b>64112</b>	County:
c) Legal name of operator: <b>Rice Oil Co., Inc. (and) ECS, Inc.</b>		Operator telephone no: <b>413-772-0227 (and) 413-789-3530</b>	
		Operator fax no.: <b>413-789-2776</b>	Operator email:
Operator contact name and title: <b>Rice Oil Co., Inc (and) ECS, Inc. (Dan Felten) Director of Remediation Services</b>			
Address of operator (if different from owner):		Street: <b>34 Montague City Rd. (and) 588 Silver Street</b>	
Town: <b>Greenfield (and) Agawam</b>	State: <b>MA</b>	Zip: <b>01301 (and) 01001</b>	County: <b>Franklin (and) Hampden</b>
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 ___ 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 ___			
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes ___ No <input checked="" type="checkbox"/>			

<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes ___ No <input checked="" type="checkbox"/></p> <p>If "yes," please list:</p> <ol style="list-style-type: none"> <li>1. site identification # assigned by the state of NH or MA:</li> <li>2. permit or license # assigned:</li> <li>3. state agency contact information: name, location, and telephone number:</li> </ol>	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <ol style="list-style-type: none"> <li>1. multi-sector storm water general permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number:</li> <li>2. phase I or II construction storm water general permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number:</li> <li>3. individual NPDES permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number:</li> <li>4. any other water quality related permit? Y ___ N <input checked="" type="checkbox"/>, if Y, number:</li> </ol>
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**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:			
<h2>Construction Dewatering Discharge</h2>			
b) Provide the following information about each discharge:	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">1) Number of discharge points: <b>1</b></td> <td>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>0.11</u> Average flow <u>0.11</u> Is maximum flow a <b>design value</b>? Y <input checked="" type="checkbox"/> N ___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</td> </tr> </table>	1) Number of discharge points: <b>1</b>	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>0.11</u> Average flow <u>0.11</u> Is maximum flow a <b>design value</b> ? Y <input checked="" type="checkbox"/> N ___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.
1) Number of discharge points: <b>1</b>	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>0.11</u> Average flow <u>0.11</u> Is maximum flow a <b>design value</b> ? Y <input checked="" type="checkbox"/> 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. <u>72° 44' 22"</u> lat. <u>42° 36' 03"</u> ; 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 <u>06/30/08</u> end <u>08/01/08</u>			
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 <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>	g	g	SM2543	20000	30000		120,000	
2. Total Residual Chlorine	<input checked="" type="checkbox"/>		1	g	Hach 8167	0.20	.20			
3. Total Petroleum Hydrocarbons	<input checked="" type="checkbox"/>		1	g	8100m	.2	.5			
4. Cyanide		<input checked="" type="checkbox"/>	1	g	sm4500	10	5.2		18	
5. Benzene	<input checked="" type="checkbox"/>		1	g	8260b	1	5			
6. Toluene	<input checked="" type="checkbox"/>		1	g	8260b	1	5			
7. Ethylbenzene	<input checked="" type="checkbox"/>		1	g	8260b	1	5			
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>		1	g	8260b	2	5			
9. Total BTEX <sup>4</sup>	<input checked="" type="checkbox"/>		1	g	8260b	2	100			

<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)	✓		1	g	8260b	0.5	0.05			
11. Methyl-tert-Butyl Ether (MtBE)		✓	1	g	8260b	1	70		1.1	
12. tert-Butyl Alcohol (TBA)	✓		1	g	8260b	10	NA			
13. tert-Amyl Methyl Ether (TAME)	✓		1	g	8260b	1	1			
14. Naphthalene	✓		1	g	8260b	1	20			
15. Carbon Tetrachloride	✓		1	g	8260b	1	4.4			
16. 1,4 Dichlorobenzene	✓		1	g	8260b	1	5			
17. 1,2 Dichlorobenzene	✓		1	g	8260b	1	600			
18. 1,3 Dichlorobenzene	✓		1	g	8260b	1	320			
19. 1,1 Dichloroethane	✓		1	g	8260b	1	70			
20. 1,2 Dichloroethane	✓		1	g	8260b	1	5			
21. 1,1 Dichloroethylene	✓		1	g	8260b	1	3.2			
22. cis-1,2 Dichloroethylene	✓		1	g	8260b	1	70			
23. Dichloromethane (Methylene Chloride)	✓		1	g	8260b	5	4.6			
24. Tetrachloroethylene	✓		1	g	8260b	1	5			

<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	✓		1	g	8260b	1	200			
26. 1,1,2 Trichloroethane	✓		1	g	8260b	1	5			
27. Trichloroethylene	✓		1	g	8260b	1	5			
28. Vinyl Chloride	✓		1	g	8260b	1	2			
29. Acetone	✓		1	g	8260b	1	NA			
30. 1,4 Dioxane	✓		1	g	8260b	1	NA			
31. Total Phenols	✓		1	g	8270c	10	300			
32. Pentachlorophenol	✓		1	g	8270c	20	1			
33. Total Phthalates <sup>6</sup> (Phthalate esthers)	✓		1	g	8270c	5.88	3			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	g	8270c	23.5	6			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	g	8270c	5.88	10			
a. Benzo(a) Anthracene	✓		1	g	8270c	5.88	5.88			
b. Benzo(a) Pyrene	✓		1	g	8270c	5.88	5.88			
c. Benzo(b)Fluoranthene	✓		1	g	8270c	5.88	5.88			
d. Benzo(k) Fluoranthene	✓		1	g	8270c	5.88	5.88			
e. Chrysene	✓		1	g	8270c	5.88	5.88			

<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	✓		1	g	8270c	5.88	5.88			
g. Indeno(1,2,3-cd) Pyrene	✓		1	g	8270c	5.88	5.88			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	g	8270c	5.88	100			
h. Acenaphthene	✓		1	g	8270c	5.88	1			
i. Acenaphthylene	✓		1	g	8270c	5.88	10			
j. Anthracene	✓		1	g	8270c	5.88	10			
k. Benzo(ghi) Perylene	✓		1	g	8270c	5.88	5			
l. Fluoranthene	✓		1	g	8270c	5.88	1			
m. Fluorene	✓		1	g	8270c	5.88	10			
n. Naphthalene-	✓		1	g	8270c	5.88	2			
o. Phenanthrene	✓		1	g	8270c	5.88	5			
p. Pyrene	✓		1	g	8270c	5.88	10			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	g	8082	0.50	0.5			
38. Antimony	✓		1	g	6010b	5.6	5.6			
39. Arsenic	✓		1	g	6010b	10	10			
40. Cadmium	✓		1	g	6010b	0.2	0.2			
41. Chromium III	✓		1	g	calc	48.8	48.8			
42. Chromium VI	✓		1	g	3500	11.4	11.4			

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010b	5	5.2			
44. Lead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	g	6020	0.5	1.3		0.6	
45. Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	245.1	0.2	0.9			
46. Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010b	4	29			
47. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010b	15	5			
48. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010b	5	1.2			
49. Zinc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	g	6010b	5	66.6		7.2	
50. Iron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	g	6010b	15	1,000		40,100	
Other (describe):	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

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 <b>reasonable potential</b> 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>If yes, which metals?</p>
<p><i>Step 2:</i> 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: _____  DF: <u>519</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 type="checkbox"/> N <input checked="" type="checkbox"/> If "Yes," list which metals:</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:						
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>50</u> Maximum flow rate of treatment system <u>50</u> Design flow rate of treatment system <u>50</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): <u>NA</u>						

**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: <b>Catchbasin to municipal stormwater system discharges approx 200 feet away to Deerfield River</b>						
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>B</u>						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>57 based on POTW located downstream</u> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, for which pollutant(s)? Is there a TMDL? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, for which pollutant(s)?						

**6. Results of Consultation with Federal Services:** Please provide the following information according to requirements of Part 1.B.4 and Appendices II and VII.

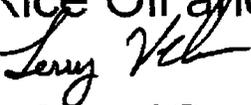
a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Has any consultation with the federal services been completed? Yes <input type="checkbox"/> No <input type="checkbox"/> or is consultation underway? Yes <input checked="" type="checkbox"/> No <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"/>

**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:	Rice Oil and Propane
Operator signature:	
Title:	Branch Manager
Date:	4/3/08