

MAG-910451

II. Suggested Notice of Intent (NOI) Form

1. General facility information. Please provide the following information about the facility.

a) Name of facility: FANEUIL HALL		Mailing Address for the Facility: 340 FANEUIL HALL MARKET PLACE BOSTON, MA 02109-1634	
b) Location Address of the Facility (if different from mailing address):	Facility Location	Type of Business:	
	longitude: -71d 03m 23s latitude: 42d 21m 36s	Tourist Oriented Museum/Mall	
c) Name of facility owner: <u>City of Boston</u>		Owner's email: <u>mayor@cityofboston.gov</u>	
Owner's Tel #: <u>617-635-4500</u>		Owner's Fax #: <u>617-635-2851</u>	
Address of owner (if different from facility address) Boston City Hall, One City Hall Square, Boston, MA 02201-2031			
Owner is (check one): 1. Federal <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Tribal <input type="checkbox"/> 4. Private <input type="checkbox"/> 4. Other <input checked="" type="checkbox"/> (Describe) <u>CITY</u>			
Legal name of Operator, if not owner: <u>CITY OF BOSTON</u>			
Operator Contact Name: <u>STEPHEN CROSBY</u>			
Operator Tel Number: <u>617 635 4484</u> Fax Number: <u>617 635 3250</u>			
Operator's email: <u>STEVE.CROSBY@CITYOFBOSTON.GOV</u>			
Operator Address (if different from owner)			
d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? <input checked="" type="checkbox"/>			
e) Check Yes or No for the following:			
1. Has a prior NPDES permit been granted for the discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number: _____			
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Is the facility covered by an individual NPDES permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Permit Number _____			
4. Is there a pending application on file with EPA for this discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, date of submittal: _____			

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed)

- a) Name of receiving water into which discharge will occur: Boston Harbor
State Water Quality Classification: 5 Freshwater: _____ Marine Water: X
- b) Describe the discharge activities for which the owner/applicant is seeking coverage:
- | | |
|---|--|
| <ol style="list-style-type: none">1. Construction dewatering of groundwater intrusion and/or storm water accumulation.2. Short-term or long-term dewatering of foundation sumps.3. Other. | <ol style="list-style-type: none">1. Dewatering of groundwater intrusion to maintain water level below excavation floor.2. Install a 3-inch diameter deep perforated sump pump approximately 18-24 inches below the excavation. Pipe will be surrounded by filter fabric and area backfilled with 3/4" crushed stone to maintain dry working area. A 2/3" pump system with discharge hoses will be installed with pipe. |
|---|--|
- c) Number of outfalls 1
- For each outfall:
- d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow 5,792 GPD
Average Monthly Flow 173,760 GPD
- e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 9.6 Min pH 7
- f) Identify the source of the discharge (i.e. potable water, surface water, or groundwater). If groundwater, the facility shall submit effluent test results, as required in Section 4.4.5 of the General Permit.
- g) What treatment does the wastewater receive prior to discharge?
- h) Is the discharge continuous? Yes _____ No If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) X
If (P), number of days or months per year of the discharge 14 and the specific months of discharge March/April ;
If (I), number of days/year there is a discharge _____
Is the discharge temporary? Yes No _____
If yes, approximate start date of dewatering March 22, 2010 approximate end date of dewatering April 9, 2010
- i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. -71 03 03 lat. 42 21 54 ;
Outfall 2: long. _____ lat. _____ ; Outfall 3: long. _____ lat. _____ .
- j) If the source of the discharge is potable water, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water and attach any calculation sheets used to support stream flow and dilution calculations _____ cfs
(See Appendix VII for equations and additional information)

MASSACHUSETTS FACILITIES: See Section 3.4 and Appendix 1 of the General Permit for more information on Areas of Critical Environmental Concern (ACEC):

- k) Does the discharge occur in an ACEC? Yes _____ No
If yes, provide the name of the ACEC: _____

3. Contaminant Information

- a) Are any pH neutralization and/or dechlorination chemicals used in the discharge? If so, include the chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)). No
b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge.

4. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendices III and IV. In addition, respond to the following questions.

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes _____ No
b) Has any consultation with the federal services been completed? Yes _____ No
c) Is consultation underway? Yes _____ No
d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA 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.
e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D,or E) have you met? A
f) Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website.

5. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes No _____
b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No If yes, attach the results of the consultation(s).
c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 or 3) have you met? 2

6. 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

7. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the dewatering system; (2) the discharge consists solely of dewatering and authorized pH adjustment and/or

dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product or finished product; (4) if the discharge of dewatering subsequently mixes with other permitted wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for dewatering discharge; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) 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 Name:	FANEUIL HAVEN
Operator signature:	Stephan A. Gaudy
Title:	Deputy Commissioner
Date:	3/16/10

Federal regulations require this application to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

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 <input checked="" type="checkbox"/>	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		<input checked="" type="checkbox"/>	1	Grab		3000	5000			
2. Total Residual Chlorine	<input checked="" type="checkbox"/>		1	Grab		200	<200			
3. Total Petroleum Hydrocarbons	<input checked="" type="checkbox"/>		1	Grab	1664	5000	<5000			
4. Cyanide	<input checked="" type="checkbox"/>		1	Grab	9012A	10	<10			
5. Benzene	<input checked="" type="checkbox"/>		1	Grab	8260B	2.5	<2.5			
6. Toluene	<input checked="" type="checkbox"/>		1	Grab	8260B	2.5	<2.5			
7. Ethylbenzene	<input checked="" type="checkbox"/>		1	Grab	8260B	2.5	<2.5			
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>		1	Grab	8260B	2.5	<2.5			
9. Total BTEX ⁴	<input checked="" type="checkbox"/>		1	Grab	8260B	2.5	<2.5			

⁴BTEX = 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 ⁵ (1,2- Dibromo-methane)	✓				504.1	0.02	<0.02			
11. Methyl-tert-Butyl Ether (MtBE)	✓				8260B	2.5	<2.5			
12. tert-Butyl Alcohol (TBA)	✓				504.1	100	<100			
13. tert-Amyl Methyl Ether (TAME)	✓				504.1	2.5	<2.5			
14. Naphthalene	✓				504.1	2.5				
15. Carbon Tetrachloride	✓				504.1	2.5	<2.5			
16. 1,4 Dichlorobenzene	✓				504.1	2.5	<2.5			
17. 1,2 Dichlorobenzene	✓				504.1	2.5	<2.5			
18. 1,3 Dichlorobenzene	✓				504.1	2.5	<2.5			
19. 1,1 Dichloroethane	✓				504.1	2.5	<2.5			
20. 1,2 Dichloroethane	✓				504.1	2.5	<2.5			
21. 1,1 Dichloroethylene	✓				504.1	2.5	<2.5			
22. cis-1,2 Dichloroethylene	✓				504.1	2.5	<2.5			
23. Dichloromethane (Methylene Chloride)	✓				504.1	13	<13			
24. Tetrachloroethylene	✓				504.1	2.5	<2.5			

⁵EDB 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	✓				504.1	2.5	<2.5			
26. 1,1,2 Trichloroethane	✓				504.1	2.5	<2.5			
27. Trichloroethylene	✓				504.1	2.5	<2.5			
28. Vinyl Chloride	✓				504.1	2.5	<2.5			
29. Acetone	✓				504.1	50	<50			
30. 1,4 Dioxane	✓				504.1	2500	<2500			
31. Total Phenols					9096	200	<200			
32. Pentachlorophenol	✓				8270C	5	<5			
33. Total Phthalates ⁶ (Phthalate esters)	✓				8270C	5	<5			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓				8270C	5	<5			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓				8270C	0.5	<0.5			
a. Benzo(a) Anthracene	✓				8270C	0.5	<0.5			
h. Benzo(a) Pyrene	✓				8270C	0.5	<0.5			
c. Benzo(b) Fluoranthene	✓				8270C	0.5	<0.5			
d. Benzo(k) Fluoranthene	✓				8270C	0.5	<0.5			
e. Chrysene	✓				8270C	0.5	<0.5			

⁶The sum of individual phthalate compounds.

p. 5

850-576-3676

U R S Corporation

Mar 30 10 12:54p

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (c.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	✓				8270C	0.5	<0.5			
g. Indeno(1,2,3-cd) Pyrene	✓				8270C	0.5	<0.5			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓				8270C	0.5	<0.5			
h. Acenaphthene	✓				8270C	1.25	<1.25			
i. Acenaphthylene	✓				8270C	2.5	<2.5			
j. Anthracene	✓				8270C	2.5	<2.5			
k. Benzo(ghi) Perylene	✓				8270C	0.5	<0.5			
l. Fluoranthene	✓				8270C	0.5	<0.5			
m. Fluorene		✓			8270C	1.25	1.2			
n. Naphthalene-	✓				8270C	1.25	<1.25			
o. Phenanthrene	✓				8270C	2.5	<2.5			
p. Pyrene	✓				8270C	2.5	<2.5			
37. Total Polychlorinated Biphenyls (PCBs)	✓				608	0.2	<0.2			
38. Antimony	✓				6020A	6	<6			
39. Arsenic	✓				6020A	5	<5			
40. Cadmium	✓				601B	4	<4			
41. Chromium III	✓				601B	10	<10			
42. Chromium VI	✓				7196A	10	<10			

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	✓				6010B	25	<25			
44. Lead	✓				6020A	5	<5			
45. Mercury	✓				7470B	0.2	<0.2			
46. Nickel	✓				6010B	40	<40			
47. Selenium	✓				6020A	5	<5			
48. Silver	✓				6010B	7	<7			
49. Zinc	✓				6010B	200	<200			
50. Iron		✓			6010B	100	1000			
Other (describe):										

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 ___ N <input checked="" type="checkbox"/></p>	<p>If yes, which metals?</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: _____ DF: _____</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 ___ N ___ If "Yes," list which metals:</p>



