

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

**1. General facility/site information.** Please provide the following information about the site:

a) Name of facility/site: Eliot Upper School		Facility/site mailing address:	
Location of facility/site:	Facility SIC code(s):	Street:	
longitude: 71.054803	1542	39 North Bennet Street	
latitude: 42.365876			
b) Name of facility/site owner:		Town: Boston	
Email address of facility/site owner:		State:	Zip:
brian.melia@boston.gov		MA	02113
Telephone no. of facility/site owner: (617) 635-0542		County: Suffolk	
Fax no. of facility/site owner: (617) 635-0555		Owner is (check one): 1. Federal <input type="radio"/> 2. State/Tribal <input checked="" type="radio"/>	
Address of owner (if different from site):		3. Private <input type="radio"/> 4. Other <input type="radio"/> if so, describe:	
		City of Boston	
Street: 26 Court Street, 10th Fl.			
Town: Boston	State: MA	Zip: 02108	County: Suffolk
c) Legal name of operator:		Operator telephone no: (508) 429-8666 Ext 228	
Colantonio Inc		Operator fax no.: (508) 429-8699	Operator email: agillis@colantonioinc.com
Operator contact name and title: Arthur Gillis, Project Manager			
Address of operator (if different from owner):		Street: 16 Everett Street	
Town: Holliston	State: MA	Zip: 01746	County: Middlesex

d) Check Y for "yes" or N for "no" for the following:

1. Has a prior NPDES permit exclusion been granted for the discharge? Y  N , if Y, number:
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Y  N , if Y, date and tracking #:
3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Y  N
4. For sites in Massachusetts, is the discharge covered under the Massachusetts Contingency Plan (MCP) and exempt from state permitting? Y  N

e) Is site/facility subject to any State permitting, license, or other action which is causing the generation of discharge? Y  N   
 If Y, 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 General Permit? Y  N , if Y, number:
2. Final Dewatering General Permit? Y  N , if Y, number:
3. EPA Construction General Permit? Y  N , if Y, number:
4. Individual NPDES permit? Y  N , if Y, number:
5. any other water quality related individual or general permit? Y  N , if Y, number:

g) Is the site/facility located within or does it discharge to an Area of Critical Environmental Concern (ACEC)? Y  N

h) Based on the facility/site information and any historical sampling data, identify the sub-category into which the potential discharge falls.

<u>Activity Category</u>	<u>Activity Sub-Category</u>
I - Petroleum Related Site Remediation	A. Gasoline Only Sites <input type="checkbox"/> B. Fuel Oils and Other Oil Sites (including Residential Non-Business Remediation Discharges) <input type="checkbox"/> C. Petroleum Sites with Additional Contamination <input type="checkbox"/>
II - Non Petroleum Site Remediation	A. Volatile Organic Compound (VOC) Only Sites <input type="checkbox"/> B. VOC Sites with Additional Contamination <input type="checkbox"/> C. Primarily Heavy Metal Sites <input type="checkbox"/>
III - Contaminated Construction Dewatering	A. General Urban Fill Sites <input type="checkbox"/> B. Known Contaminated Sites <input type="checkbox"/>

IV - Miscellaneous Related Discharges	A. Aquifer Pump Testing to Evaluate Formerly Contaminated Sites <input type="checkbox"/> B. Well Development/Rehabilitation at Contaminated/Formerly Contaminated Sites <input type="checkbox"/> C. Hydrostatic Testing of Pipelines and Tanks <input type="checkbox"/> D. Long-Term Remediation of Contaminated Sumps and Dikes <input type="checkbox"/> E. Short-term Contaminated Dredging Drain Back Waters (if not covered by 401/404 permit) <input type="checkbox"/>
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**2. Discharge information.** Please provide information about the discharge, (attaching additional sheets as necessary) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage:	
Ground water during the excavation of new footings and walls.	
b) Provide the following information about each discharge:	
1) Number of discharge points: <input type="text" value="1"/>	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 <input type="text"/> Is maximum flow a design value? Y <input type="radio"/> N <input type="radio"/> Average flow (include units) <input type="text" value="1200 gph"/> Is average flow a design value or estimate? <input type="text" value="estimated"/>
3) Latitude and longitude of each discharge within 100 feet:	
pt.1: lat <input type="text"/> long <input type="text"/>	pt.2: lat <input type="text"/> long <input type="text"/>
pt.3: lat <input type="text"/> long <input type="text"/>	pt.4: lat <input type="text"/> long <input type="text"/>
pt.5: lat <input type="text"/> long <input type="text"/>	pt.6: lat <input type="text"/> long <input type="text"/>
pt.7: lat <input type="text"/> long <input type="text"/>	pt.8: lat <input type="text"/> long <input type="text"/> ; etc.
4) If hydrostatic testing, total volume of the discharge (gals): <input type="text"/>	5) Is the discharge intermittent <input type="radio"/> or seasonal <input type="radio"/> ? Is discharge ongoing? Y <input type="radio"/> N <input type="radio"/>
c) Expected dates of discharge (mm/dd/yy): start <input type="text" value="Feb 18, 2015"/> end <input type="text" value="Jul 1, 2015"/>	
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). <input type="text"/>	

**3. Contaminant information.**

a) Based on the sub-category selected (see Appendix III), indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

<u>Parameter *</u>	<u>CAS Number</u>	<u>Believed Absent</u>	<u>Believed Present</u>	<u># of Samples</u>	<u>Sample Type (e.g., grab)</u>	<u>Analytical Method Used (method #)</u>	<u>Minimum Level (ML) of Test Method</u>	<u>Maximum daily value</u>		<u>Average daily value</u>	
								<u>concentration (ug/l)</u>	<u>mass (kg)</u>	<u>concentration (ug/l)</u>	<u>mass (kg)</u>
1. Total Suspended Solids (TSS)		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
2. Total Residual Chlorine (TRC)		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
3. Total Petroleum Hydrocarbons (TPH)		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
4. Cyanide (CN)	57125	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
5. Benzene (B)	71432	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
6. Toluene (T)	108883	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
7. Ethylbenzene (E)	100414	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
8. (m,p,o) Xylenes (X)	108883; 106423; 95476; 1330207	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
9. Total BTEX <sup>2</sup>	n/a	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
10. Ethylene Dibromide (EDB) (1,2-Dibromoethane) <sup>3</sup>	106934	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
11. Methyl-tert-Butyl Ether (MtBE)	1634044	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
12. tert-Butyl Alcohol (TBA) (Tertiary-Butanol)	75650	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

\* Numbering system is provided to allow cross-referencing to Effluent Limits and Monitoring Requirements by Sub-Category included in Appendix III, as well as the Test Methods and Minimum Levels associated with each parameter provided in Appendix VI.

<sup>2</sup> BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

<sup>3</sup> EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

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								<u>concentration (ug/l)</u>	<u>mass (kg)</u>	<u>concentration (ug/l)</u>	<u>mass (kg)</u>
13. tert-Amyl Methyl Ether (TAME)	9940508	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
14. Naphthalene	91203	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
15. Carbon Tetrachloride	56235	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
16. 1,2 Dichlorobenzene (o-DCB)	95501	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
17. 1,3 Dichlorobenzene (m-DCB)	541731	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
18. 1,4 Dichlorobenzene (p-DCB)	106467	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
18a. Total dichlorobenzene		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
19. 1,1 Dichloroethane (DCA)	75343	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
20. 1,2 Dichloroethane (DCA)	107062	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
21. 1,1 Dichloroethene (DCE)	75354	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
22. cis-1,2 Dichloroethene (DCE)	156592	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
23. Methylene Chloride	75092	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
24. Tetrachloroethene (PCE)	127184	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
25. 1,1,1 Trichloro-ethane (TCA)	71556	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
26. 1,1,2 Trichloro-ethane (TCA)	79005	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
27. Trichloroethene (TCE)	79016	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

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								<u>concentration (ug/l)</u>	<u>mass (kg)</u>	<u>concentration (ug/l)</u>	<u>mass (kg)</u>
28. Vinyl Chloride (Chloroethene)	75014	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
29. Acetone	67641	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
30. 1,4 Dioxane	123911	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
31. Total Phenols	108952	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
32. Pentachlorophenol (PCP)	87865	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
33. Total Phthalates (Phthalate esters) <sup>4</sup>		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	117817	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
a. Benzo(a) Anthracene	56553	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
b. Benzo(a) Pyrene	50328	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
c. Benzo(b)Fluoranthene	205992	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
d. Benzo(k)Fluoranthene	207089	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
e. Chrysene	21801	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
f. Dibenzo(a,h)anthracene	53703	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
g. Indeno(1,2,3-cd) Pyrene	193395	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		<input checked="" type="checkbox"/>	<input type="checkbox"/>								

<sup>4</sup> The sum of individual phthalate compounds.

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								<u>concentration (ug/l)</u>	<u>mass (kg)</u>	<u>concentration (ug/l)</u>	<u>mass (kg)</u>
h. Acenaphthene	83329	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
i. Acenaphthylene	208968	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
j. Anthracene	120127	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
k. Benzo(ghi) Perylene	191242	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
l. Fluoranthene	206440	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
m. Fluorene	86737	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
n. Naphthalene	91203	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
o. Phenanthrene	85018	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
p. Pyrene	129000	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
37. Total Polychlorinated Biphenyls (PCBs)	85687; 84742; 117840; 84662; 131113; 117817.	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
38. Chloride	16887006	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
39. Antimony	7440360	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
40. Arsenic	7440382	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
41. Cadmium	7440439	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
42. Chromium III (trivalent)	16065831	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
43. Chromium VI (hexavalent)	18540299	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
44. Copper	7440508	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
45. Lead	7439921	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
46. Mercury	7439976	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
47. Nickel	7440020	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
48. Selenium	7782492	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
49. Silver	7440224	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
50. Zinc	7440666	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
51. Iron	7439896	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Other (describe):		<input checked="" type="checkbox"/>	<input type="checkbox"/>								

Parameter *	CAS Number	Believed Absent	Believed Present	# of Samples	Sample Type (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)
		<input type="checkbox"/>	<input type="checkbox"/>								
		<input type="checkbox"/>	<input type="checkbox"/>								

b) For discharges where **metals** are believed present, please fill out the following (attach results of any calculations):

<p><i>Step 1:</i> Do any of the metals in the influent exceed the effluent limits in Appendix III (i.e., the limits set at zero dilution)? Y <input type="radio"/> N <input type="radio"/></p>	<p>If yes, which metals?</p>																				
<p><i>Step 2:</i> For any metals which 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?</p> <table border="1" style="width: 100%;"> <tr> <td>Metal:</td> <td></td> <td>DF:</td> <td></td> </tr> <tr> <td>Etc.</td> <td></td> <td></td> <td></td> </tr> </table>	Metal:		DF:		Metal:		DF:		Metal:		DF:		Metal:		DF:		Etc.				<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="radio"/> N <input type="radio"/> If Y, list which metals:</p>
Metal:		DF:																			
Metal:		DF:																			
Metal:		DF:																			
Metal:		DF:																			
Etc.																					

**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:						
Installation of a frac tank to settle solids prior to discharge into storm drain						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank <input checked="" type="checkbox"/>	Air stripper <input type="checkbox"/>	Oil/water separator <input type="checkbox"/>	Equalization tanks <input type="checkbox"/>	Bag filter <input type="checkbox"/>	GAC filter <input type="checkbox"/>
	Chlorination <input type="checkbox"/>	De-chlorination <input type="checkbox"/>	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  gpm Maximum flow rate of treatment system  gpm

Design flow rate of treatment system  gpm

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):

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

a) Identify the discharge pathway:	Direct to receiving water <input type="checkbox"/>	Within facility (sewer) <input type="checkbox"/>	Storm drain <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe): <input style="width: 90%;" type="text"/>
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b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:

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

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water  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? Y  N  If yes, for which pollutant(s)?

Is there a final TMDL? Y  N  If yes, for which pollutant(s)?



**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:	Elliot Upper School
Operator signature:	
Printed Name & Title:	Arthur Gillis, Project Manager
Date:	2/2/15