

II. Suggested Format for the Remediation General Permit Notice of Intent (NOI)

A. General site information:

1. Name of site:	Site address: Street: <table border="1" data-bbox="888 475 1950 557"> <tr> <td data-bbox="888 475 1591 557">City:</td><td data-bbox="1591 475 1724 557">State:</td><td data-bbox="1724 475 1950 557">Zip:</td></tr> </table>	City:	State:	Zip:									
City:	State:	Zip:											
2. Site owner Owner is (check one): <input type="checkbox"/> Federal <input type="checkbox"/> State/Tribal <input type="checkbox"/> Private <input type="checkbox"/> Other; if so, specify:	<table border="1"> <tr> <td colspan="3" data-bbox="888 557 1950 630">Contact Person:</td></tr> <tr> <td data-bbox="888 630 1461 699">Telephone:</td><td colspan="2" data-bbox="1461 630 1950 699">Email:</td></tr> <tr> <td colspan="3" data-bbox="888 699 1950 800">Mailing address: Street:</td></tr> <tr> <td data-bbox="888 800 1591 878">City:</td><td data-bbox="1591 800 1724 878">State:</td><td data-bbox="1724 800 1950 878">Zip:</td></tr> </table>	Contact Person:			Telephone:	Email:		Mailing address: Street:			City:	State:	Zip:
Contact Person:													
Telephone:	Email:												
Mailing address: Street:													
City:	State:	Zip:											
3. Site operator, if different than owner	<table border="1"> <tr> <td colspan="3" data-bbox="888 878 1950 938">Contact Person:</td></tr> <tr> <td data-bbox="888 938 1461 998">Telephone:</td><td colspan="2" data-bbox="1461 938 1950 998">Email:</td></tr> <tr> <td colspan="3" data-bbox="888 998 1950 1099">Mailing address: Street:</td></tr> <tr> <td data-bbox="888 1099 1591 1154">City:</td><td data-bbox="1591 1099 1724 1154">State:</td><td data-bbox="1724 1099 1950 1154">Zip:</td></tr> </table>	Contact Person:			Telephone:	Email:		Mailing address: Street:			City:	State:	Zip:
Contact Person:													
Telephone:	Email:												
Mailing address: Street:													
City:	State:	Zip:											
4. NPDES permit number assigned by EPA: NPDES permit is (check all that apply): <input type="checkbox"/> RGP <input type="checkbox"/> DGP <input type="checkbox"/> CGP <input type="checkbox"/> MSGP <input type="checkbox"/> Individual NPDES permit <input type="checkbox"/> Other; if so, specify:	5. Other regulatory program(s) that apply to the site (check all that apply): <table border="0"> <tr> <td data-bbox="888 1214 1461 1284"><input type="checkbox"/> MA Chapter 21e; list RTN(s):</td><td data-bbox="1461 1214 1950 1284"><input type="checkbox"/> CERCLA</td></tr> <tr> <td data-bbox="888 1284 1461 1354"><input type="checkbox"/> NH Groundwater Management Permit or Groundwater Release Detection Permit:</td><td data-bbox="1461 1284 1950 1354"><input type="checkbox"/> UIC Program</td></tr> <tr> <td></td><td data-bbox="1461 1354 1950 1398"><input type="checkbox"/> POTW Pretreatment</td></tr> <tr> <td></td><td data-bbox="1461 1398 1950 1458"><input type="checkbox"/> CWA Section 404</td></tr> </table>	<input type="checkbox"/> MA Chapter 21e; list RTN(s):	<input type="checkbox"/> CERCLA	<input type="checkbox"/> NH Groundwater Management Permit or Groundwater Release Detection Permit:	<input type="checkbox"/> UIC Program		<input type="checkbox"/> POTW Pretreatment		<input type="checkbox"/> CWA Section 404				
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	<input type="checkbox"/> POTW Pretreatment												
	<input type="checkbox"/> CWA Section 404												

B. Receiving water information:

1. Name of receiving water(s):	Waterbody identification of receiving water(s):	Classification of receiving water(s):
Receiving water is (check any that apply): <input type="checkbox"/> Outstanding Resource Water <input type="checkbox"/> Ocean Sanctuary <input type="checkbox"/> territorial sea <input type="checkbox"/> Wild and Scenic River		
2. Has the operator attached a location map in accordance with the instructions in B, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Are sensitive receptors present near the site? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
3. Indicate if the receiving water(s) is listed in the State's Integrated List of Waters (i.e., CWA Section 303(d)). Include which designated uses are impaired, and any pollutants indicated. Also, indicate if a final TMDL is available for any of the indicated pollutants. For more information, contact the appropriate State as noted in Part 4.6 of the RGP.		
4. Indicate the seven day-ten-year low flow (7Q10) of the receiving water determined in accordance with the instructions in Appendix V for sites located in Massachusetts and Appendix VI for sites located in New Hampshire.		
5. Indicate the requested dilution factor for the calculation of water quality-based effluent limitations (WQBELs) determined in accordance with the instructions in Appendix V for sites in Massachusetts and Appendix VI for sites in New Hampshire.		
6. Has the operator received confirmation from the appropriate State for the 7Q10 and dilution factor indicated? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date confirmation received:		
7. Has the operator attached a summary of receiving water sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Source water information:

1. Source water(s) is (check any that apply):			
<input type="checkbox"/> Contaminated groundwater Has the operator attached a summary of influent sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contaminated surface water Has the operator attached a summary of influent sampling results as required in Part 4.2 of the RGP in accordance with the instruction in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> The receiving water	<input type="checkbox"/> Potable water; if so, indicate municipality or origin: <input type="checkbox"/> Other; if so, specify:
		<input type="checkbox"/> A surface water other than the receiving water; if so, indicate waterbody:	

2. Source water contaminants:	
a. For source waters that are contaminated groundwater or contaminated surface water, indicate are any contaminants present that are not included in the RGP? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the contaminant(s) and the maximum concentration present in accordance with the instructions in Appendix VIII.	b. For a source water that is a surface water other than the receiving water, potable water or other, indicate any contaminants present at the maximum concentration in accordance with the instructions in Appendix VIII? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the source water been previously chlorinated or otherwise contains residual chlorine? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Discharge information

1.The discharge(s) is a(n) (check any that apply): <input type="checkbox"/> Existing discharge <input type="checkbox"/> New discharge <input type="checkbox"/> New source	
Outfall(s):	Outfall location(s): (Latitude, Longitude)
Discharges enter the receiving water(s) via (check any that apply): <input type="checkbox"/> Direct discharge to the receiving water <input type="checkbox"/> Indirect discharge, if so, specify: <input type="checkbox"/> A private storm sewer system <input type="checkbox"/> A municipal storm sewer system If the discharge enters the receiving water via a private or municipal storm sewer system: Has notification been provided to the owner of this system? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Has the operator has received permission from the owner to use such system for discharges? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No, if so, explain, with an estimated timeframe for obtaining permission: Has the operator attached a summary of any additional requirements the owner of this system has specified? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide the expected start and end dates of discharge(s) (month/year):	
Indicate if the discharge is expected to occur over a duration of: <input type="checkbox"/> less than 12 months <input type="checkbox"/> 12 months or more <input type="checkbox"/> is an emergency discharge	
Has the operator attached a site plan in accordance with the instructions in D, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Activity Category: (check all that apply)	3. Contamination Type Category: (check all that apply)	
<input type="checkbox"/> I – Petroleum-Related Site Remediation <input type="checkbox"/> II – Non-Petroleum-Related Site Remediation <input type="checkbox"/> III – Contaminated Site Dewatering <input type="checkbox"/> IV – Dewatering of Pipelines and Tanks <input type="checkbox"/> V – Aquifer Pump Testing <input type="checkbox"/> VI – Well Development/Rehabilitation <input type="checkbox"/> VII – Collection Structure Dewatering/Remediation <input type="checkbox"/> VIII – Dredge-Related Dewatering	<p>a. If Activity Category I or II: (check all that apply)</p> <p><input type="checkbox"/> A. Inorganics</p> <p><input type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> C. Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> D. Non-Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> E. Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> F. Fuels Parameters</p>	
	<p>b. If Activity Category III, IV, V, VI, VII or VIII: (check either G or H)</p>	
	<table border="1"> <tr> <td data-bbox="970 800 1419 873"><input type="checkbox"/> G. Sites with Known Contamination</td><td data-bbox="1419 800 2003 873"><input type="checkbox"/> H. Sites with Unknown Contamination</td></tr> </table>	<input type="checkbox"/> G. Sites with Known Contamination
<input type="checkbox"/> G. Sites with Known Contamination	<input type="checkbox"/> H. Sites with Unknown Contamination	
<table border="1"> <tr> <td data-bbox="970 873 1419 1409"> <p>c. If Category III-G, IV-G, V-G, VI-G, VII-G or VIII-G: (check all that apply)</p> <p><input type="checkbox"/> A. Inorganics</p> <p><input type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> C. Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> D. Non-Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> E. Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> F. Fuels Parameters</p> </td><td data-bbox="1419 873 2003 1409"> <p>d. If Category III-H, IV-H, V-H, VI-H, VII-H or VIII-H Contamination Type Categories A through F apply</p> </td></tr> </table>	<p>c. If Category III-G, IV-G, V-G, VI-G, VII-G or VIII-G: (check all that apply)</p> <p><input type="checkbox"/> A. Inorganics</p> <p><input type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> C. Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> D. Non-Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> E. Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> F. Fuels Parameters</p>	<p>d. If Category III-H, IV-H, V-H, VI-H, VII-H or VIII-H Contamination Type Categories A through F apply</p>
<p>c. If Category III-G, IV-G, V-G, VI-G, VII-G or VIII-G: (check all that apply)</p> <p><input type="checkbox"/> A. Inorganics</p> <p><input type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> C. Halogenated Volatile Organic Compounds</p> <p><input type="checkbox"/> D. Non-Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> E. Halogenated Semi-Volatile Organic Compounds</p> <p><input type="checkbox"/> F. Fuels Parameters</p>	<p>d. If Category III-H, IV-H, V-H, VI-H, VII-H or VIII-H Contamination Type Categories A through F apply</p>	

4. Influent and Effluent Characteristics

Parameter	Known or believed absent	Known or believed present	# of samples	Test method (#)	Detection limit ($\mu\text{g/l}$)	Influent		Effluent Limitations	
						Daily maximum ($\mu\text{g/l}$)	Daily average ($\mu\text{g/l}$)	TBEL	WQBEL
A. Inorganics									
Ammonia								Report mg/L	---
Chloride								Report $\mu\text{g/l}$	---
Total Residual Chlorine								0.2 mg/L	
Total Suspended Solids								30 mg/L	---
Antimony								206 $\mu\text{g/L}$	
Arsenic								104 $\mu\text{g/L}$	
Cadmium								10.2 $\mu\text{g/L}$	
Chromium III								323 $\mu\text{g/L}$	
Chromium VI								323 $\mu\text{g/L}$	
Copper								242 $\mu\text{g/L}$	
Iron								5,000 $\mu\text{g/L}$	
Lead								160 $\mu\text{g/L}$	
Mercury								0.739 $\mu\text{g/L}$	
Nickel								1,450 $\mu\text{g/L}$	
Selenium								235.8 $\mu\text{g/L}$	
Silver								35.1 $\mu\text{g/L}$	
Zinc								420 $\mu\text{g/L}$	
Cyanide								178 mg/L	
B. Non-Halogenated VOCs									
Total BTEX								100 $\mu\text{g/L}$	---
Benzene								5.0 $\mu\text{g/L}$	---
1,4 Dioxane								200 $\mu\text{g/L}$	---
Acetone								7.97 mg/L	---
Phenol								1,080 $\mu\text{g/L}$	

Parameter	Known or believed absent	Known or believed present	# of samples	Test method (#)	Detection limit (µg/l)	Influent		Effluent Limitations	
						Daily maximum (µg/l)	Daily average (µg/l)	TBEL	WQBEL
C. Halogenated VOCs									
Carbon Tetrachloride								4.4 µg/L	
1,2 Dichlorobenzene								600 µg/L	---
1,3 Dichlorobenzene								320 µg/L	---
1,4 Dichlorobenzene								5.0 µg/L	---
Total dichlorobenzene								763 µg/L in NH	---
1,1 Dichloroethane								70 µg/L	---
1,2 Dichloroethane								5.0 µg/L	---
1,1 Dichloroethylene								3.2 µg/L	---
Ethylene Dibromide								0.05 µg/L	---
Methylene Chloride								4.6 µg/L	---
1,1,1 Trichloroethane								200 µg/L	---
1,1,2 Trichloroethane								5.0 µg/L	---
Trichloroethylene								5.0 µg/L	---
Tetrachloroethylene								5.0 µg/L	
cis-1,2 Dichloroethylene								70 µg/L	---
Vinyl Chloride								2.0 µg/L	---
D. Non-Halogenated SVOCs									
Total Phthalates								190 µg/L	
Diethylhexyl phthalate								101 µg/L	
Total Group I PAHs								1.0 µg/L	---
Benzo(a)anthracene								As Total PAHs	
Benzo(a)pyrene									
Benzo(b)fluoranthene									
Benzo(k)fluoranthene									
Chrysene									
Dibenzo(a,h)anthracene									
Indeno(1,2,3-cd)pyrene									

[illegible]

E. Treatment system information

<p>1. Indicate the type(s) of treatment that will be applied to effluent prior to discharge: (check all that apply)</p> <p><input type="checkbox"/> Adsorption/Absorption <input type="checkbox"/> Advanced Oxidation Processes <input type="checkbox"/> Air Stripping <input type="checkbox"/> Granulated Activated Carbon (“GAC”)/Liquid Phase Carbon Adsorption</p> <p><input type="checkbox"/> Ion Exchange <input type="checkbox"/> Precipitation/Coagulation/Flocculation <input type="checkbox"/> Separation/Filtration <input type="checkbox"/> Other; if so, specify:</p>	
<p>2. Provide a written description of all treatment system(s) or processes that will be applied to the effluent prior to discharge.</p> <p>Identify each major treatment component (check any that apply):</p> <p><input type="checkbox"/> Fractionation tanks <input type="checkbox"/> Equalization tank <input type="checkbox"/> Oil/water separator <input type="checkbox"/> Mechanical filter <input type="checkbox"/> Media filter</p> <p><input type="checkbox"/> Chemical feed tank <input type="checkbox"/> Air stripping unit <input type="checkbox"/> Bag filter <input type="checkbox"/> Other; if so, specify:</p> <p>Indicate if either of the following will occur (check any that apply):</p> <p><input type="checkbox"/> Chlorination <input type="checkbox"/> De-chlorination</p>	
<p>3. Provide the design flow capacity in gallons per minute (gpm) of the most limiting component.</p> <p>Indicate the most limiting component:</p> <p>Is use of a flow meter feasible? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No, if so, provide justification:</p>	
<p>Provide the proposed maximum effluent flow in gpm.</p>	
<p>Provide the average effluent flow in gpm.</p>	
<p>If Activity Category IV applies, indicate the estimated total volume of water that will be discharged:</p>	
<p>4. Has the operator attached a schematic of flow in accordance with the instructions in E, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

F. Chemical and additive information

<p>1. Indicate the type(s) of chemical or additive that will be applied to effluent prior to discharge or that may otherwise be present in the discharge(s): (check all that apply)</p> <p><input type="checkbox"/> Algaecides/biocides <input type="checkbox"/> Antifoams <input type="checkbox"/> Coagulants <input type="checkbox"/> Corrosion/scale inhibitors <input type="checkbox"/> Disinfectants <input type="checkbox"/> Flocculants <input type="checkbox"/> Neutralizing agents <input type="checkbox"/> Oxidants <input type="checkbox"/> Oxygen <input type="checkbox"/> scavengers <input type="checkbox"/> pH conditioners <input type="checkbox"/> Bioremedial agents, including microbes <input type="checkbox"/> Chlorine or chemicals containing chlorine <input type="checkbox"/> Other; if so, specify:</p>
<p>2. Provide the following information for each chemical/additive, using attachments, if necessary:</p> <p>a. Product name, chemical formula, and manufacturer of the chemical/additive; b. Purpose or use of the chemical/additive or remedial agent; c. Material Safety Data Sheet (MSDS) and Chemical Abstracts Service (CAS) Registry number for each chemical/additive; d. The frequency (hourly, daily, etc.), duration (hours, days), quantity (maximum and average), and method of application for the chemical/additive; e. Any material compatibility risks for storage and/or use including the control measures used to minimize such risks; and f. If available, the vendor's reported aquatic toxicity (NOAEL and/or LC50 in percent for aquatic organism(s)).</p>
<p>3. Has the operator attached an explanation which demonstrates that the addition of such chemicals/additives may be authorized under this general permit in accordance with the instructions in F, above? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, has the operator attached data that demonstrates each of the 126 priority pollutants in CWA Section 307(a) and 40 CFR Part 423.15(j)(1) are non-detect in discharges with the addition of the proposed chemical/additive? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

G. Endangered Species Act eligibility determination

<p>1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:</p> <p><input type="checkbox"/> FWS Criterion A: No endangered or threatened species or critical habitat are in proximity to the discharges or related activities or come in contact with the “action area”.</p> <p><input type="checkbox"/> FWS Criterion B: Formal or informal consultation with the FWS under section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by FWS on a finding that the discharges and related activities are “not likely to adversely affect” listed species or critical habitat (informal consultation). Has the operator completed consultation with FWS? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, is consultation underway? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> FWS Criterion C: Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the operator and affirmed by EPA, that the discharges and related activities will have “no effect” on any federally threatened or endangered listed species or designated critical habitat under the jurisdiction of the FWS. This determination was made by: (check one) <input type="checkbox"/> the operator <input type="checkbox"/> EPA <input type="checkbox"/> Other; if so, specify:</p>

- ☐ **NMFS Criterion:** A determination made by EPA is affirmed by the operator that the discharges and related activities will have “no effect” or are “not likely to adversely affect” any federally threatened or endangered listed species or critical habitat under the jurisdiction of NMFS and will not result in any take of listed species. Has the operator previously completed consultation with NMFS? (check one): ☐ Yes ☐ No

2. Has the operator attached supporting documentation of ESA eligibility in accordance with the instructions in Appendix I, and G, above? (check one): ☐ Yes ☐ No

Does the supporting documentation include any written concurrence or finding provided by the Services? (check one): ☐ Yes ☐ No; if yes, attach.

H. National Historic Preservation Act eligibility determination

1. Indicate under which criterion the discharge(s) is eligible for coverage under this general permit:

- ☐ **Criterion A:** No historic properties are present. The discharges and discharge-related activities (e.g., BMPs) do not have the potential to cause effects on historic properties.
- ☐ **Criterion B:** Historic properties are present. Discharges and discharge related activities do not have the potential to cause effects on historic properties.
- ☐ **Criterion C:** Historic properties are present. The discharges and discharge-related activities have the potential to have an effect or will have an adverse effect on historic properties.

2. Has the operator attached supporting documentation of NHPA eligibility in accordance with the instructions in H, above? (check one): ☐ Yes ☐ No

Does the supporting documentation include any written agreement with the State Historic Preservation Officer (SHPO), Tribal Historic Preservation Officer (TPHO), or other tribal representative that outlines measures the operator will carry out to mitigate or prevent any adverse effects on historic properties? (check one): ☐ Yes ☐ No

I. Supplemental information

Describe any supplemental information being provided with the NOI. Include attachments if required or otherwise necessary.

Has the operator attached data, including any laboratory case narrative and chain of custody used to support the application? (check one): ☐ Yes ☐ No

Has the operator attached the certification requirement for the Best Management Practices Plan (BMPP)? (check one): ☐ Yes ☐ No

J. Certification requirement

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 gathered and evaluated 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

BMPP certification statement:

Notification provided to the appropriate State, including a copy of this NOI, if required.

Check one: Yes ☐ No ☐

Notification provided to the municipality in which the discharge is located, including a copy of this NOI, if requested.

Check one: Yes ☐ No ☐

Notification provided to the owner of a private or municipal storm sewer system, if such system is used for site discharges, including a copy of this NOI, if requested.

Check one: Yes ☐ No ☐ NA ☐

Permission obtained from the owner of a private or municipal storm sewer system, if such system is used for site discharges. If yes, attach additional conditions. If no, attach explanation and timeframe for obtaining permission.

Check one: Yes ☐ No ☐ NA ☐

Notification provided to the owner/operator of the area associated with activities covered by an additional discharge permit(s). Additional discharge permit is (check one): ☐ RGP ☐ DGP ☐ CGP ☐ MSGP ☐ Individual NPDES permit
☐ Other; if so, specify:

Check one: Yes ☐ No ☐ NA ☐

Signature:



Date:

Print Name and Title: