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U.S. Environmental Protection Agency
Office of Ecosystem Protection
5 Post Office Square, Suite 100 (OEP06-01)
Boston, MA 02109
ATTN: EPA/OEP RGP Applications Coordinator

January 19, 2018

Subject: Response to Comments on the 2017 Remediation General Permit Notices of Intent for the Migration Control and Footer Drain Systems —Former Bull HN Information Systems, Inc. Facility, Brighton, Massachusetts

To Whom It Concerns:

CH2M HILL Engineers, Inc. (CH2M) has prepared this letter, on behalf of Honeywell International Inc., responding to comments regarding the Notices of Intent (NOIs) submitted as part of the reapplication for coverage under the Massachusetts Remediation General Permit (RGP) for the Migration Control (MC) groundwater extraction and treatment and Footer Drain (FD) systems, located at the Former Bull HN Information Systems Facility Site at the corner of Guest Street and Life Street in Brighton, Massachusetts.

The 2017 RGP NOI forms and associated analytical data summary, laboratory reports, and required supporting information were submitted via email on July 13, 2017 to the NPDES General Permits inbox. The following comments were received on January 4, 2018:

1. *MC and FD NOI Formats, Part A.3. Please clarify the operator seeking coverage under this permit. The first person listed appears to be an operator for the site owner and the signatory of the NOI, but an additional operator is listed for the firm that submitted the NOI. Is the owner the sole operator or do both entities require authorization?*

RESPONSE: An updated NOI form has been included to indicate that Honeywell and CH2M are identified as co-permittees, in accordance with the RGP's definition of "Owner" and "Operator" as "Operators". In both MC and FD NOI Formats, Part A.2, Honeywell is identified as the owner. In Part A.3, Bradley Russel/CH2M is the official operator, and Kyle D. Block/CH2M is the project manager, and main point of contact for the site, and reports directly to the site owner. The NOI forms have been modified (and attached to this letter) by including a signature by both CH2M and Steven Coladonato/Honeywell under Part J – Certification Requirement.

2. *MC and FD NOI Formats, Part D.1. For clarification, the BWSC permit program contact person when a site intends to utilize their storm sewer system for discharges is tuttlempe@bwsc.org.*

RESPONSE: Noted. This has been forwarded accordingly to Matthew Tuttle/BWSC as of January 17, 2018.

3. *FD NOI Format, Part D.1. Note that a selection in this part appears to be incorrect. Discharges via a municipal storm sewer system are considered an "indirect discharge". A direct discharge is one*

that is conveyed directly from the site to the receiving water either through a dedicated outfall or a conveyance system entirely controlled by the site.

RESPONSE: Acknowledged, correction has been made as indicated. Revised NOI formats for the MC and FD systems have been included.

4. *MC NOI Format, Part D.4. Note that selections in this part appears to be incorrect. Any parameter with a reported result is known or believed present at the site.*

RESPONSE: Acknowledged. Revised NOI formats for the MC and FD systems have been included.

5. *Also, the following information is needed to complete authorization: The electronic WQBEL calculation file. Please provide this file in the excel format.*

RESPONSE: The electronic WQBEL calculation files in Excel format for both the MC and FD systems are included as part of this letter submittal.

If you require any additional information or would like to discuss the items above in more detail, please contact the undersigned at 617-626-7000.

Sincerely,

CH2M

A handwritten signature in dark ink, appearing to read "Kyle D. Block".

Kyle D. Block
Project Manager

cc: Mr. Steve Coladonato, Honeywell International Inc. (Owner)

Enclosures:

Revised NOI Formats for MC and FD Systems
MC and FD Systems Dilution Factor Calculations Files (Microsoft Excel)

Revised NOI Formats for MC and FD Systems

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

A. General site information:

1. Name of site: Former Bull HN Information Systems, Inc	Site address: 5 Guest Street Street:		
2. Site owner Honeywell International Inc. Owner is (check one): <input type="checkbox"/> Federal <input type="checkbox"/> State/Tribal <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other; if so, specify:	City: Brighton	State: MA	Zip: 02135
3. Site operator, if different than owner Bradly Russell, Grade 5-C Operator Wastewater operator certification #2864 CH2M HILL, Inc. 18 Tremont Street, Suite 700, Boston MA 02108 Telephone: 617-523-2002	Contact Person: Steven Coladonato Telephone: 302-791-6738 Email: steven.coladonato@honeywell.co Mailing address: 6100 Philadelphia Pike Street: City: Claymont State: DE Zip: 19703		
4. NPDES permit number assigned by EPA: MAG910076 NPDES permit is (check all that apply): <input checked="" 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): <input checked="" type="checkbox"/> MA Chapter 21e; list RTN(s): RTN 3-00158 <input type="checkbox"/> NH Groundwater Management Permit or Groundwater Release Detection Permit: <input type="checkbox"/> CERCLA <input type="checkbox"/> UIC Program <input type="checkbox"/> POTW Pretreatment <input type="checkbox"/> CWA Section 404		

B. Receiving water information:

1. Name of receiving water(s): Lower Charles River	Waterbody identification of receiving water(s): Segment MA72-38	Classification of receiving water(s): Class B
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are sensitive receptors present near the site? (check one): <input type="checkbox"/> Yes <input checked="" 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. <i>Refer to note at the bottom of this page.</i>		
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.		24.3 cfs
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.		364.6
6. Has the operator received confirmation from the appropriate State for the 7Q10 and dilution factor indicated? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date confirmation received: June 16, 2017 (via email, see Exhibit 1B)		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

C. Source water information:

1. Source water(s) is (check any that apply):			
<input checked="" 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 checked="" 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 checked="" 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:	

Answer to B.3: Lower Charles River is listed on the *Massachusetts Year 2014 Integrated List of Waters* (CWA Sections 305(b), 314 and 303(d)). Impaired designated uses include aquatic life support and recreational use. Indicated pollutants are: unknown toxicity; priority organics; metals; nutrients; organic enrichment/low dissolved oxygen; pathogens; oil and grease; taste, odor, and color; noxious aquatic plants; and turbidity (<http://www.mass.gov/eea/docs/dep/water/resources/a-thru-m/charlesp.pdf>). Final TMDLs are available for phosphorous, nutrients and pathogens (<http://www.mass.gov/eea/agencies/massdep/water/watersheds/total-maximum-daily-loads-tmdls.html#9>).

2. Source water contaminants: Volatile Organic Compounds, Chloride, Iron, Copper, and Nickel.	
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

D. Discharge information

1.The discharge(s) is a(n) (check any that apply): <input checked="" type="checkbox"/> Existing discharge <input type="checkbox"/> New discharge <input type="checkbox"/> New source	
Outfall(s): Discharge of treated groundwater from a treatment system designed to control migration and reduce the mass of chlorinated volatile organic compounds in groundwater.	Outfall location(s): (Latitude, Longitude) (Latitude 42.356747, Longitude -71.147594)
Discharges enter the receiving water(s) via (check any that apply): <input type="checkbox"/> Direct discharge to the receiving water <input checked="" type="checkbox"/> Indirect discharge, if so, specify: Storm sewer system owned by the Boston Water and Sewer Commission (BWSC) <input type="checkbox"/> A private storm sewer system <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No, if so, explain, with an estimated timeframe for obtaining permission: Original notification sent on June 16, 2017. Notification was sent to tuttlempe@bwsc.org on January 17, 2018. Has the operator attached a summary of any additional requirements the owner of this system has specified? (check one): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Provide the expected start and end dates of discharge(s) (month/year): April 8, 2017 to April 8, 2022	
Indicate if the discharge is expected to occur over a duration of: <input type="checkbox"/> less than 12 months <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> A. Inorganics</p> <p><input checked="" type="checkbox"/> B. Non-Halogenated Volatile Organic Compounds</p> <p><input checked="" 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="970 799 1419 873"><input type="checkbox"/> G. Sites with Known Contamination</td><td data-bbox="1419 799 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

Influent and Effluent Characteristics									
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
A. Inorganics									
Ammonia	✓		1	SM4500N ₊	0.14	ND	NA	Report mg/L	---
Chloride		✓	1	E300.0	280	737,000	NA	Report µg/l	---
Total Residual Chlorine		✓	1	SM4500C ₊	0.036 mg/L	0.090 mg/L	NA	0.2 mg/L	NA
Total Suspended Solids		✓	1	SM2540D	0.57 mg/L	0.94 mg/L	NA	30 mg/L	NA
Antimony	✓		1	E200.8	0.26	ND	NA	206 µg/L	NA
Arsenic		✓	1	E200.8	0.034	0.085	NA	104 µg/L	NA
Cadmium	✓		1	E200.8	0.12	ND	NA	10.2 µg/L	NA
Chromium III		✓	1	SW7196	0.11	1.2	NA	323 µg/L	NA
Chromium VI		✓	1	E218.7	0.014	0.54	NA	323 µg/L	NA
Copper		✓	1	E200.8	0.14	8.3	NA	242 µg/L	NA
Iron		✓	1	E200.8	2	32	NA	5,000 µg/L	NA
Lead		✓	1	E200.8	0.011	0.051	NA	160 µg/L	NA
Mercury	✓		1	E245.1	0.055	ND	NA	0.739 µg/L	NA
Nickel		✓	1	E200.8	0.11	20.8	NA	1,450 µg/L	NA
Selenium		✓	1	E200.8	0.12	0.53	NA	235.8 µg/L	NA
Silver		✓	1	E200.8	0.041	0.12	NA	35.1 µg/L	NA
Zinc		✓	1	E200.8	1.2	4.5	NA	420 µg/L	NA
Cyanide	✓		1	334.5	0.0047mg/L	ND	NA	178 mg/L	NA
B. Non-Halogenated VOCs									
Total BTEX	✓		1	E624	1.2	ND	NA	100 µg/L	---
Benzene	✓		1	E624	1.2	ND	NA	5.0 µg/L	---
1,4 Dioxane		✓	1	E624	140	ND	NA	200 µg/L	---
Acetone	✓		1	E624	0.0076mg/L	ND	NA	7.97 mg/L	---
Phenol	✓		1	E625	0.44	ND	NA	1,080 µg/L	NA

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	✓		1	E624	1.6	ND	NA	4.4 µg/L	NA
1,2 Dichlorobenzene	✓		1	E624	1.0	ND	NA	600 µg/L	---
1,3 Dichlorobenzene	✓		1	E624	1.2	ND	NA	320 µg/L	---
1,4 Dichlorobenzene	✓		1	E624	1.2	ND	NA	5.0 µg/L	---
Total dichlorobenzene	✓		1	E624	1.2	ND	NA	763 µg/L in NH	---
1,1 Dichloroethane		✓	1	E624	1.6	34.1	NA	70 µg/L	---
1,2 Dichloroethane	✓		1	E624	1.6	ND	NA	5.0 µg/L	---
1,1 Dichloroethylene		✓	1	E624	2.9	149	NA	3.2 µg/L	---
Ethylene Dibromide	✓		1	SW8011	0.0059	ND	NA	0.05 µg/L	---
Methylene Chloride	✓		1	E624	2.7	ND	NA	4.6 µg/L	---
1,1,1 Trichloroethane		✓	1	E624	1.8	926	NA	200 µg/L	---
1,1,2 Trichloroethane	✓		1	E624	1.7	ND	NA	5.0 µg/L	---
Trichloroethylene		✓	1	E624	1.2	756	NA	5.0 µg/L	---
Tetrachloroethylene		✓	1	E624	4.1	6.3	NA	5.0 µg/L	NA
cis-1,2 Dichloroethylene		✓	1	E624	2.7	17.9	NA	70 µg/L	---
Vinyl Chloride	✓		1	E624	1.4	ND	NA	2.0 µg/L	---
D. Non-Halogenated SVOCs									
Total Phthalates	✓		0	NA	NA	NA	NA	190 µg/L	NA
Diethylhexyl phthalate	✓		0	NA	NA	NA	NA	101 µg/L	NA
Total Group I PAHs	✓		0	NA	NA	NA	NA	1.0 µg/L	---
Benzo(a)anthracene	✓		0	NA	NA	NA	NA	As Total PAHs	NA
Benzo(a)pyrene	✓		0	NA	NA	NA	NA		NA
Benzo(b)fluoranthene	✓		0	NA	NA	NA	NA		NA
Benzo(k)fluoranthene	✓		0	NA	NA	NA	NA		NA
Chrysene	✓		0	NA	NA	NA	NA		NA
Dibenzo(a,h)anthracene	✓		0	NA	NA	NA	NA		NA
Indeno(1,2,3-cd)pyrene	✓		0	NA	NA	NA	NA		NA

[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 checked="" type="checkbox"/> Adsorption/Absorption <input type="checkbox"/> Advanced Oxidation Processes <input checked="" type="checkbox"/> Air Stripping <input checked="" type="checkbox"/> Granulated Activated Carbon (“GAC”)/Liquid Phase Carbon Adsorption <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>The treatment system consists of two recovery wells, an equalization tank, an air stripper, and a vapor phase adsorption system with steam regeneration for treating solvent-laden air. Following treatment, the groundwater is discharged to a stormwater catch basin at the site, which subsequently discharges to the Charles River.</p> <p>Identify each major treatment component (check any that apply):</p> <p> <input type="checkbox"/> Fractionation tanks <input checked="" type="checkbox"/> Equalization tank <input type="checkbox"/> Oil/water separator <input type="checkbox"/> Mechanical filter <input checked="" type="checkbox"/> Media filter <input type="checkbox"/> Chemical feed tank <input checked="" type="checkbox"/> Air stripping unit <input checked="" type="checkbox"/> Bag filter <input checked="" type="checkbox"/> Other; if so, specify: Two GAC tanks </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: Cycling of extraction wells pumps's</p> <p>Is use of a flow meter feasible? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, if so, provide justification:</p>	30
<p>Provide the proposed maximum effluent flow in gpm.</p>	30
<p>Provide the average effluent flow in gpm.</p>	10
<p>If Activity Category IV applies, indicate the estimated total volume of water that will be discharged:</p>	N/A
<p>4. Has the operator attached a schematic of flow in accordance with the instructions in E, above? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

F. Chemical and additive information -- *This Section does not apply*

<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: None</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 checked="" 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>
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- ☐ **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

Exhibit 4 contains the corresponding supporting documentation.

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

The existing permitted discharge involves activities and BMPs which do not require construction activities. The treatment system is established and contained in a building, hence determination on whether historic properties were affected was made through visual inspection. Exhibit 5 contains the pertinent summary statement .

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.

Figure 1 - Site Location and Discharge Information Map. Exhibits: 1 - Receiving Water Information, 2 - Discharge Information, 3 - Migration Control System Flow Schematic, 4 - Endangered Species Act Supporting Information, 5 - National Historic Preservation Act Supporting Information, and 6 - Laboratory Analytical Reports and Chains of Custody

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

OWNER

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: A BMPP in the form of several site documents (Operation and Maintenance, Health and Safety, Waste Management, Sampling and Analysis and Quality Assurance Plans) is currently retained on-site and updated annually by CH2M HILL, Inc. in accordance with good engineering practices and the 2017 RGP, Parts 2.5.1 and 2.5.2. All provisions are being adhered to, all inspection and maintenance activities are being conducted, results are recorded, and records are maintained in compliance with the BMPP. All elements of the BMPP have been developed and are currently being implemented without deviation.

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

Check one: Yes ☐ No ☒

This is a site regulated under the MCP, hence State notification is not required as per Appendix IV of the RGP.

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: 01/17/2018

Print Name and Title:

Steven Coladonato/Owner (Honeywell International, Inc.), Co-permittee

OPERATOR

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: A BMPP in the form of several site documents (Operation and Maintenance, Health and Safety, Waste Management, Sampling and Analysis and Quality Assurance Plans) is currently retained on-site and updated annually by CH2M HILL, Inc. in accordance with good engineering practices and the 2017 RGP, Parts 2.5.1 and 2.5.2. All provisions are being adhered to, all inspection and maintenance activities are being conducted, results are recorded, and records are maintained in compliance with the BMPP. All elements of the BMPP have been developed and are currently being implemented without deviation.

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

Check one: Yes ☐ No ☒

This is a site regulated under the MCP, hence State notification is not required as per Appendix IV of the RGP.

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: 01/19/2018

Print Name and Title: Stephen Zarlinski/Vice President (CH2M HILL, Inc.), Co-permittee

MC and FD Systems WQBEL Calculations Files

Microsoft Excel - attached to email