

Remediation General Permit
Notice of Intent

River St Fire House
176 River St.
Cambridge Ma. 02138

Submitted by:
Paul J. Rogan Co., Inc.
25 Hayward St.
Braintree Ma 02184

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 698">Telephone:</td><td colspan="2" data-bbox="1461 630 1950 698">Email:</td></tr> <tr> <td colspan="3" data-bbox="888 698 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 1101">Mailing address: Street:</td></tr> <tr> <td data-bbox="888 1101 1591 1154">City:</td><td data-bbox="1591 1101 1724 1154">State:</td><td data-bbox="1724 1101 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 1282"><input type="checkbox"/> MA Chapter 21e; list RTN(s):</td><td data-bbox="1461 1214 1950 1282"><input type="checkbox"/> CERCLA</td></tr> <tr> <td data-bbox="888 1282 1461 1351"><input type="checkbox"/> NH Groundwater Management Permit or Groundwater Release Detection Permit:</td><td data-bbox="1461 1282 1950 1351"><input type="checkbox"/> UIC Program</td></tr> <tr> <td></td><td data-bbox="1461 1351 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 <p style="text-align: center;">NA</p>
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="970 799 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>
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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

Proposed activities are not considered to affect historic properties. The dewatering is for the construction of a closed loop geothermal system and will only be needed on an intermittent basis. Water discharged asprpt of this work will controlled via temporary structures

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. Upon approval of this NOI, Cambridge Permit to dewater will be issued.
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 ☐

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:

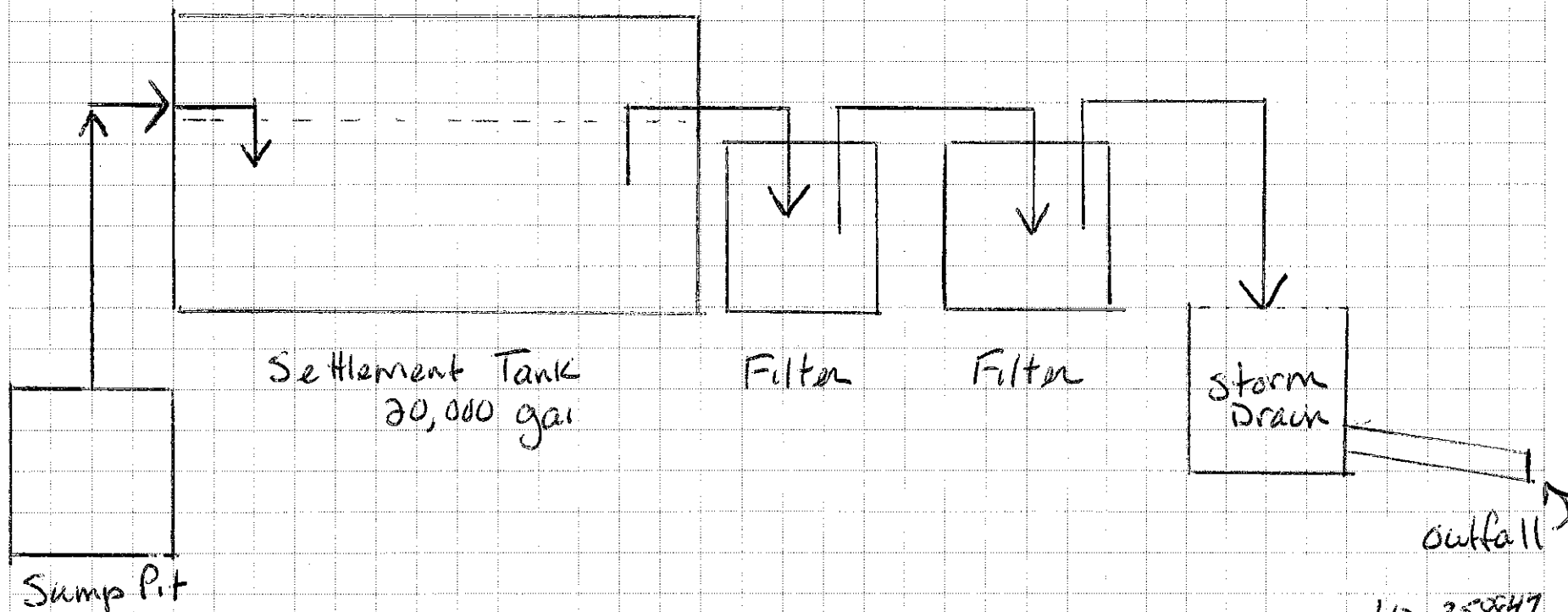
Cambridge River St Fire House
Location Plan

Legend

 176 River St



Cambridge River St Fire House 176 River St Cambridge ma Treatment System



42.358847

-71.115909

Prepared by: Ronald E Bergman
8/5/01

DeWatering Bag

FLT617 For Oil; Sediment,For Up to a 6" Dia.
Discharge Hose,Max Flow Rate 1500 gal./Minute



Remove oil, sediment and pollutants from high volume pump outs.

- Ideal for spill cleanup, draining during construction or pumping out containment areas, sumps and ponds
- Extra-large bag has greater capacity for extensive dewatering operations
- Accommodates up to a 6" discharge hose for high volume pumping
- Disperses water to help prevent erosion
- Non-biodegradable skin has low ash and high BTU value
- Landfillable or incinerable for waste reduction/fuels blending



Specifications

Style	Beyond the Drain
Use With	Up to a 6" Dia. Discharge Hose
Dimensions	15' W x 15' L
Recycled Content	100% Post-Consumer Recycled Textiles
Absorbency	Up to 22.6 gal.
Brand	Ultratech
Color	Black
Capacity	225 cu. ft.
Max Flow Rate	1500 gal./Minute
Micron Rating	180 Microns
Separator Type	Dewatering & Silt Bags & Socks
Substance Filtered	Oil; Sediment
Distributor Part Number	3733486;04088x89866
Sold as	1 each
Weight	28 lbs.
# per Pallet	16
Composition	Non-Woven Polypropylene
UNSPSC	47101525
Piqaloo® Page Number	Page 188

Metric Equivalent

Absorbency	Up to 85.5 L
Dimensions	4.6m W x 4.6m L
Weight	12.7 kg

Technical Information

Technical Documents

Why is there no SDS?

40 CFR 122.26



New Pig

World's best stuff for leaks, drips and spills.

One Pork Avenue • Tipton, PA 16684-0304

1-855-493-4647 • Fax: 1-800-621-7447 • newpig.com • hothogs@newpig.com



SHOPPING CART

0 Item - \$ 0.00



Home > #2 Size 50 Micron Liquid Filter Bags, Polyester Felt, Polypropylene Ring



[Privacy](#) - [Terms](#)



Technical Data Sheet

USALCO® Ground Aluminum Sulfate Purified Grade

USALCO's dry aluminum sulfate (alum) is manufactured using a state of the art process and high quality raw materials ensuring that it meets the highest quality standards. USALCO produces dry alum in various grades (Low-Iron, Iron-Free, FCC Grade) as well as specialty granular sizes to satisfy even the most difficult applications. USALCO's dry alum is used in water treatment, colors and dyes, leather tanning, paper making as well as many other industrial applications. USALCO dry alum meets the specifications of the American Water Works Association Standard B403-16 and complies with the requirements of NSF/ANSI/CAN 60: Drinking Water Treatment Chemicals -Health Effects at a maximum dosage of 150 mg/L.

SPECIFICATIONS

% Al ₂ O ₃ :	17.0 -17.5
Iron (Fe):	10-300 ppm
% Insoluble	< 0.5

Particle Size:

Through 4 Mesh	0%
Through 10 Mesh	≥ 90%

PRINCIPAL USES

Drinking water / wastewater treatment – removal of suspended matter and phosphorus

SAFETY / HANDLING

Observe caution when handling corrosive materials.
Please consult the safety data sheet (SDS) for safety and handling precautions.

DELIVERY

50 lb bags, FIBC (supersacks), and bulk (pneumatic trailer)

PRODUCTION

USALCO has production facilities in:

- Baltimore, Maryland

CUSTOMER SERVICE

If you have any questions concerning this material, please contact our Inside Sales Department at:

410-918-2230 or **info@usalco.com**

Client:

Paul J. Rogan Co., Inc.

26 Hayward St

Braintree, MA 02184

ReportDate: 9/3/2021

Certificate of Analysis**176 River Street, Cambridge MA**

Parameter	Method	Result	MRL	Date of Analysis	Analyst
- Discharge Sample					
<i>Sampled: 8/20/2021 9:49:00 AM by R. Bergma</i>					
Antimony, MG/L	EPA 200.7	0.012	0.003	8/25/2021	M-MA1118
Arsenic, MG/L	EPA 200.7	ND	0.004	8/25/2021	M-MA1118
Cadmium, MG/L	EPA 200.7	0.022	0.001	8/25/2021	M-MA1118
Chrome-hexavalent, MG/L	HACH 8023	ND	0.01	8/27/2021	M-MA1118
Chromium, MG/L	EPA 200.7	0.018	0.001	8/25/2021	M-MA1118
Copper, MG/L	EPA 200.7	0.148	0.004	8/25/2021	M-MA1118
Iron, MG/L	EPA 200.7	231	0.004	8/25/2021	M-MA1118
Lead, MG/L	EPA 200.7	0.096	0.001	8/25/2021	M-MA1118
Mercury, MG/L	EPA 245.2	ND	0.001	8/31/2021	M-CT008
Nickel, MG/L	EPA 200.7	0.046	0.001	8/25/2021	M-MA1118
Selenium, MG/L	EPA 200.7	ND	0.004	8/25/2021	M-MA1118
Silver, MG/L	EPA 200.7	ND	0.003	8/25/2021	M-MA1118
Zinc, MG/L	EPA 200.7	1	0.004	8/25/2021	M-MA1118
Ammonia as N, MG/L	SM 4500-NH3-D	1.3	0.1	8/24/2021	M-MA1118
Chloride, MG/L	EPA 300.0	2380	1	8/25/2021	M-MA1118
Chlorine, Total Residual, MG/L	SM 4500-CL-G	ND	0.02	8/20/2021	M-MA1118
Petroleum Hydrocarbons, MG/L	EPA 1664A	ND	2.11	8/26/2021	M-MA072
Phenols, MG/L	EPA 420.1	ND	0.06	8/30/2021	M-CT008
Total Suspended Solids, MG/L	SM 2540D	988	1	8/25/2021	M-MA1118

MRL=Minimum Reporting Level, ND = None Detected (<MRL)

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Page 1 of 1

New England ChromaChem
6 Nichols Street
Salem, MA 01970
978-744-6600

MA DEP Lab. M-MA072 RI Lab. LAO00364

Sample Information

EPA Method 624.1 Volatile Organic Compounds	
Lab ID:	108387
Client:	Nashoba Analytical, LLC
Client ID:	232135 - Discharge
State:	Liquid
Date Sampled:	08/20/21
Date Received:	08/23/21
Date Analyzed:	08/24/21

Analytical Results

Parameter	Results (ug/L)	Parameter	Results (ug/L)
Acetone*	ND	1,1-Dichloroethene	ND
Acrolein	ND	cis-1,2-dichloroethene	ND
Acrylonitrile	ND	trans-1,2-dichloroethene	ND
Benzene	26.5	1,2-Dichloropropane	ND
Bromodichloromethane	ND	cis-1,3-dichloropropene	ND
Bromoform	ND	trans-1,3-dichloropropene	ND
Bromomethane	ND	Ethylbenzene	ND
2-Butanone	ND	2-Hexanone	ND
Carbon Disulfide	ND	Methylene Chloride	ND
Carbon Tetrachloride	ND	4-Methyl-2-pentanone	ND
Chlorobenzene	ND	Methyl-tert-butyl ether	ND
Chloroethane	ND	Styrene	ND
2-Chloroethylvinyl Ether	ND	1,1,2,2-Tetrachloroethane	ND
Chloroform	ND	Tetrachloroethene	ND
Chloromethane	ND	Toluene	ND
Dibromochloromethane	ND	1,1,1-Trichloroethane	ND
Dibromomethane	ND	1,1,2-Trichloroethane	ND
1,2-Dichlorobenzene	ND	Trichloroethene	ND
1,3-Dichlorobenzene	ND	Trichlorofluoromethane	ND
1,4-Dichlorobenzene	ND	Vinyl Chloride	ND
1,1-Dichloroethane	ND	Vinyl Acetate	ND
1,2-Dichloroethane	ND	Total Xylenes	ND

Surrogate Standard Recoveries

Benzene-d6	105
4-Bromofluorobenzene	98
1,2-Dichlorobenzene-d4	97

Additional Compound

1,4-Dioxane	ND
Detection Limit 1,4-Dioxane	100 ug/L

ND = < Method Detection Limit

NA = Not Analyzed

Dilution Factor = 10

Method Detection Limit = 5 ug/L

MRL = 5 ug/L

*Acetone Method Detection Limit = 50 ug/L

Analysis performed per 310CMR42

MA DEP Lab. M-MA072 RI Lab. LAO00364

Electronically signed and approved by: Mr. Bruce A. Bornstein, Lab Director

08/25/21
Date

New England ChromaChem
6 Nichols Street
Salem, MA 01970
978-744-6600

MA DEP Lab. M-MA072 RI Lab. LAO00364

Sample Information

EPA Method 8260B Extended Volatile Organic Compounds	
Lab ID:	108387
Client:	Nashoba Analytical, LLC
Client ID:	232135 - Discharge
State:	Liquid
Date Sampled:	08/20/21
Date Received:	08/23/21
Date Analyzed:	08/24/21

Analytical Results

Parameter	Results ug/L	Parameter	Results ug/L
Acetone*	ND	2-Chlorotoluene	ND
Acetonitrile	ND	4-Chlorotoluene	ND
Acrolein	ND	Crotonaldehyde	ND
Acrylonitrile	ND	1,2-Dibromo-3-chloropropane	ND
Allyl alcohol	ND	Dibromochloromethane	ND
Allyl chloride	ND	1,2-Dibromoethane	ND
n-Amyl acetate	ND	Dibromomethane	ND
Benzene	26.5	1,2-Dichlorobenzene	ND
Benzyl chloride	ND	1,3-Dichlorobenzene	ND
Bis(2-chloroethyl)sulfide	ND	1,4-Dichlorobenzene	ND
Bromoacetone	ND	Cis-1,4-dichloro-2-butene	ND
Bromobenzene	ND	Trans-1,4-dichloro-2-butene	ND
Bromochloromethane	ND	Dichlorodifluoromethane	ND
Bromodichloromethane	ND	1,1-Dichloroethane	ND
Bromoform	ND	1,2-Dichloroethane	ND
Bromomethane	ND	1,1-Dichloroethene	ND
n-Butanol	ND	cis-1,2-Dichloroethene	ND
2-Butanone	ND	Trans-1,2-Dichloroethene	ND
t-Butyl Alcohol	ND	1,2-Dichloropropane	ND
n-Butylbenzene	ND	1,3-Dichloropropane	ND
sec-Butylbenzene	ND	2,2-Dichloropropane	ND
tert-Butylbenzene	ND	1,3-Dichloro-2-propanol	ND
Carbon disulfide	ND	1,1-Dichloropropene	ND
Carbon tetrachloride	ND	Cis-1,3-dichloropropene	ND
Chloral hydrate	ND	Trans-1,3-dichloropropene	ND
Chlorobenzene	ND	1,2,3,4-Diepoxybutane	ND
2-Chloro-1,3-butadiene	ND	Diethyl ether	ND
Chlorobromomethane	ND	Diisopropyl ether	ND
Chloroethane	ND	1,4-Dioxane	ND
2-Chloroethanol	ND	Epichlorohydrin	ND
2-Chloroethyl vinyl ether	ND	Ethanol	ND
Chloroform	ND	Ethyl acetate	ND
Chloromethane	ND	Ethylbenzene	ND
Chloropropene	ND	Ethylene oxide	ND
3-Chloropropionitrile	ND	Ethyl methacrylate	ND

CONTINUED ON FOLLOWING PAGE

EPA Method 8260 Volatile Organic Compounds

Lab ID:	108387
Client ID:	232135 - Discharge

Analytical Results

Parameter	Results ug/L	Parameter	Results ug/L
Ethyl tert-butyl ether	ND	Propargyl alcohol	ND
Hexachlorobutadiene	ND	β-Propiolactone	ND
Hexachloroethane	ND	Propionitrile	ND
2-Hexanone	ND	N-Propylamine	ND
2-Hydroxypropionitrile	ND	N-Propylbenzene	ND
Iodomethane	ND	Pyridine	ND
Isobutyl alcohol	ND	Styrene	ND
Isopropyl acetate	ND	1,1,1,2-Tetrachloroethane	ND
Isopropylbenzene	ND	1,1,2,2-Tetrachloroethane	ND
p-Isopropyltoluene	ND	Tert-Amyl methyl ether	ND
Malononitrile	ND	Tetrachloroethene	ND
Methacrylonitrile	ND	Tetrahydrofuran	ND
Methanol	ND	Toluene	ND
Methylene Chloride	ND	o-Toluidine	ND
Methyl iodide	ND	1,2,3-Trichlorobenzene	ND
Methyl methacrylate	ND	1,2,4-Trichlorobenzene	ND
4-Methyl-2-pentanone	ND	1,1,1-Trichloroethane	ND
MTBE	ND	1,1,2-Trichloroethane	ND
Naphthalene	ND	Trichloroethene	ND
Nitrobenzene	ND	Trichlorofluoromethane	ND
2-Nitropropane	ND	1,2,3-Trichloropropane	ND
n-Nitroso-di-n-butylamine	ND	1,3,5-Trimethylbenzene	ND
Paraldehyde	ND	1,2,4-Trimethylbenzene	ND
Pentachloroethane	ND	Vinyl Acetate	ND
2-Pentanone	ND	Vinyl Chloride	ND
2-Picoline	ND	M&P Xylene	ND
1-Propanol	ND	o-Xylene	ND
2-Propanol	ND		

Surrogate Standard Recoveries (%)

Benzene-d6	105
4-Bromofluorobenzene	98
1,2-Dichlorobenzene-d4	97

Note: This sample exhibited excessive foaming and could not be analyzed at a lower detection limit.

ND = < Method Detection Limit

NA = Not Analyzed

Method Detection Limit: 5 ug/L

*Acetone Method Detection Limit = 50 ug/L

MA does not offer certification for this method.

Electronically signed and approved by: Mr. Bruce A. Bornstein, Lab Director



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D1H2320

Nashoba Analytical LLC

Project Name: 232135

Maria Braun
31A Willow Road
Ayer, MA 01432

Project / PO Number: 232135
Received: 08/24/2021
Reported: 09/02/2021

Analytical Testing Parameters

Client Sample ID:	5 - Discharge	Collected By:	Client
Sample Matrix:	Wastewater	Collection Date:	08/20/2021 9:49
Lab Sample ID:	D1H2320-01		

Inorganics Total	Result	RL	Units	F	Note	Prepared	Analyzed	Analyst
EPA 335.4, Rev. 1 (1993)								
Cyanide - Total	<0.0100	0.0100	mg/L	1	Q11	08/26/21 2057	08/27/21 1 8	CLW

Client Sample ID:	5 - Discharge	Collected By:	Client
Sample Matrix:	Wastewater	Collection Date:	08/20/2021 9:49
Lab Sample ID:	D1H2320-02		

Metals Total by CVAA	Result	RL	Units	F	Note	Prepared	Analyzed	Analyst
EPA 245.2					Method Notes: D1			
Mercury	<0.00100	0.00100	mg/L	1		08/31/21 1244	08/31/21 1507	MMC

Client Sample ID:	5 - Discharge	Collected By:	Client
Sample Matrix:	Wastewater	Collection Date:	08/20/2021 9:49
Lab Sample ID:	D1H2320-03		

Inorganics Total	Result	RL	Units	F	Note	Prepared	Analyzed	Analyst
EPA 1664A								
Oil & Grease	<2.1	.1	mg/L	1		08/25/21 1206	08/26/21 1533	HEP



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D1H2320

Client Sample ID: 5 - Discharge
Sample Matrix: Wastewater
Lab Sample ID: D1H2320-04

Collected By: Client
Collection Date: 08/20/2021 9:49

Inorganics To al	Result	RL	Units	F	Note	Prepared	Analyzed	A alyst
EPA 420.1								
Method Notes: D1								
henols	<0.0600	0.0600	mg/L	1		08/30/21 0924	08/30/21 1226	CLW

Pesticides and Polychlorinated Biphenyls (PCBs) by GC/ECD	Result	RL	Units	F	Note	Prepared	Analyzed	A alyst
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EPA 608.3 GC-ECD								
Aroclor-1016 (PCB-1016)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2106	MRB
Aroclor-1016 (PCB-1016)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1221 (PCB-1221)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1221 (PCB-1221)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1232 (PCB-1232)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1232 (PCB-1232)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1242 (PCB-1242)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1242 (PCB-1242)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1248 (PCB-1248)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1248 (PCB-1248)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1254 (PCB-1254)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1254 (PCB-1254)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Aroclor-1260 (PCB-1260)	<0.400	0.400	ug/L	1		08/26/21 1000	08/27/21 2106	MRB
Aroclor-1260 (PCB-1260)	<2.00	.00	ug/L	1		08/26/21 1000	08/27/21 2041	MRB
Surrogate: Decachlorobiphenyl (BZ-209)	8.8	Limit: 30-130	% Rec	1	M, S2	08/26/21 1000	08/27/21 2106	MRB
Surrogate: Decachlorobiphenyl (BZ-209)	9.4	Limit: 30-130	% Rec	1		08/26/21 1000	08/27/21 2041	MRB
Surrogate: 2,4,5,6-Tetrachloro-m-xylene	72.1	Limit: 30-130	% Rec	1		08/26/21 1000	08/27/21 2041	MRB
Surrogate: 2,4,5,6-Tetrachloro-m-xylene	72.1	Limit: 30-130	% Rec	1		08/26/21 1000	08/27/21 2041	MRB

Semivolatile Organic Compounds by GCMS	Result	RL	Units	F	Note	Prepared	Analyzed	A alyst
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EPA 625.1								
Acenaphthene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Acenaphthylene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Anthracene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Azobenzene	<2.00	.00	ug/L	1	H,Y1	09/01/21 1000	09/01/21 2048	GMP
Benidine	<10.0	0.0	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Benzo[a]anthracene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Benzo[a]pyrene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Benzo[b]fluoranthene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Benzo[g,h,i]perylene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Benzo[k]fluoranthene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Bromophenyl phenyl ether	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Butyl benzyl phthalate	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Chloro-3-methylphenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
bis(2-Chloroethoxy)methane	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
bis(2-Chloroethyl) ether	<1.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP

Microbac Laboratories, Inc.

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Page 2 of 5



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D1H2320

Client Sample ID: 5 - Discharge
Sample Matrix: Wastewater
Lab Sample ID: D1H2320-04

Collected By: Client
Collection Date: 08/20/2021 9:49

Semivolatile Organic Compounds by GCMS	Result	RL	Units	F	Note	Prepared	Analyzed	Alyst
-Chloronaphthalene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Chlorophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Chlorophenyl phenylether	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Chrysene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Dibenz(a,h) anthracene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Di-n-butyl phthalate	4.32	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,3-Dichlorobenzidine	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,4-Dichlorophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Diethyl phthalate	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,4-Dimethylphenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Dimethyl phthalate	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,4-Dinitrophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,4-Dinitrotoluene (2,4-DNT)	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,6-Dinitrotoluene (2,6-DNT)	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Di-n-octyl phthalate	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
bis(2-Ethylhexyl)phthalate	<1.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Fluoranthene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Fluorene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Hexachlorobenzene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Hexachlorobutadiene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Hexachlorocyclopentadiene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Hexachloroethane	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Indeno(1,2,3-cd) pyrene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Isophorone	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Methyl-4,6-dinitrophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Naphthalene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Nitrobenzene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Nitrophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
-Nitrophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
n-Nitrosodimethylamine	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
n-Nitrosodiphenylamine	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
n-Nitrosodi-n-propylamine	<5.00	5.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
,2'-Oxybis(1-Chloropropane)	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
entachlorophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
henanthrene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
henol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
yrene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
1,2,4-Trichlorobenzene	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
2,4,6-Trichlorophenol	<2.00	.00	ug/L	1	H	09/01/21 1000	09/01/21 2048	GMP
Surrogate: -Fluorobiphenyl	7.1	Limit: 5-1	% Rec	1	H	09/01/21 1000	09/01/21 2048	GMP
Surrogate: -Fluorophenol	9.1	Limit: 12-67	% Rec	1	H	09/01/21 1000	09/01/21 2048	GMP
Surrogate: Nitrobenzene-d5	6.8	Limit: 15-314	% Rec	1	H	09/01/21 1000	09/01/21 2048	GMP
Surrogate: henol-d6	.1	Limit: 12-46	% Rec	1	H	09/01/21 1000	09/01/21 2048	GMP

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Page 3 of 5



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D1H2320

Client Sample ID: 5 - Discharge

Sample Matrix: Wastewater

Lab Sample ID: D1H2320-04

Collected By: Client

Collection Date: 08/20/2021 9:49

Semivolatile Organic Compounds by GCMS	Result	RL	Units	F	Note	Prepared	Analyzed	Analyst
Surrogate: p-Terphenyl-d14	8.7	Limit: 36-94	% Rec	1	H, S2	09/01/21 1000	09/01/21 2048	GMP
Surrogate: 2,4,6-Tribromophenol	78.7	Limit: 28-123	% Rec	1	H	09/01/21 1000	09/01/21 2048	GMP

Definitions

D1:	The sample was diluted during sample preparation (extraction, distillation or digestion) due to matrix interference.
H:	Sample was analyzed past holding time.
M:	Matrix interference is present.
mg/L:	Milligrams per Liter
Q11:	The recovery for the low level check standard was outside of the quality control range.
RL:	Reporting Limit
S2:	Surrogate recovery is below acceptance limits.
ug/L:	Micrograms per Liter
Y1:	Accreditation is not offered by the accrediting body for this analyte.

Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville

M-CT008

Massachusetts Department of Environmental Protection

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.**

Reviewed and Approved By:

Melisa L. Montgomery

Quality Assurance Officer

Reported: 09/02/2021 15:19

Microbac Laboratories, Inc.

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Page 4 of 5

Nash

31A V

Tel: 978



D 1 H 2 3 2 0

Nashoba Analytical LLC

PRESERVATIVE
VERIFIED
Initials KG

CHUM V. CUNY

Client/Project Name:

232135

Laboratory Number:

Sampled by:

Client 31015

Sample #	Date	Time	Grab[G] or Composite[C]	Location	Container (Glass) (Plastic) (Sterile) (VOC)	Preservative	Test Requirements						Comments
							Cyanide	Mercury	TPH (1664A)	Phenol	EPA 625	EPA 608	
1	8/20/2021	9:49	G	232135 - Discharge	P	5	X						Non Potable
2	8/20/2021	9:49	G	232135 - Discharge	P	3		X					
3	8/20/2021	9:49	G	232135 - Discharge	2 A G	6			X				
4	8/20/2021	9:49	G	232135 - Discharge	4 A G	4			X	X	X	X	
5													
6													
7													
8													
9													
10													

Preservative: 1-Hydrochloric Acid, 2- Ice, 3-Nitric Acid, 4-None, 5-Sodium Hydroxide, 6-Sulfuric Acid, 7-Thiosulfate, 8-Filter Sterilized, 9-Ammonium Chloride

Special Notes/Requirements

Relinquished by:

Date

Time

Received by:

IF THIS BOX IS CHECKED, MCL EXCEEDANCES MUST
BE REPORTED IMMEDIATELY. THANK YOU.

1.

8/21/21 10:15 J. Decker

8/21/21 16:03

K

2.

8/21/21 16:03

K

K

3.

4.

5.

Cooled

3.2

KG