Marchionda
& Associates, L.P.
Engineering and
Planning Consultants

Ms. Olga Vergara
EPA New England
1 Congress Street, Suite 1100
Boston, Massachusetts 02114-2023

May 6, 2010

RE: NPDES Dewatering General Permit
The Residences at Stevens Corner, North Andover, MA

Dear Ms. Vergara:

On behalf of Stevens Corner Limited Partnership, we are submitting for your approval a Notice of Intent (NOI) for coverage under the National Pollutant Discharge Elimination System (NPDES) Dewatering General Permit (DGP) for the Residences at Stevens Corner Comprehensive Permit residential housing project.

The Residences at Stevens Corner project consists of the renovation of an existing structure into a 42 unit multifamily building. This permit is requested in anticipation of temporary dewatering that maybe required during the installation of site utilities and foundation construction. Any uncontaminated groundwater encountered will be discharged to the municipal drainage system after passing through a bag filter, dewatering basin, and the on-site drainage system. The out fall from this municipal system is a headwall located along the Cochichewick River. The outfall location and route of the municipal system is shown on the attached USGS Locus Plan.

The NOI application package and transmittal form has also been submitted to Mass. DEP Division of Watershed Management. Should you have any questions or require any further information, please feel free to contact me at (781) 438-6121.

Very truly yours,
Marchionda & Associates, L.P.

John A. Barrows, P.E.
Project Manager

MAY 26 2010

Cc: Robert Kubit, MA DEP
John Smolak – Smolak & Vaughan LLP
Stevens Corner Limited Partnership

62 Montvale Avenue
Stoneham, MA 02180
Tel: (781) 438-6121
Fax: (781) 438-9654
Email: mail@marchionda.com
website: http://www.marchionda.com

II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: The Residences at Stevens Corner	**Mailing Address for the Facility:** 143 Border St. East Boston, MA 02128	
b) Location Address of the Facility (if different from mailing address): 75 Park St. North Andover, MA 01845	**Facility Location** **longitude:** 71.11759 **latitude:** 42.69297	**Type of Business:** Residential Housing **Facility SIC codes:**

c) Name of facility owner: Steven's Corner Limited Partnership **Owner's email:** PGiffee@noahcdc.org

Owner's Tel #: 617-418-8240 **Owner's Fax #:** _____

Address of owner (if different from facility address)

143 Border St.
East Boston, MA 02128

Owner is (check one): 1. Federal____ 2. State _____ 3.Tribal_____ 4. Private ✓ 4. Other _____(Describe)

Legal name of Operator, if not owner: _____

Operator Contact Name: _____

Operator Tel Number: _____ **Fax Number:** _____

Operator's email: _____

Operator Address (if different from owner)

d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? ✓

e) Check Yes or No for the following:

1. **Has a prior NPDES permit been granted for the discharge? Yes ____ No ✓ If Yes, Permit Number: _____**
2. **Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes ✓ No_____**
3. **Is the facility covered by an individual NPDES permit? Yes_____ No ✓ If Yes, Permit Number ____**
4. **Is there a pending application on file with EPA for this discharge? Yes_____ No ✓ If Yes, date of submittal:**

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

a) **Name of receiving water into which discharge will occur:** Merrimack River (via Cochichewick River
State Water Quality Classification: B **Freshwater:** Yes **Marine Water:** _____

b) **Describe the discharge activities for which the owner/applicant is seeking coverage:**
1. **Construction dewatering of groundwater intrusion and/or storm water accumulation.**
2. **Short-term or long-term dewatering of foundation sumps.**
3. **Other.**

c) **Number of outfalls** 1

For each outfall:

d) **Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow** 21,000 **GPD**
Average Monthly Flow 15,400 GPD

e) **What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH** 8.0 **Min pH** 6.5

f) **Identify the source of the discharge (i.e. potable water, surface water, or groundwater). If groundwater, the facility shall submit effluent test results, as required in Section 4.4.5 of the General Permit.**

g) **What treatment does the wastewater receive prior to discharge?** Bag Filter and Dewatering Basin

h) **Is the discharge continuous? Yes** _____ **No** ✓ **If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B)** I
If (P), number of days or months per year of the discharge _____ **and the specific months of discharge** _____;
If (I), number of days/year there is a discharge 22
Is the discharge temporary? Yes ✓ **No** _____
If yes, approximate start date of dewatering 6/1/2010 approximate end date of dewatering 6/1/2012

i) **Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long.** 71.11637 **lat.** 42.69674;
Outfall 2: long. _____ **lat.** _____; **Outfall 3: long.** _____ **lat.** _____.

j) **If the source of the discharge is potable water, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water and attach any calculation sheets used to support stream flow and dilution calculations** _____ **cfs**
(See Appendix VII for equations and additional information)

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

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

3. Contaminant Information

a) **Are any pH neutralization and/or dechlorination chemicals used in the discharge? If so, include the chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC_{50} in percent for aquatic organism(s)).**

b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge.

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

a) **Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes___No✓**
b) **Has any consultation with the federal services been completed ? Yes___ No✓**
c) **Is consultation underway? Yes ____ No____**
d) **What were the results of the consultation with tbe U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): a "no jeopardy" opinion _____or written concurrence_____ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat.**
e) **Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D,or E) have you met? ___A_____**
f) Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website.

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

a) **Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes _____ No ✓**
b) **Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No ✓ If yes, attach the results of the consultation(s).**
c) **Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 o3) have you met? ___1_____**

6. **Supplemental Information: Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit**

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

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

dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product or finished product; (4) if the discharge of dewatering subsequently mixes with other permitted wastewater (i.e.stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for dewatering discharge; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility Name: The Residences at Stevens Corner

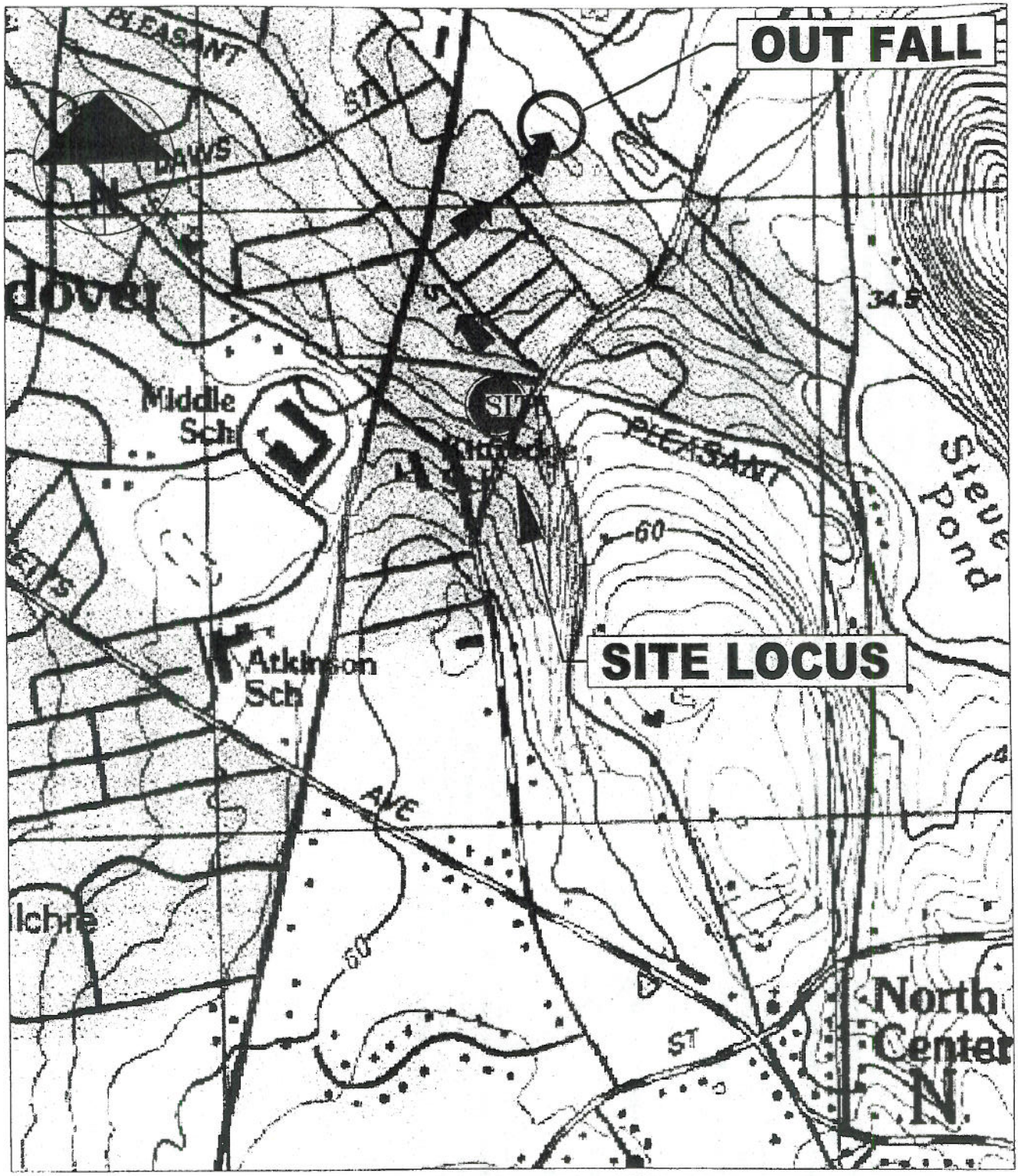
Operator signature:

Title: Director

Date: 5/19/10

Federal regulations require this application to be signed as follows:

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



USGS LOCUS PLAN

THE RESIDENCES AT STEVENS CORNER

NORTH ANDOVER, MASSACHUSETTS

DRAWN FOR

Stevens Corner Limited Partnership
143 BORDER STREET
EAST BOSTON, MA 02128

MARCHIONDA & ASSOC., L.P.

ENGINEERING AND PLANNING CONSULTANTS

62 MONTVALE AVE. SUITE I
STONEHAM, MA. 02180
(781) 438-6121

DATE: 4/5/10

SCALE: 1"=1000' (+/-)

Enter your transmittal number → X233298 (Transmittal Number)

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

*** Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

BRP WM 10
1. Permit Code: 7 or 8 character code from permit instructions

Construction Site Dewatering
2. Name of Permit Category

Subsurface Utility Installation
3. Type of Project or Activity

B. Applicant Information – Firm or Individual

Stevens Corner Limited Partnership
1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. **Last Name** of Individual | 3. **First Name** of Individual | 4. MI

143 Border Street
5. Street Address

East Boston | MA | 02128 | 617-418-8240 | 10. Ext. #
6. City/Town | 7. State | 8. Zip Code | 9. Telephone #

Philipe Giffee
11. Contact Person

PGiffee@noahcdc.org
12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

The Residences at Stevens Corner
1. Name of Facility, Site Or Individual

75 Park Street
2. Street Address

North Andover | MA | 01845 | 6. Telephone # | 7. Ext. #
3. City/Town | 4. State | 5. Zip Code

8. DEP Facility Number (if Known) | 9. Federal I.D. Number (if Known) | 10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

Marchionda & Associates, L.P.
1. Name of Firm Or Individual

62i Montvale Ave.
2. Address

Stoneham | MA | 02180 | 781-438-6121 | 7. Ext. #
3. City/Town | 4. State | 5. Zip Code | 6. Telephone #

John Barrows
8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

1. ☐ **Fee** Exempt (city, town or municipal housing authority)(state agency if fee is $100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

17721
Check Number

$385
Dollar Amount

5/19/10
Date

17721

PEACE PROPERTIES, INC.
143 BORDER STREET
EAST BOSTON, MA 02128

Citizens Bank
Massachusetts

17721

5-7017/2110

****Three Hundred Eighty Five and 00/100 Dollars

DATE	AMOUNT
05/19/2010	$385.00

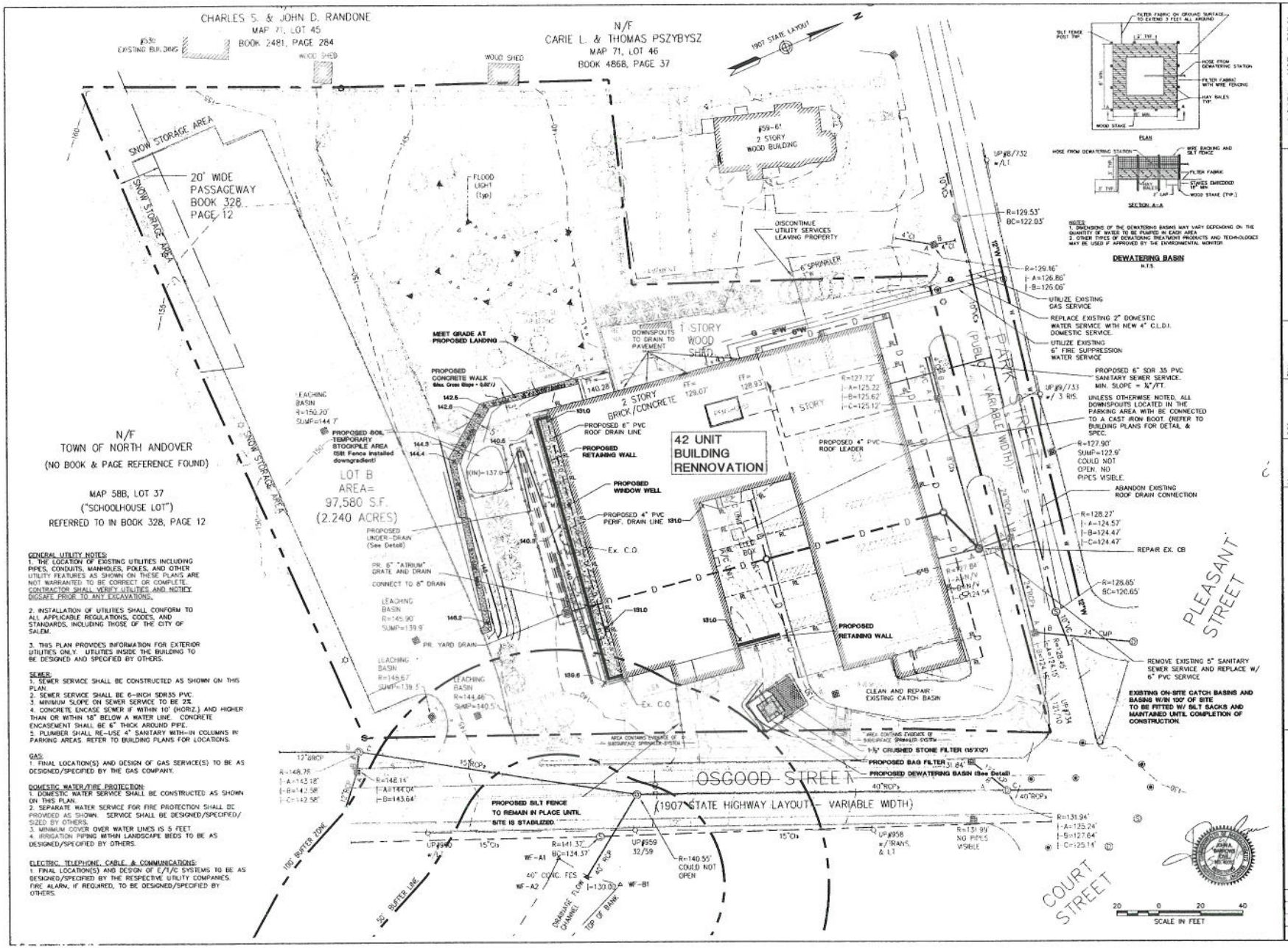
PAY
TO THE
ORDER
OF COMMONWEALTH OF MASS

PEACE PROPERTIES, INC.

AUTHORIZED SIGNATURE

Security features. Details on back.

⑈017721⑈ ⑆211070175⑆ 110506163⑹



FILTER FABRIC ON GROUND SURFACE TO EXTEND 3 FEET ALL AROUND
SILT FENCE POST TYP.
HOSE FROM DEWATERING STATION
FILTER FABRIC WITH WIRE FENCING
HAY BALES TYP.
WOOD STAKE
PLAN
WIRE BACKING AND SILT FENCE
FILTER FABRIC
STAKES EMBEDDED 18" MIN
WOOD STAKE (TYP.)
SECTION A-A

DEWATERING BASIN
N.T.S.

NOTES:
1. DIMENSIONS OF THE DEWATERING BASINS MAY VARY DEPENDING ON THE QUANTITY OF WATER TO BE PUMPED IN EACH AREA
2. OTHER TYPES OF DEWATERING PRETMENT PRODUCTS AND TECHNOLOGIES MAY BE USED IF APPROVED BY THE ENVIRONMENTAL MONITOR

GENERAL UTILITY NOTES:
1. THE LOCATION OF EXISTING UTILITIES INCLUDING PIPES, CONDUITS, MANHOLES, POLES, AND OTHER UTILITY FEATURES AS SHOWN ON THESE PLANS ARE NOT WARRANTED TO BE CORRECT OR COMPLETE. CONTRACTOR SHALL VERIFY UTILITIES AND NOTIFY DIGSAFE PRIOR TO ANY EXCAVATIONS.
2. INSTALLATION OF UTILITIES SHALL CONFORM TO ALL APPLICABLE REGULATIONS, CODES, AND STANDARDS, INCLUDING THOSE OF THE CITY OF SALEM.
3. THIS PLAN PROVIDES INFORMATION FOR EXTERIOR UTILITIES ONLY. UTILITIES INSIDE THE BUILDING TO BE DESIGNED AND SPECIFIED BY OTHERS.

SEWER:
1. SEWER SERVICE SHALL BE CONSTRUCTED AS SHOWN ON THIS PLAN.
2. SEWER SERVICE SHALL BE 6-INCH SDR35 PVC.
3. MINIMUM SLOPE ON SEWER SERVICE TO BE 2%.
4. CONCRETE ENCASE SEWER IF WITHIN 10' (HORIZ.) AND HIGHER THAN OR WITHIN 18" BELOW A WATER LINE. CONCRETE ENCASEMENT SHALL BE 6" THICK AROUND PIPE.
5. PLUMBER SHALL RE-USE 4" SANITARY WITHIN COLUMNS IN PARKING AREAS. REFER TO BUILDING PLANS FOR LOCATIONS.

GAS:
1. FINAL LOCATION(S) AND DESIGN OF GAS SERVICE(S) TO BE AS DESIGNED/SPECIFIED BY THE GAS COMPANY.

DOMESTIC WATER/FIRE PROTECTION:
1. DOMESTIC WATER SERVICE SHALL BE CONSTRUCTED AS SHOWN ON THIS PLAN.
2. SEPARATE WATER SERVICE FOR FIRE PROTECTION SHALL BE PROVIDED AS SHOWN. SERVICE SHALL BE DESIGNED/SPECIFIED/SIZED BY OTHERS.
3. MINIMUM COVER OVER WATER LINES IS 5 FEET.
4. IRRIGATION PIPING WITHIN LANDSCAPE BEDS TO BE AS DESIGNED/SPECIFIED BY OTHERS.

ELECTRIC, TELEPHONE, CABLE, & COMMUNICATIONS:
1. FINAL LOCATION(S) AND DESIGN OF E/T/C SYSTEMS TO BE AS DESIGNED/SPECIFIED BY THE RESPECTIVE UTILITY COMPANIES. FIRE ALARM, IF REQUIRED, TO BE DESIGNED/SPECIFIED BY OTHERS.

REGISTRY USE ONLY

DRW	DSC	CHK	DESCRIPTION	DATE

DEWATERING PLAN

CONSTRUCTION PLANS
for
STEVEN'S CORNER
in
NORTH ANDOVER, MA
Prepared For
Stevens Corner Limited Partnership
143 BORDER STREET
EAST BOSTON, MA 02128

Marchionda & Associates, L.P.
Engineering and Planning Consultants
62 Montvale Avenue
Suite 1
Stoneham, MA 02180
TEL: (781) 438-6121
FAX: (781) 438-9654
Email: engineering@marchionda.com
Website: www.marchionda.com

DATE: 5/5/10
...753-01 Steven's cor\APROSS\dewatering plan.dwg
M. & A. NO. 753-01 | SCALE 1"=20'
SHEET DW-1