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SEA

SEA CONSULTANTS INC.

March 28, 2012

Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street, 2nd floor
Worcester, MA 01608

RE: Boston College Chestnut Hill Lower Campus, near Corcoran Commons
NPDES Dewatering General Permit

Dear Sir or Madam,

Please find attached the EPA's NOI Dewatering General Permit Application (and supporting documentation), the Mass DEP Transmittal Form for Permit Application and Payment, and copy of the check ($385) for the filing of a BRP WM 10 Permit. This permit is required for a small Boston College project that will provide a support system for ductbank settlement at Chestnut Hill Lower Campus, near Corcoran Commons.

The work associated with the project will include installing mini piles to support approximately seventy (70) linear feet of existing underground ductbank. During the performance of this work, construction dewatering activities may be required.

If there are any questions or additional information needed, please do not hesitate to contact me at (617) 498-4689.

Respectfully yours,
Kleinfelder/SEA

Joseph J. Maliawco, PE, Project Engineer

cc: Paul Scarnici, Project Manager, Boston College
Carol Dennison, Project Manager Kleinfelder/SEA

G:_clients\Boston College\2009074.01A - Corcoran Hall\2.5 Documents\NPDES\BRP WM 10 _Cover_Letter.doc

Enter your transmittal number → X250951
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
Suface Water Discharge (NPDES General) — 2. Name of Permit Category
Construction Dewatering — 3. Type of Project or Activity

B. Applicant Information – Firm or Individual

Boston College - St Clement's Hall — 1. Name of Firm - Or, if party needing this approval is an individual enter name below:
Scarnici — 2. **Last Name** of Individual
Paul — 3. **First Name** of Individual
4. MI
140 Commonwealth Avenue — 5. Street Address
Chestnut Hill — 6. City/Town
MA — 7. State
02467 — 8. Zip Code
(617) 552-0314 — 9. Telephone #
10. Ext. #
Paul Scarnici, Project Manager — 11. Contact Person
12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Boston College Lower Campus- Corcoran Dining Hall — 1. Name of Facility, Site Or Individual
60 St. Thomas More Road — 2. Street Address
Chestnut Hill — 3. City/Town
MA — 4. State
02467 — 5. Zip Code
(617) 552-6067 — 6. Telephone #
7. Ext. #
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)*

Joseph Maliawco - Kleinfelder/SEA — 1. Name of Firm Or Individual
215 First Street, Suite 320 — 2. Address
Cambridge — 3. City/Town
MA — 4. State
02142 — 5. Zip Code
(617) 498-7800 — 6. Telephone #
7. Ext. #
Joseph Maliawco — 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).

144276 — Check Number
$385.00 — Dollar Amount
March 26, 2012 — Date

II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: Boston College Chestnut Hill Lower Campus	Mailing Address for the Facility: St. Clement's Hall - 140 Commonwealth Avenue Chestnut Hill, MA 02467	
b) Location Address of the Facility (if different from mailing address): 60 St. Thomas More Road, Boston	Facility Location longitude: 42.337593 latitude: -71.167561	Type of Business: University Facility SIC codes: 8221

c) Name of facility owner: Daniel Bourque Owner's email: daniel.bourque@bc.edu

Owner's Tel #: 617-552-6067 Owner's Fax #: 617-552-0366

Address of owner (if different from facility address)

Owner is (check one): 1. Federal ____ 2. State ____ 3.Tribal ____ 4. Private ✓ 4. Other ____(Describe)

Legal name of Operator, if not owner: Paul Scarnici, Project Manager - Capital Projects Management

Operator Contact Name: Paul Scarnici

Operator Tel Number: (617) 552-0314 Fax Number: (617) 552-0360

Operator's email: scarnici@bc.edu

Operator Address (if different from owner)

St. Clement's Hall - 140 Commonwealth Avenue Chestnut Hill, MA 02467

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: Chestnut Hill Reservoir
State Water Quality Classification: C Freshwater: Y 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 30,000 GPD
Average Monthly Flow 20,000 GPD

e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 6.5 Min pH 6

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? Frac tank (or similar) & silt sac or fabric

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) P
If (P), number of days or months per year of the discharge 35 and the specific months of discharge 2 months;
If (I), number of days/year there is a discharge _____
Is the discharge temporary? Yes ✓ No _____
If yes, approximate start date of dewatering May 22, 2012 approximate end date of dewatering July 20, 2012

i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. 42.337593 lat. -71.167561;
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 the 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: Boston College Chestnut Hill Lower Campus

Operator signature: Paul Scanniello

Title: Project Manager - Capital Projects Management

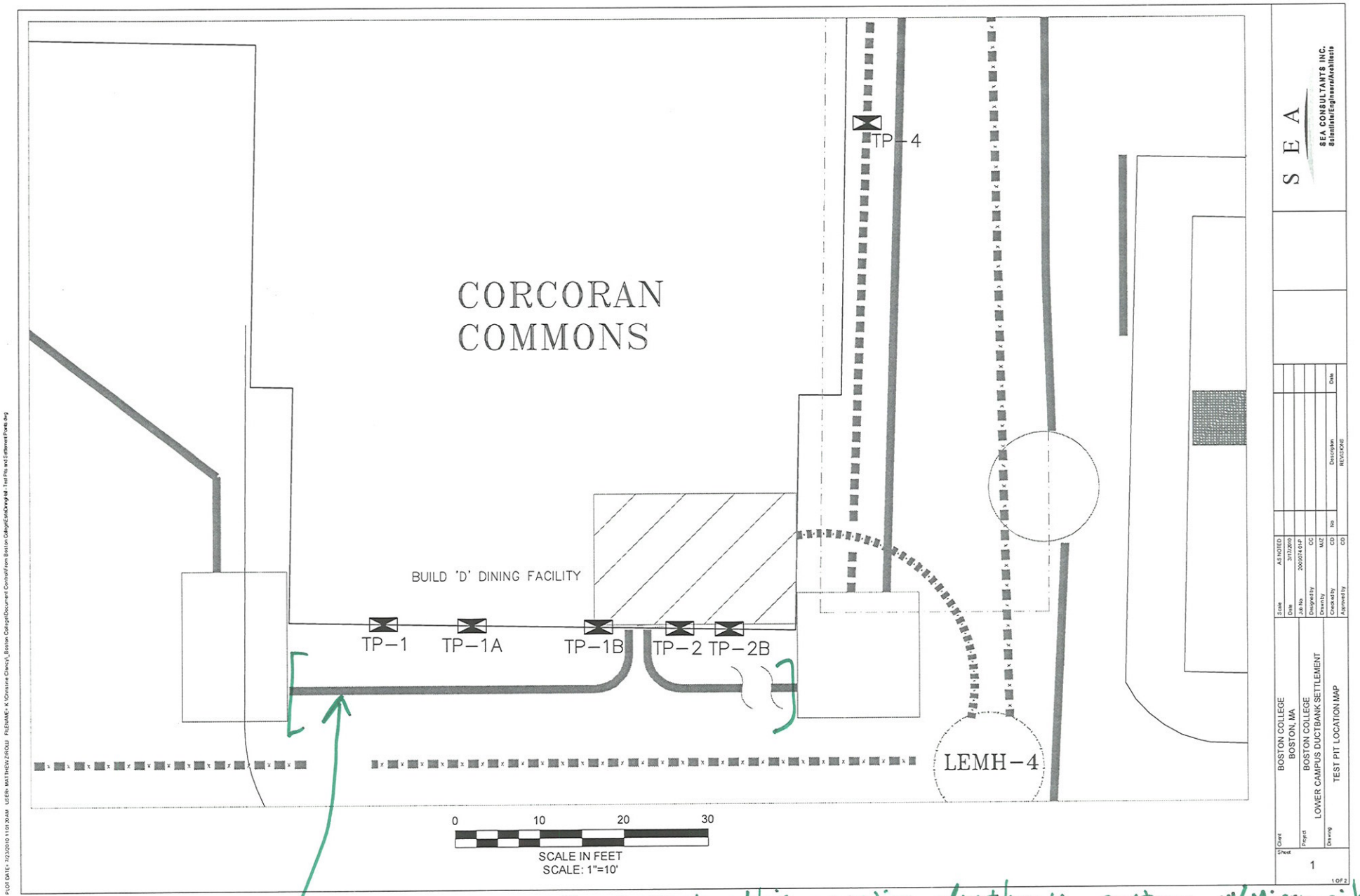
Date: 3/26/12

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.

NPDES ADDITIONAL INFORMATION

2. Discharge Information:
   a. Name of Receiving Water: Chestnut Hill Reservoir
      State Water Quality Classification: Class C – Freshwater
   b. Describe the discharge activities: Construction dewatering of groundwater and/or storm water accumulation. We are installing mini piles (6) with brackets to support an existing underground duct bank system for approximately seventy (70) feet. It is anticipated that groundwater will be encountered. Groundwater and or stormwater accumulation will be pumped to a "frac" tank or similar prior to being discharged to an existing catch basin.
   c. Number of outfalls: 1
   d. Estimate the max. daily and average monthly flow of the discharge (GPD):
      30,000 GPD max & 20,000 GPD average.
   e. Maximum and minimum monthly pH of discharge (in s.u.): Estimate Max 6.5 Min 6.0
   f. Source of discharge: groundwater/stormwater accumulation
   g. Treatment prior to discharge: frac tank (or similar) and silt sack at basin
   h. See application
   i. See application
   j. See application
   k. See applicaiton



project will support this existing ductbank system w/Micro-piles (70 LF ±)

SEA CONSULTANTS INC.
Scientists/Engineers/Architects

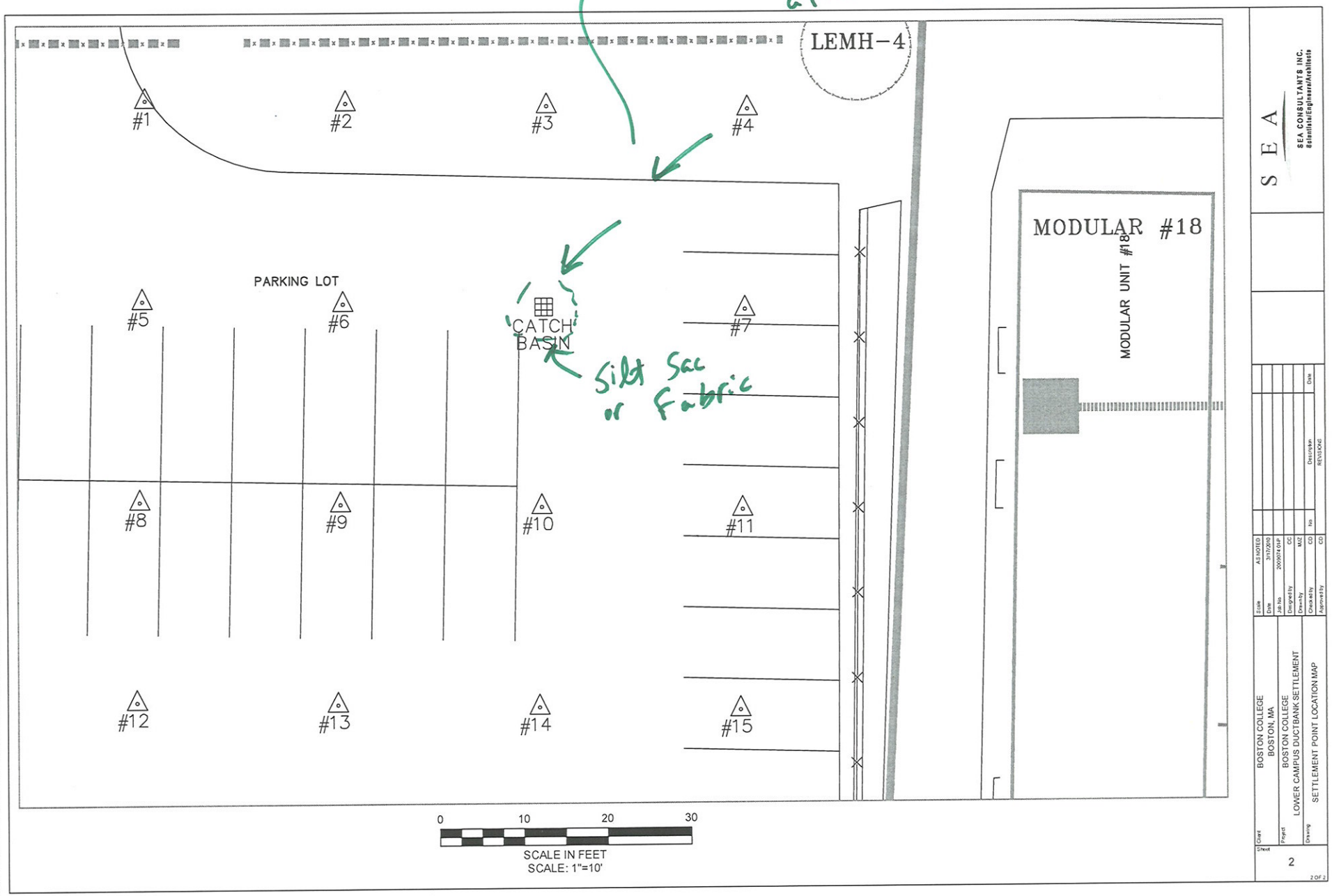
BOSTON COLLEGE
BOSTON, MA

BOSTON COLLEGE
LOWER CAMPUS DUCTBANK SETTLEMENT

TEST PIT LOCATION MAP

1

1 OF 2


Dewater to this Catch Basin after "Frac" tank
LEMH-4
#1
#2
#3
#4
PARKING LOT
#5
#6
CATCH BASIN
#7
Silt Sac or Fabric
MODULAR #18
MODULAR UNIT #18
#8
#9
#10
#11
#12
#13
#14
#15
0
10
20
30
SCALE IN FEET
SCALE: 1"=10'
S E A
SEA CONSULTANTS INC.
BOSTON COLLEGE
BOSTON, MA
LOWER CAMPUS DUCTBANK SETTLEMENT
SETTLEMENT POINT LOCATION MAP
Sheet
2
2 OF 2

GENERAL NOTES:

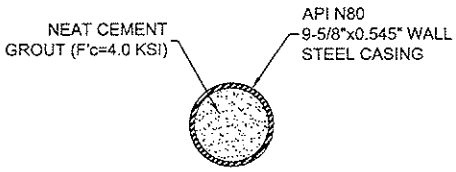
1. CONFORM TO THIS DESIGN SUBMITTAL UNLESS OTHERWISE APPROVED BY BRIERLEY ASSOCIATES.
2. REPORT CHANGES IN SUBSURFACE CONDITIONS SO THAT THE EFFECTS ON THE MICROPILES CAN BE EVALUATED.
3. THE MICROPILE BOND ZONE WAS DESIGNED FOR AN ULTIMATE BOND STRESS OF 60 PSI AND A SAFETY FACTOR OF 2.0.
4. PROVIDE BAR CENTRALIZERS EVERY 10-FT (3.0m) MINIMUM.
5. MICROPILES WERE DESIGNED FOR WORKING LOADS OF 110 KIPS IN COMPRESSION AND A MOMENT OF 65 KIPS-FT APPLIED AT THE TOP OF THE MICROPILE.

MATERIALS:

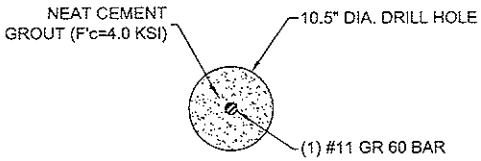
1. STEEL CASING SHALL BE ONE CONTINUOUS SECTION OF API N80 9-5/8" x 0.545" WALL STEEL PIPE WITH MINIMUM 80 KSI YIELD STRENGTH.
2. CENTER BAR SHALL BE ONE #11GR 60 DEFORMED BAR.
3. MICROPILE GROUT SHALL BE A NEAT-CEMENT MIX WITH A MINIMUM 28-DAY UNCONFINED COMPRESSIVE STRENGTH OF 4.0 KSI.

SPECIAL PROVISIONS:

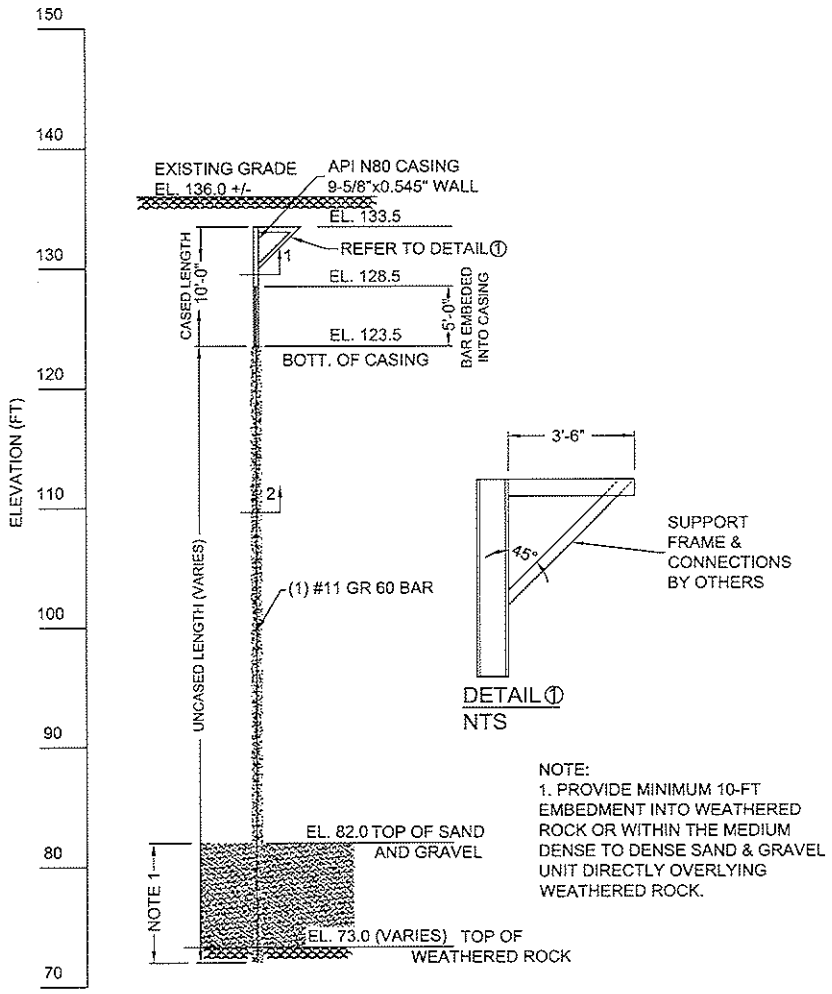
1. BRIERLEY ASSOCIATES IS NOT RESPONSIBLE FOR THE HANDLING, DISPOSAL, OR TREATMENT OF CONTAMINATED GROUND WATER.
2. OTHERS ARE RESPONSIBLE FOR FIELD LOCATING ALL NEARBY UTILITIES AND ADJACENT BURIED STRUCTURES. CONFLICTING UTILITIES MAY REQUIRE REDESIGN, AT THE DISCRETION OF BRIERLEY. LIKEWISE, IT IS THE RESPONSIBILITY OF OTHERS TO OBTAIN ANY NECESSARY PERMITS OR EASEMENTS.
3. BRIERLEY IS NOT RESPONSIBLE FOR QUALITY CONTROL, QUALITY ASSURANCE, CHANGED CONDITIONS OR PROBLEMS RESULTING FROM IMPROPER CONSTRUCTION TECHNIQUES.
4. BRIERLEY IS NOT RESPONSIBLE FOR CONSTRUCTION SITE SAFETY.
5. BRIERLEY IS NOT RESPONSIBLE FOR LAYOUT, SURVEYING, OR ENVIRONMENTAL CONSIDERATIONS AT THIS SITE.



MICROPILE TYP. SECTION 1
NTS



MICROPILE TYP. SECTION 2
NTS



DETAIL①
NTS

NOTE:
1. PROVIDE MINIMUM 10-FT EMBEDMENT INTO WEATHERED ROCK OR WITHIN THE MEDIUM DENSE TO DENSE SAND & GRAVEL UNIT DIRECTLY OVERLYING WEATHERED ROCK.

MICROPILE SECTION
SCALE: 1"=10'-0"

DATE	NO	REASON ISSUED / REVISED	DRWN	DESN	CHKD
06/22/11	0	ISSUED FOR REVIEW	KPB	KPB	PAD

BRIERLEY ASSOCIATES
Limited Liability Company
6323 Fly Road, Suite 4
East Syracuse, NY 13057
www.brierleyassociates.com
Creating Space Underground

ISSUED FOR REVIEW
JUNE 22, 2011

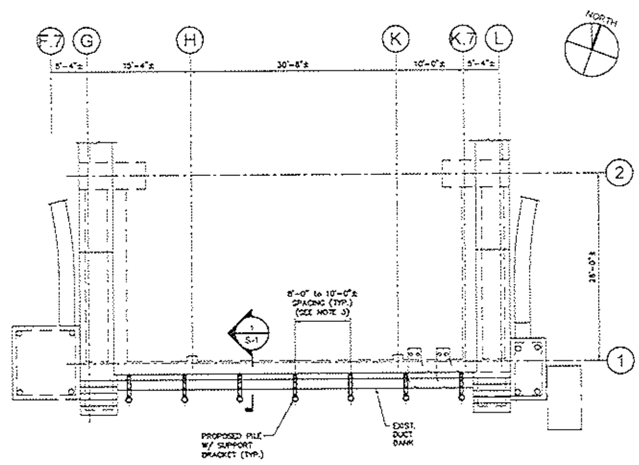
DESIGNED FOR: KLEINFELDER S E A

PROJECT: DUCT BANK UNDERPINNING
BOSTON COLLEGE
NEWTON, MA

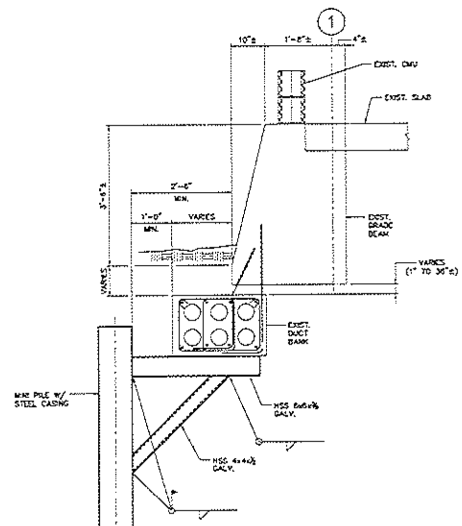
SHEET TITLE: MICROPILE SECTION, DETAILS, AND NOTES

DRAWING NUMBER: 1 OF 1

FIGURE: MP1



PART PLAN – 1ST FLOOR (DINING HALL)
SCALE: 1/8"=1'-0"



SECTION
Scale: 3/4"=1'-0"

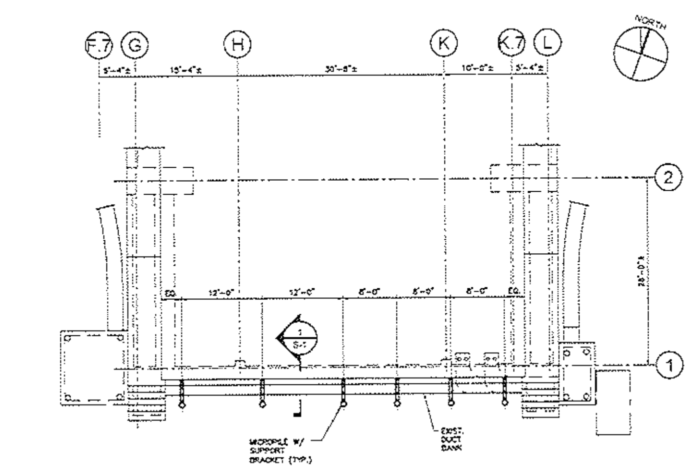
NOTES:
1. DETAILS ARE CONCEPT IN NATURE AND NOT FOR CONSTRUCTION.
2. INFORMATION SHOWN HAS BEEN OBTAINED FROM RECORD DRAWING INFORMATION PROVIDED BY BOSTON COLLEGE AND FROM EXPLORATORY TEST PITS DONE ON JULY 13, 2010.
3. MINI PILE TO EXTEND TO A DEPTH OF 30'-0" TO 60'-0"± WITH AN ASSUMED PILE SPACING OF 8'-0" TO 10'-0"± O.C. FINAL PILE DEPTH AND SPACING TO BE DETERMINED.

JAN. 18, 2011

S E A
SEA CONSULTANTS INC.
Scientists/Engineers/Architects

BOSTON COLLEGE
CONCORAN COMMONS DUCTBANK SETTLEMENT
CONCEPT DETAIL

S-1

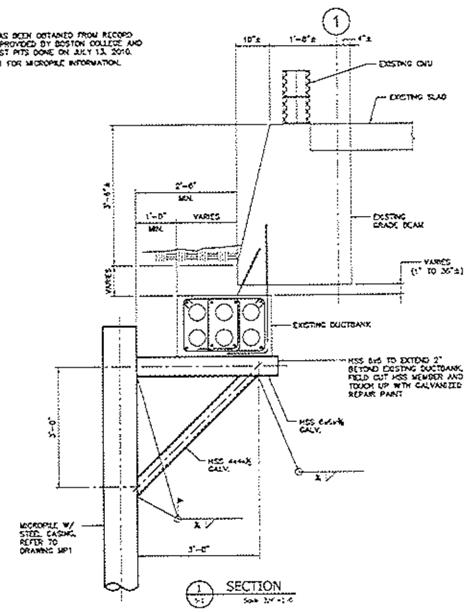


PART PLAN – 1ST FLOOR (DINING HALL)

SCALE: 1/8"=1'-0"

NOTES:

1. INFORMATION SHOWN HAS BEEN OBTAINED FROM RECORD DRAWING INFORMATION PROVIDED BY BOSTON COLLEGE AND FROM EXPLORATORY TEST PITS DONE ON JULY 13, 2010.
2. REFER TO DRAWING MP1 FOR MICROPILE INFORMATION.



SECTION 1/S-1

A. GENERAL

A1. STRUCTURAL WORK SHALL CONFORM TO THE REQUIREMENTS OF THE MASSACHUSETTS STATE BUILDING CODE, 8TH EDITION.

A2. THE CONTRACTOR SHALL OBTAIN HISTORICAL DRAWINGS OF THE EXISTING BUILDING AND DUCTBANK FROM THE OWNER, INCLUDING TEST PIT LOGS DATED 7-13-2010. THE CONTRACTOR IS RESPONSIBLE FOR VERIFYING IN THE FIELD THE ACCURACY OF THIS INFORMATION. ALL CONDITIONS AND DIMENSIONS AFFECTING THE WORK SHALL BE VERIFIED IN THE FIELD, AND ANY DISCREPANCIES SHALL BE REPORTED TO THE ENGINEER.

A3. DETAILS NOT SPECIFICALLY SHOWN SHALL BE SIMILAR TO THOSE SHOWN FOR THE MOST NEARLY SIMILAR CONDITION AS DETERMINED BY THE ENGINEER.

A4. STRUCTURAL WORK SHALL BE INSPECTED AND TESTED IN CONFORMANCE WITH THE MASSACHUSETTS STATE BUILDING CODE, 8TH EDITION.

A5. THE CONTRACTOR IS RESPONSIBLE FOR VERIFYING IN THE FIELD THE EXISTENCE AND LOCATION OF BURIED UTILITIES AFFECTED BY THE WORK.

B. FOUNDATIONS

B1. NO RESPONSIBILITY IS ASSUMED BY THE ENGINEER FOR THE VALIDITY OF THE SUBSURFACE CONDITIONS DESCRIBED IN THE DRAWINGS, SPECIFICATIONS, TEST BORINGS OR TEST PITS. THESE DATA ARE INCLUDED ONLY TO ASSIST THE CONTRACTOR DURING BIDDING AND SUBSEQUENT CONSTRUCTION AND REPRESENT CONDITIONS ONLY AT THE SPECIFIC LOCATIONS AT THE PARTICULAR TIME THEY WERE MADE.

B2. THE CONTRACTOR SHALL DESIGN AND PROVIDE ALL TEMPORARY EARTH SUPPORT, SHORING, BRACING, AND DEWATERING AND SHALL PROTECT ALL WORK AGAINST INSTABILITY AND OVERLOAD DURING CONSTRUCTION.

B3. THE CONTRACTOR SHALL DESIGN AND PROVIDE SHEETING, SHORING, BRACING, AND/OR UNDERPINNING IN ORDER TO PROTECT EXISTING STRUCTURES OR UTILITIES FROM EXISTING STRUCTURES OR UTILITIES FROM EXCESSIVE MOVEMENTS DURING THE CONSTRUCTION PERIOD AS REQUIRED.

B4. FOR ADDITIONAL INFORMATION AND REQUIREMENTS, REFER TO EARTHWORK SPECIFICATION SECTION 02210 AND MICROPILE SPECIFICATION SECTION 02312.

C. STRUCTURAL STEEL

C1. DESIGN, FABRICATION, AND ERECTION OF STRUCTURAL STEEL SHALL CONFORM TO THE "STEEL CONSTRUCTION MANUAL", AISC 13TH EDITION, AND 29 CFR PART 1926 SUBPART R, "SAFETY STANDARDS FOR STEEL ERECTION".

C2. STRUCTURAL STEEL SHALL BE NEW STEEL CONFORMING TO THE FOLLOWING:
 A. HSS: ASTM A500, GR. B, Fy=46 KSI
 B. WELDING ELECTRODE: E70XX

C3. ALL WELDING SHALL BE PERFORMED BY APPROVED AWS CERTIFIED WELDERS.

C4. GALVANIZING REPAIR PAINT: HIGH ZINC DUST CONTENT PAINT FOR REGALVANIZING WELDS AND REPAIR PAINTING GALVANIZED STEEL, WITH DRY FILM CONTAINING NOT LESS THAN 93% ZINC DUST BY WEIGHT, AND COMPLYING WITH DOD-P-21035A OR SSPC-PAINT 20.

C5. ALL STRUCTURAL STEEL SHALL BE HOT-DIP GALVANIZED.

C6. CONTRACTOR SHALL FIELD VERIFY ALL CONDITIONS, DIMENSIONS, AND ELEVATIONS IN THE FIELD PRIOR TO STEEL FABRICATION.

C7. SUBMIT STRUCTURAL STEEL SHOP DRAWINGS. CLEARLY INDICATE PROFILES, SIZES, SPACING, AND LOCATIONS OF STRUCTURAL MEMBERS AND WELDED CONNECTIONS USING STANDARD AWS WELDING SYMBOLS. CLEARLY INDICATE NET WELD LENGTHS, SIZES, AND WELDING SEQUENCES.

D. TESTING AND INSPECTION

D1. TESTING AND INSPECTION WILL BE MADE BY AN APPROVED TESTING LABORATORY SELECTED AND PAID BY THE OWNER. CONTRACTOR SHALL FURNISH TESTING AGENCY ACCESS TO WORK FACILITIES, AND INCIDENTAL LABOR REQUIRED FOR TESTING AND INSPECTION. RETENTION OF AN INDEPENDENT TESTING AGENCY SHALL IN NO WAY RELIEVE THE CONTRACTOR OF RESPONSIBILITY FOR PERFORMING ALL WORK IN ACCORDANCE WITH THE CONTRACT REQUIREMENTS.

D2. FURNISH THE TESTING AGENCY WITH THE FOLLOWING:
 A. A COMPLETE SET OF SHOP AND ERECTION DRAWINGS.
 B. FULL AND AMPLE MEANS AND ASSISTANCE FOR TESTING ALL MATERIAL.
 C. PROPER FACILITIES, INCLUDING SCAFFOLDING, TEMPORARY PLATFORMS, ETC.; FOR INSPECTION OF THE WORK IN THE MILLS, SHOP, AND FIELD.

D3. EACH PERSON INSTALLING CONNECTIONS SHALL BE ASSIGNED AN IDENTIFYING SYMBOL OR MARK, AND ALL SHOP AND FIELD CONNECTIONS SHALL BE IDENTIFIED SO THAT THE INSPECTOR CAN REFER BACK TO THE PERSON MAKING THE CONNECTION.

D4. THE TESTING AGENCY'S INSPECTOR WILL PERFORM HIS DUTIES IN SUCH A WAY THAT NEITHER FABRICATION NOR ERECTION IS UNNECESSARILY DELAYED OR IMPEDED. IN NO CASE WILL THE INSPECTOR RECOMMEND OR PRESCRIBE THE METHOD OF REPAIR OF A DEFECT.

D5. FIELD INSPECTION BY THE TESTING AGENCY OF ERECTED STEEL WILL BE SUCH AS TO ASSURE THAT THE WORK CONFORMS TO THE SPECIFIED REQUIREMENTS AND WILL INCLUDE:
 A. INSPECTION OF FIELD WELDING AS REQUIRED HEREIN.
 B. ASCERTAINMENT OF PROPER FIT AND ALIGNMENT.

D6. WELDING AND MATERIALS:
INSPECTION OF WELDING BY THE TESTING AGENCY WILL BE SUCH AS TO ASSURE THAT THE WORK CONFORMS TO SPECIFIED REQUIREMENTS, AND WILL INCLUDE:
 A. ASCERTAINMENT THAT ELECTRODES USED FOR MANUAL SHIELDED METAL ARC WELDING AND ELECTRODES USED FOR SUBMERGED ARC WELDING CONFORM TO THE REQUIREMENTS OF THIS SECTION.
 B. ASCERTAINMENT THAT THE APPROVED WELDING PROCEDURE AND THE APPROVED WELDING SEQUENCE IS FOLLOWED.
 C. ASCERTAINMENT THAT THE WELDING IS PERFORMED ONLY BY WELDING OPERATORS AND WELDERS WHO ARE PROPERLY CERTIFIED. THE TESTING AGENCY SHALL WITNESS SUCH QUALIFICATION TESTING OF WELDING OPERATORS AND WELDERS, AS MAY BE REQUIRED.
 D. ASCERTAINMENT THAT THE FIT-UP, JOINT PREPARATION, SIZE, CONTOUR, EXTENT OF REINFORCEMENT, AND LENGTH AND LOCATION OF WELDS CONFORM TO SPECIFIED REQUIREMENTS OF THE CONTRACT DRAWINGS, AND THAT NO SPECIFIED WELDS ARE OMITTED OR UNSPECIFIED WELDS ADDED WITHOUT APPROVAL.

D7. THE TESTING AGENCY SHALL TEST FIELD WELDS IN ACCORDANCE WITH AWS D1.1 AS FOLLOWS:
 A. ALL WELDS 100% VISUAL.
 B. FILLET WELDS (U.N.O.): ONE SPOT TEST PER MEMBER, MAGNETIC PARTICLE.
 C. PARTIAL PENETRATION WELDS: ONE SPOT TEST PER WELD, MAGNETIC PARTICLE.
 D. FULL PENETRATION WELDS: ALL COMPLETE PENETRATION WELDS CONTAINED IN JOINTS AND SPLICES SHALL BE TESTED 100% BY ULTRASONIC TESTING.
 E. ALL OTHER WELDS: 10%, MAGNETIC PARTICLE.

D8. ADDITIONAL TESTING WILL BE REQUIRED:
 A. IF MORE THAN 10% OF THE TESTED WELDS ARE REJECTED, THEN AN ADDITIONAL 10% OF ALL SUCH WELDS SHALL BE TESTED USING THE SAME METHOD. THIS 10% ADDITIONAL TESTING PROCESS SHALL BE REPEATED UNTIL THE REJECTION RATE DROPS BELOW 1 IN 10.
 B. ALL COST OF ADDITIONAL TESTING AND INSPECTION REQUIRED BY THIS PARAGRAPH SHALL BE DONE AT THE CONTRACTOR'S EXPENSE.

D9. IF DEFECTIVE WELDS ARE DISCOVERED, THE REMAINING UNINSPECTED WELDS SHALL RECEIVE ULTRASONIC OR MAGNETIC PARTICLE TESTING AS MAY BE REQUIRED BY THE STRUCTURAL ENGINEER.

D10. THE WELDING INSPECTOR WILL HAVE THE AUTHORITY TO REJECT WELDMENTS. SUCH REJECTION MAY BE BASED ON VISUAL INSPECTION WHERE IN HIS OPINION THE WELDMENT WOULD NOT PASS A MORE DETAILED INVESTIGATION.

D11. REPORTS BY THE TESTING AGENCY'S INSPECTOR WILL CONTAIN, AS A MINIMUM, AN ADEQUATE DESCRIPTION OF EACH WELD TESTED, THE IDENTIFYING MARK OF THE WELDER RESPONSIBLE FOR THE WELD, A CRITIQUE OF ANY DEFECTS NOTED BY VISUAL INSPECTION OR TESTING, AND A STATEMENT REGARDING THE ACCEPTABILITY OF THE WELD TESTED, AS JUDGED BY CURRENT AWS STANDARDS. REPORTS SHALL BE DISTRIBUTED AS EARLY AS POSSIBLE BUT NO LATER THAN ONE WORK WEEK AFTER THE TESTS HAVE BEEN PERFORMED. THE STRUCTURAL ENGINEER SHALL BE NOTIFIED BY PHONE IF, IN THE JUDGEMENT OF THE INSPECTOR, TEST RESULTS REQUIRE IMMEDIATE COMMENT.

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SEA CONSULTANTS INC.
Scientists/Engineers/Architects

BOSTON COLLEGE

CORCORAN COMMONS DUCTBANK SETTLEMENT

DUCTBANK SUPPORT DETAIL

S-1

S's Online Mapping Tool

Search for a location

Pick a town

LOCUS

ALGONQUIN RD
COMMONWEALTH AVE
GERALD RD
EMBASSY RD
SOUTH ST
WADE ST
MORE DR
MASSMORE RD
CHISWICK RD
KINROSS RD
BRAEMORE RD
SUTHERLAND RD
ENGLEWOOD AVE
CHESTNUT HILL AVE
AYR RD
CLINTON PATH
CLINTON RD
DEAN RD
PENNIMAN RD
WILLOW CRES
BEACON ST
OLD COLONY RD
QUINCY RD
COLLEGE RD
HAMMOND ST
LAWRENCE AVE
LEE RD
RESERVOIR AVE
NANCY RD
GATEHOUSE RD
WOODMAN RD
LAWRENCE RD

100 m
200 ft
Scale = 1:8,531
227,420.83m 898,888.13m

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LOCUS
Watertown
St Patricks Sch
Common St Cem
Fillippello Playground
Park
Parker Sch
Perkins Sch
US MIL RES
WATERTOWN ARSENAL
BOSTON
Radio Tower (WSBK)
Rec Center
Lincoln Eliot Sch
Aquinas Jr College
Jackson Sch
INTERCHANGE 17
EXTENSION
Faneuil
Playground
McKinney Playground
Fire Sta
Underwood Sch
Farlow Park
Bigelow Jr High Sch
Our Lady of the Presentation Academy
Hospital
Library
St Columbkilles Sch
Garfield Sch
Lyon Sch
Mt Ida
Kenrick Park
Burr Playground
Oak Square Sch
Brighton
Cem
Police Sta
Hospital
Library
Courthouse
St Sebastians Sch
The Cenacle
Rogers Park
Winship Sch
Swedenborg Sch
Gallagher Park
Edison Jr High Sch
Golf Course
Sacred Heart Sch
Mt Alvernia High Sch
St Johns Seminary
Crescent Hill Country Club
Aberdeen
BOSTON COLLEGE (Newton Campus)
Ward Sch
Radio Tower
Newton Reservoir
Waban Hill Reservoir
Evergreen Cemetery
Hamilton Sch
Beth El Sch
Fire Sta
BOSTON COLLEGE
Alumni Field
Chestnut Hill Reservoir
Cleveland Circle
Playground
Rice
Fire Sta
NEWTON CORP BDY
BOSTON CORP BDY
3 LANE
2 LANE
4 LANE

144276

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S E A CONSULTANTS INC.
215 First Street, Suite 320
Cambridge, MA 02142

Eastern Bank
53-179/113

CHECK DATE
March 26, 2012

PAY Three Hundred Eighty Five and 00/100

AMOUNT
$385.00

TO Commonwealth of Massachusetts
Department of Environmental Protection
Box 4062
Boston MA 02211

AUTHORIZED SIGNATURE

⑈144276⑈ ⑆011301798⑆ 60 0031967⑈

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Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
032312	3/23/12	014387907	385.00	0.00	0.00	385.00
Commonwealth of Massachusetts 001 39 7700066		Totals	385.00	0.00	0.00	385.00

CHECK REQUEST FORM

kwiktag® 014 387 907

DATE: 3/23/2012

REQUESTED BY: Joseph Maliawco

ISSUE TO: Mass DEP

ADDRESS: Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211

TOTAL AMOUNT: $385.00

AS INDICATED ON TI bo

☐ LETTER
☑ OTHER: NPDES Dewatering Permit

NEEDED BY (DATE): 3/26/2012

☐ MAIL DIRECTLY
☑ WILL BE PICKED UP

JOB NUMBER: 2009074.01-A

DESCRIPTION/PURPOSE OF PAYMENT:

NPDES WM Construction Site Dewatering Permit Application

OTHER INSTRUCTIONS:

AUTHORIZED BY:

Carol Dennison

(Insert Name Here)