APPENDIX 5
Suggested Notice of Intent Format

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 1
FIVE POST OFFICE SQUARE SUITE 100
BOSTON, MASSACHUSETTS 02109-3912

Request for General Permit Authorization to Discharge Noncontact cooling Water
Notice of Intent (NOI) to be covered by the General Permit

Noncontact Cooling Water General Permit (NCCWGP)
NPDES General Permits No. MAG250000 and NHG250000

A. Facility Information

1. Indicated applicable General Permit for discharge: MAG250000 ☐ NHG250000 ☐

2. Facility Information/Location:
   Facility Name Harbor View Place
   Street/PO Box 225 Water Street City Plymouth
   State MA Zip Code 02360
   Latitude _____ Longitude _____
   Type of Business Commercial
   SIC Codes(s) _____

3. Facility Mailing address (if different from Location Address):
   Facility Name Eastport Real Estate Services
   Street/PO Box 318 Bear Hill Rd City Waltham
   State MA Zip Code 02451

4. Facility Owner:
   Name Eastport Bayside, LLC
   E-mail debram922@yahoo.com
   Street/PO Box 318 Bear Hill Rd City Waltham
   State MA Zip Code 02451
   Contact Person Debra Marazzo Tel _____
   Owner is (check one): Federal _____ State _____ Tribal _____ Private _____
   Other (describe) _____

5. Facility Operator (if different from above):
   Legal Name _____
   E-mail _____
   Street/PO Box _____ City _____
   State _____ Zip Code _____
   Contact Person _____ Tel _____

6. Current permit coverage: yes☑ no☐
   a) Has a prior NPDES permit (individual or general permit coverage) been granted for the discharge that is listed on the NOI? yes☑ no☐ If Yes, permit number MAG250020
   b) Is the facility covered by an individual NPDES permit for other discharges? yes☐ no☑
   If yes, Permit Number: _____

c) Is there a pending NPDES application on file with EPA for this discharge? yes☐ no☑
If yes, date of submittal: _____ and permit number, if available _____

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

B. Discharge Information (attach additional sheets as needed):

1. Name of receiving water into which discharge will occur: Plymouth Harbor
Freshwater ☐ Marine Water ☑
State Water Quality Classification Class SA
Type of Receiving Water Body (e.g., stream, river, lake, reservoir, estuary, etc.) _____

2. Attach a line drawing or flow schematic showing water flow through the facility including sources of intake water, operations contributing to flow, treatment units, outfalls, and receiving water(s). **Line drawing or flow diagram attached?** ☐

3. Describe the discharge activities for which the owner/applicant is seeking coverage (e.g., building cooling, process line cooling, etc.) Cooling water

4. Number of Outfalls 2 Latitude and Longitude to the nearest second for each Outfall. See EPA's siting tool at http:/www.epa.gov/tri/reporting/siting_tool. Attach additional pages if necessary.

Outfall # 1 Latitude ~~N41°57'54"~~ W070°40'18 Longitude ~~W070°40'18"~~ N 41°57'54"
Outfall # 2 Latitude W070°40'14" Longitude N41°57'56"
Outfall # Latitude _____ Longitude _____

5. For each Outfall provide the following discharge information:

Outfall # 1
a) Maximum Daily Flow 1933333 MGD Average Monthly Flow 4983333 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 61.6 °F Average Monthly Temperature 60.7 °F
c) Maximum Monthly pH 6.18 s.u. Minimum Monthly pH 5.92 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☐ seasonal ☑

Outfall # 2
a) Maximum Daily Flow 936666 MGD Average Monthly Flow 2313333 MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature 58.3 °F Average Monthly Temperature 58.1 °F
c) Maximum Monthly pH 6.10 s.u. Minimum Monthly pH 5.90 s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☐ seasonal ☑

Outfall # _____
a) Maximum Daily Flow _____ MGD Average Monthly Flow _____ MGD
NOTE: EPA will use the flow reported here as the facility's permitted effluent flow limit.
b) Maximum Daily Temperature _____ °F Average Monthly Temperature _____ °F
c) Maximum Monthly pH _____ s.u. Minimum Monthly pH _____ s.u.
d) Outfall's discharge is: continuous ☐ intermittent ☐ seasonal ☐

6. Is the source of the NCCW potable water? yes☐ no☒
   If yes, EPA will calculate a Total Residual Chlorine effluent limit for your facility.

7. Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water _____MGD
   Attach any calculation sheets used to support stream flow and/or dilution calculations.

8. **For facilities that discharge to Massachusetts surface waters:**
   a) Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment B of the General Permit. Calculation attached? ☐
   b) Does the discharge occur in an Area of Critical Environmental Concern (ACEC)? yes☐ no☑
   If yes, provide the name of ACEC _____
   Note: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.

C. Chemical Additives

1. Are any non-toxic neutralization and/or dechlorination chemicals used in the discharge(s)? yes☐ no☑

2. If yes, attach a listing of each chemical used. Include the chemical name and manufacturer; maximum and average daily quantity used on a monthly basis, 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 typically acceptable aquatic organism).

3. Was the listing submitted with the facility's 2008 NCCWGP NOI? yes☐ no☐

D. NCCW Source Water Information

1.State the source of the NCCW (e.g., municipal water supply, private well, surface water withdrawal, etc.).
   Source Private well Name of Source Water South Coastal

2. Is the source water registered/permitted under MA Water Management Act or NHDES User Registration Rule (ENV WQ 2202)? yes☑ no☐ If yes, registration number 42123916

3. If the source water is groundwater (non-municipal well water), see Appendix 9 of the General Permit and submit effluent (and receiving water hardness) test results, as required in Part 5.4 of the General Permit.
   Test results attached? ☐

4. Does the facility use both a primary and backup source of NCCW? yes☐ no☑ If yes, **attach information** that identifies and explains the primary and backup sources of NCCW and how often the backup supply was used in the past three years.

E. Best Technology Available for Cooling Water Intake Structures (CWISs)

If the facility's discharge is covered by this General Permit and the facility **withdraws non-contact cooling water from a surface water,** you are subject to the BTA requirements at Part 4.2 of the General Permit.

1. Are you subject to the BTA requirements of the General Permit? yes☐ no☑
   a) If no, explain Wells and skip to F.
   b) If yes, was the facility-specific BTA description submitted with the facility's 2008 NCCW GP NOI?
   yes☐ no☐
   c) If yes, does that description accurately describe the facility current operations and practices? yes☐ no☐

2. If the facility is subject to the General Permit's BTA requirements and is requesting coverage under the NCCWGP for the first time, or if you answered "No" to question E.1.c. above, attach the facility-specific BTA description as required in Part 4.2 of the General Permit. For additional information and guidance, see Section IV of the Fact Sheet.

Include in your description:

a) Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol.
b) A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use.
c) The attributes of the current CWIS.
d) The design measures of the CWIS.
e) The operation measures of the CWIS.
f) The historical occurrence of impinged fish for the past five years.
g) If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system.
h) Other components to reduce impingement and/or entrainment of aquatic life.

3. Provide the following information for each CWIS to support your attached facility-specific BTA description:

a) The design capacity of the of the CWIS _____MGD
b) Maximum monthly average intake of the CWIS during the previous five years _____MGD
c) The month in which this flow reported in 3.b. occurred _____
d) The maximum through-screen design intake velocity _____feet/second (fps)

4. For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

a) The source water's annual mean flow in MGD as available from USGS or other appropriate source _____ MGD
b) The design intake flow as a % of the source water's annual mean flow _____ %
Attach calculations if equal to or less than 5% of annual mean flow.
c) The source water's 7Q10 _____ MGD
d) The design intake flow as a percent of the source water's 7Q10 _____%

5. Provide a map showing the location of each cooling water intake structure; NCCW Outfall(s) and CWIS features referred to in the BTA description. **Map attached?** ☐

F. Endangered Species Act Eligibility Information

Using the instructions in Appendix 2 of the NCCW GP, which of the following criteria apply to your facility? USFWS Criteria: A ☐ B ☑ C ☐

1. If you selected USFWS criteria B, has consultation with the U.S. Fish and Wildlife Service been completed?
yes☑ no☐

2. If consultation with US Fish & Wildlife Service and/or NOAA Fisheries Service was completed, was a written concurrence finding that the discharge is "not likely to adversely affect" listed species or critical habitat received?
yes☐ no☐

3. Attach documentation of ESA eligibility for USFWS as required at Part 3.4 and Appendix 2 of the General Permit.
Documentation attached? _____

4. Please indicate if your facility **directly intakes water for non-contact cooling** from any of the following waterbodies:
   - ☐ Merrimack River
   - ☐ Connecticut River
   - ☐ Piscataqua River
   - ☐ Taunton River

EPA will consult with the National Marine Fisheries Service on cooling water intakes covered under this permit in areas (in the above waterbodies) of the endangered Shortnose Sturgeon and Atlantic Sturgeon.

G. National Historic Properties Act Eligibility

1. 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☑

2. Have any State or Tribal Historic Preservation Officers been consulted in this determination? yes☐ no☑
   If yes, attach the results of the consultation(s).

3. Which of the three National Historic Preservation Act scenarios listed in Appendix 3, Section C have you met?
   ☐ 1 ☐ 2 ☐ 3

H. Supplemental Information

Please provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any analytical data used to support the application. Attach any certification(s) required by the General Permit.

I. Signature Requirements

The NOI must be signed by the operator in accordance with the signatory requirements of 40 CFR § 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 noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (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.

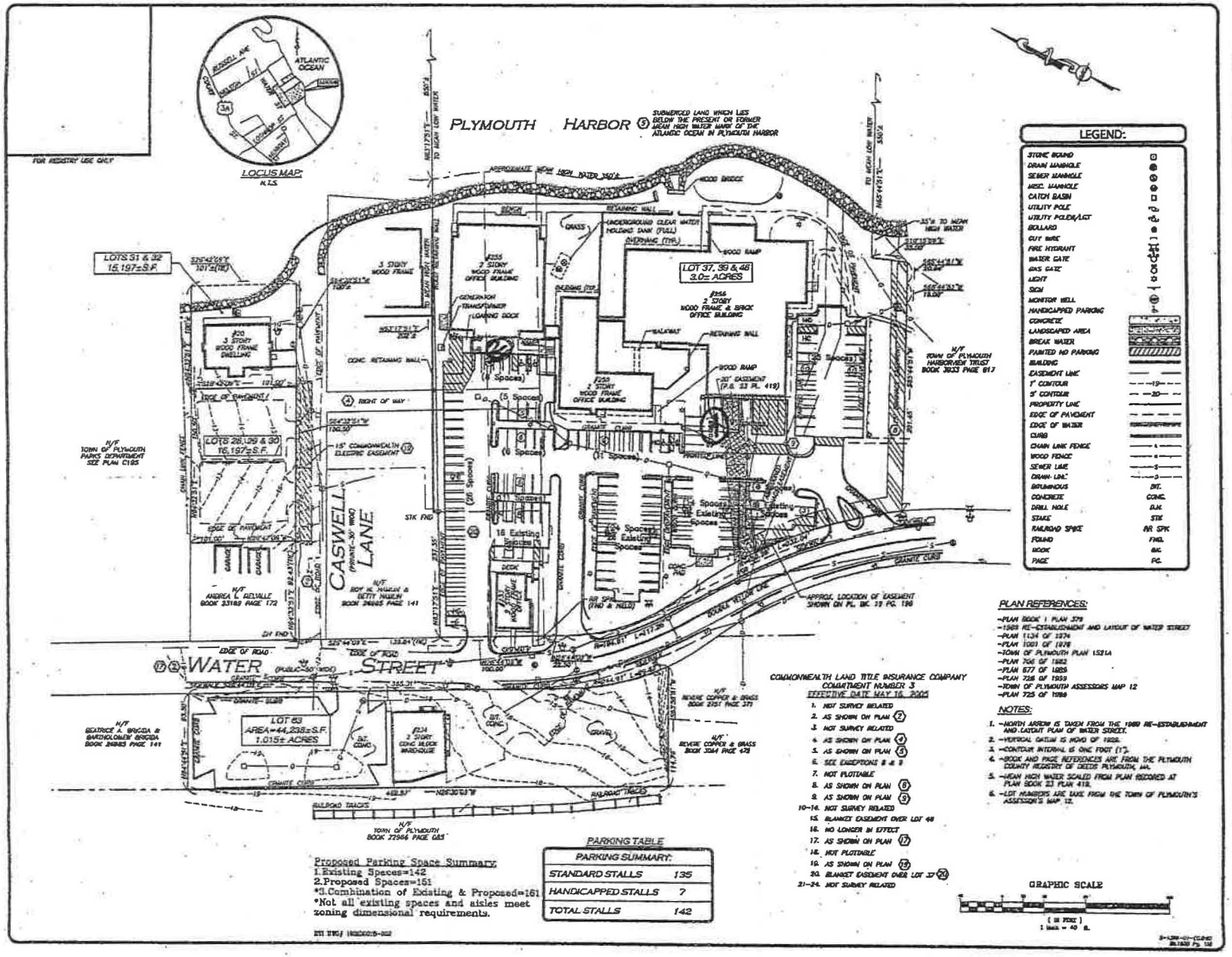
Signature by Debra Marazzo-Nowicki Date 1-30-15

Printed Name and Title Debra Marazzo-Nowicki Sr Property Manager

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 a 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.

outfalls 1 & 2



I HEREBY CERTIFY THAT

THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE REGISTERS OF DEEDS DATED JANUARY 1, 1974 AND REVISED JANUARY 12, 1988.

ACCORDING TO DEEDS AND PLANS OF RECORD, THE PROPERTY LINES SHOWN ON THIS PLAN ARE THE LINES DIVIDING EXISTING OWNERSHIP, AND THE LINES OF THE STREETS AND WAYS SHOWN ARE THOSE OF PUBLIC OR PRIVATE STREETS AND WAYS ALREADY ESTABLISHED, AND NO NEW LINES FOR THE DIVISION OF EXISTING OWNERSHIP OR FOR NEW STREETS OR WAYS ARE SHOWN.

THE ABOVE CERTIFICATION IS INTENDED TO MEET REGISTRY OF DEEDS REQUIREMENTS FOR THE REGISTRATION OF PLANS AND IS NOT A CERTIFICATION TO THE TITLE OR OWNERSHIP OF THE PROPERTY SHOWN, OWNERS OF ADJOINING PROPERTIES ARE SHOWN ACCORDING TO CURRENT TOWN OF PLYMOUTH'S ASSESSOR'S INFORMATION.

I HEREBY CERTIFY THAT THIS ACTUAL SURVEY WAS MADE ON THE GROUND ON OR BETWEEN JUNE 20, 2003 AND JUNE 28, 2003.

THE ABOVE IS CERTIFIED TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF.

ALLEN & MAJOR ASSOCIATES, INC.

PROFESSIONAL LAND SURVEYOR FOR THE ALLEN & MAJOR ASSOCIATES, INC.

REV	DATE	DESCRIPTION
1.	7/7/05	LANE DESCRIPTION ADDED

APPLICANT/OWNER:
EASTPORT REAL ESTATE SERVICES
318 BEAR HILL ROAD
WALTHAM, MA 02451

PROJECT:
PLAN OF LAND
WATER STREET AND CASWELL LANE
PLYMOUTH, MA

PROJECT NO.	1289-01	DATE:	7-01-05
SCALE:	1"=40'	DWG. NAME:	S-1289-01-1C
DRAWN BY:	AB	CHECKED BY:	DK

ALLEN & MAJOR ASSOCIATES, INC.
civil engineers • structural engineers
land surveyors • environmental consultants
169 COMMONWEALTH WAY
P.O. BOX 2135
WOBURN, MA 01801-0135
TEL: (781) 935-6030
FAX: (781) 935-2896

THIS DRAWING HAS BEEN PREPARED IN ELECTRONIC FORMAT. CLIENT/CLIENT'S REPRESENTATIVE OR CONSULTANT MAY BE PROVIDED COPIES OF DRAWINGS AND SPECIFICATIONS ON ELECTRONIC MEDIA FOR REVIEW, INFORMATION AND USE FOR SPECIFIC APPLICATION TO THIS PROJECT. DUE TO THE POSSIBILITY THAT THE INFORMATION HAS BEEN ALTERED, CORRUPTED OR DAMAGED, ALLEN & MAJOR ASSOCIATES, INC. MAKES NO WARRANTIES OR REPRESENTATIONS OF THE DOCUMENT'S ALTERATION OR THE ACCURACY, VALIDITY, TRUSTED REPRESENTATIONS OF THE DRAWINGS AND SPECIFICATIONS. ALLEN & MAJOR ASSOCIATES, INC. MAY PROVIDE AS PER CONTRACT ONLY THE ORIGINAL PRINTED COPIES OF DRAWINGS AND SPECIFICATIONS AS THE OFFICIAL WORK PRODUCT.

DRAWING TITLE: PLAN OF LAND

SHEET NO. 1

© Copyright 2005 Allen & Major Associates, Inc. All Rights Reserved