berkshire® gas

DC MAG910108

VIA OVERNIGHT COURIER

October 7, 2005

US Environmental Protection Agency
RGP-NOC Processing
Municipal Assistance Unit (CMU)
1 Congress Street
Boston, MA 02114-2023

OCT 11 2005

Re: Remediation General Permit NOI for Berkshire Gas Company Meade Street Site
DEP File #168-186, 21E Site No. 1-0080
DEP Tier 1B Permit #127787

Dear Sir or Madam:

Enclosed, please find an executed copy of the Remediation General Permit (RGP) Notice of Intent (NOI) for the Berkshire Gas Company Meade Street Site located in Greenfield, MA.

Berkshire Gas Company is a Co-Permittee with Ish, Inc. at this site. Ish, Inc. will submit a separate NOI as required by the RGP.

Berkshire Gas Company believes this NOI to be complete with the following exception. The table describing contaminant information could not be completed given the short 30-day lead time allowed from publication on September 9, 2005 of the RGP in the Federal Register and the October 10, 2005 due date. Based on telephone conversations with EPA-NE's George Papadopolous on September 30, 2005, we are aware that EPA has granted a 60-day extension to NOI applicants whose discharges were previously covered by EPA-issued NPDES Permit Exclusions. This is, in fact, the case at the Meade Street site. Berkshire Gas Company intends to submit a supplemental filing that contains the required analytical information within the 60-day window granted by EPA.

Please feel free to contact me directly (413-445-0303) if there are questions or if you require additional information.

Sincerely,

Richard Nasman, P.E.
Director of Operations

Enclosure (NOI, attachments)
cc: I. Murarka, Ish, Inc.

B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the following information about the site:

a) Name of **facility/site:** Berkshire Gas Company Meade Street Site		**Facility/site** address:		
Location of **facility/site:** longitude: -72, 36', 21" latitude: 42, 35', 08"	Facility SIC code(s): 4924	Street: 40 Mill Street		
b) Name of **facility/site owner:** Berkshire Gas Company		Town: Greenfield		
Email address of owner: rnasman@berkshiregas.com		State: MA	Zip: 01301	County: Franklin
Telephone no.of facility/site **owner:** 413-445-0303				
Fax no. of facility/site **owner:** 413-445-0546		**Owner** is (check one): 1. Federal___ 2. State/Tribal___ 3. Private__X__ 4. other, if so, describe:		
Address of **owner** (if different from site): Berkshire Gas Company				
Street: 115 Cheshire Rd.. P.O. Box 1388				
Town: Pittsfield	State: MA	Zip: 01201	County: Berkshire	
c) Legal name of **operator:** Berkshire Gas Company (Co-permittee with Ish, Inc.)		**Operator** telephone no: 413-445-0303		
		Operator fax no.: 413-445-0546	**Operator** email: rnasman@berkshiregas.com	
Operator contact name and title: Richard Nasman, P.E., Director of Operations				
Address of **operator** (if different from owner): Same		Street:		
Town:	State:	Zip:	County:	

d) Check "yes" or "no" for the following:
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes_X_ No___, if "yes," number: 00-180
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes___ No_X_, if "yes," date and tracking #:
3. Is the discharge a "new discharge"as defined by 40 CFR 122.2? Yes___ No_X_
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes_X_ No__

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes X No___ If "yes," please list: 1. site identification # assigned by the state of NH or MA: 1-0080 2. permit or license # assigned: Tier 1B Permit #127787 3. state agency contact information: name, location, and telephone number: G.Eckert, DEP West Region, 436 Dwight St., Springfield, MA, 01103, 413-755-2242	f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y___ N X, if Y, number: 2. phase I or II construction storm water general permit? Y___ N X, if Y, number: 3. individual NPDES permit? Y___ N X, if Y, number: 4. any other water quality related permit? Y___ N X, if Y, number:

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

a) Describe the discharge activities for which the owner/applicant is seeking coverage: This site remediation project contains a small water treatment system, operating continuously, to process impacted groundwater gathered by a collection trench. The system is designed to intercept and treat impacted groundwater before discharge to the Green River.		
b) Provide the following information about each discharge:	1) Number of discharge points: 1	2) What is the **maximum** and **average flow rate** of discharge (in cubic feet per second, ft3/s)? Max. flow 0.00773 Average flow 0.00362 Is maximum flow a **design value**? Y X N___ For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. All flows are in CFS. Average flows are reported based on monthly O&M measurements.
3) Latitude and longitude of each discharge within 100 feet: pt.1:long. -72, 36', 21" lat. 42, 35', 08"; pt.2: long.___ lat.___; pt.3: long.___ lat.___; pt.4:long.___ lat.___; pt.5: long.___ lat.___; pt.6:long.___ lat.___; pt.7: long.___ lat.___; pt.8:long.___ lat.___; etc.		
4) If hydrostatic testing, total volume of the discharge (gals): N/A		5) Is the discharge intermittent___ or seasonal___? Is discharge ongoing Yes X No___?
c) Expected dates of discharge (mm/dd/yy): start Existing end 12/31/09		
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).		

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for **all** of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites X	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation X

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids										
2. Total Residual Chlorine										
3. Total Petroleum Hydrocarbons										
4. Cyanide										
5. Benzene										
6. Toluene										
7. Ethylbenzene										
8. (m,p,o) Xylenes										
9. Total BTEX[4]										

[4] BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide [5] (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MtBE)										
12. tert-Butyl Alcohol (TBA)										
13. tert-Amyl Methyl Ether (TAME)										
14. Naphthalene										
15. Carbon Tetra-chloride										
16. 1,4 Dichlorobenzene										
17. 1,2 Dichlorobenzene										
18. 1,3 Dichlorobenzene										
19. 1,1 Dichloroethane										
20. 1,2 Dichloroethane										
21. 1,1 Dichloroethylene										
22. cis-1,2 Dichloro-ethylene										
23. Dichloromethane (Methylene Chloride)										
24. Tetrachloroethylene										

[5] EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene										
g. Indeno(1,2,3-cd) Pyrene										
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene										
i. Acenaphthylene										
j. Anthracene										
k. Benzo(ghi) Perylene										
l. Fluoranthene										
m. Fluorene										
n. Naphthalene-										
o. Phenanthrene										
p. Pyrene										
37. Total Polychlorinated Biphenyls (PCBs)										
38. Antimony										
39. Arsenic										
40. Cadmium										
41. Chromium III										
42. Chromium VI										

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system:						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter X	GAC filter X
	Chlorination	Dechlorination	Other (please describe): Organo-clay filter			
c) Proposed **average** and **maximum flow rates** (gallons per minute) for the discharge and the **design flow rate**(s) (gallons per minute) of the treatment system: Average flow rate of discharge 1.6 Maximum flow rate of treatment system 3.5 Design flow rate of treatment system 3.5						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): N/A						

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct X	Within facility	Storm drain	River/brook X	Wetlands	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Discharge is via a 4" PVC pipe through the restored river bank, directly to the Green River from the north.						
c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: 1. For multiple discharges, number the discharges sequentially. 2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.						
d) Provide the state water quality classification of the receiving water Proposed Category 5. "Waters Requiring a TMDL"						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 4.38 cfs Please attach any calculation sheets used to support stream flow and dilution calculations. Based on USGS Streamstats Applet at USGS.com (see attachment)						
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes X No If yes, for which pollutant(s)? Pathogens Is there a TMDL? Yes X No If yes, for which pollutant(s)? Pathogens						

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes____No__X__
Has any consultation with the federal services been completed ? No__X__ or is consultation underway? Yes____ No__X__
What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine 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?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?
Yes_____ No__X____ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes_____ No__X____

7. 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.

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

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 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/Site Name: Berkshire Gas Company Meade Street Site

Operator signature: 

Title: Director of Operations

Date: 10-7-05

Streamflow Statistics Report

Streamflow Statistics Report

Date: Fri Oct 07 07:33:37 2005
Latitude: 42.5833
Longitude: -72.6035
Measured Basin Characteristics:
  Drainage Area (square miles): 56.74
  Stratified Drift Area (square miles): 3.49
  Stream Length (miles): 133.38
  Slope (percent): 8.76
  Region: 1

StatisticEstimated streamflow, ft3/s	90% Prediction interval MinimumMaximum
99-percent duration flow	4.57	1.45	13.52
98-percent duration flow	5.69	1.92	15.97
95-percent duration flow	8.30	3.35	19.91
90-percent duration flow	11.4	5.19	24.69
85-percent duration flow	15.3	7.24	31.78
80-percent duration flow	18.4	6.83	38.72
75-percent duration flow	23.4	7.11	48.89
70-percent duration flow	28.8	14.0	58.65
60-percent duration flow	41.0	19.9	83.89
50-percent duration flow	58.7	23.1	99107.34
7-day, 2-year low flow	8.02	2.93	21.11
7-day, 10-year low flow	4.38	1.29	13.88
August median flow	15.9	7.54	33.05

U.S. Department of the Interior, U.S. Geological Survey
10 Bearfoot Road
Northborough, MA 01532
(508) 490-5000
  Maintainer: http://ststdmamrl.er.usgs.gov/streamstats/web_page_form.htm

DC MA6 9/10/08

ish inc.
Environmental Consultants
804 Salem Woods Drive, Suite 201B, Raleigh, NC 27615-3343
Phone (919) 844-9890 Fax (919) 844-0917 Cell/VM (408) 892-3233

VIA OVERNIGHT COURIER

October 7, 2005

US Environmental Protection Agency
RGP-NOC Processing
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, MA 02114-2023

OCT 11 2005

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DEP Tier 1B Permit #127787

Dear Sir or Madam:

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Ish, Inc. is a Co-Permittee with Berkshire Gas Company at this site. Berkshire Gas Company will submit a separate NOI as required by the RGP.

Ish, Inc. believes this NOI to be complete with the following exception. The table describing contaminant information could not be completed given the short 30-day lead time allowed from publication on September 9, 2005 of the RGP in the Federal Register and the October 10, 2005 due date. Based on telephone conversations with EPA-NE's George Papadopolous on September 30, 2005, we are aware that EPA has granted a 60-day extension to NOI applicants whose discharges were previously covered by EPA-issued NPDES Permit Exclusions. This is, in fact, the case at the Meade Street site. Ish, Inc. intends to submit a supplemental filing that contains the required analytical information within the 60-day window granted by EPA.

Please feel free to contact me directly (408-892-3233 – mobile number) or Mr. Kevin Hylton (252-626-2161 – mobile number) if there are questions or if you require additional information.

Sincerely,

Dr. Ishwar P. Murarka
President

Enclosure (NOI, attachments)
cc: R. Nasman, Berkshire Gas Company
K. Hylton

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min-imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene										
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36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene										
i. Acenaphthylene										
j. Anthracene										
k. Benzo(ghi) Perylene										
l. Fluoranthene										
m. Fluorene										
n. Naphthalene-										
o. Phenanthrene										
p. Pyrene										
37. Total Polychlorinated Biphenyls (PCBs)										
38. Antimony										
39. Arsenic										
40. Cadmium										
41. Chromium III										
42. Chromium VI										

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper										
44. Lead										
45. Mercury										
46. Nickel										
47. Selenium										
48. Silver										
49. Zinc										
50. Iron										
Other (describe):										

c) For discharges where **metals** are believed present, please fill out the following:

Step 1: Do any of the metals in the influent have a **reasonable potential** to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y____ N____	If yes, which metals?
Step 2: For any metals which have **reasonable potential** to exceed the **Appendix III** limits, calculate the **dilution factor (DF)** using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals:_____ DF: _____	Look up the limit calculated at the corresponding dilution factor in **Appendix IV.** Do any of the metals in the **influent** have the potential to exceed the corresponding **effluent** limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y____ N____ If "Yes," list which metals:

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system:						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks	Bag filter X	GAC filter X
	Chlorination	Dechlorination	Other (please describe): Organo-clay filter			
c) Proposed **average** and **maximum flow rates** (gallons per minute) for the discharge and the **design flow rate**(s) (gallons per minute) of the treatment system: Average flow rate of discharge 1.6 Maximum flow rate of treatment system 3.5 Design flow rate of treatment system 3.5						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): N/A						

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a) Identify the discharge pathway:	Direct X	Within facility	Storm drain	River/brook X	Wetlands	Other (describe):
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a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes____No__X__
Has any consultation with the federal services been completed ? No__X__ or is consultation underway? Yes____ No__X__
What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine 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?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge? Yes_____ No__X____ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes_____ No__X____

7. 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.

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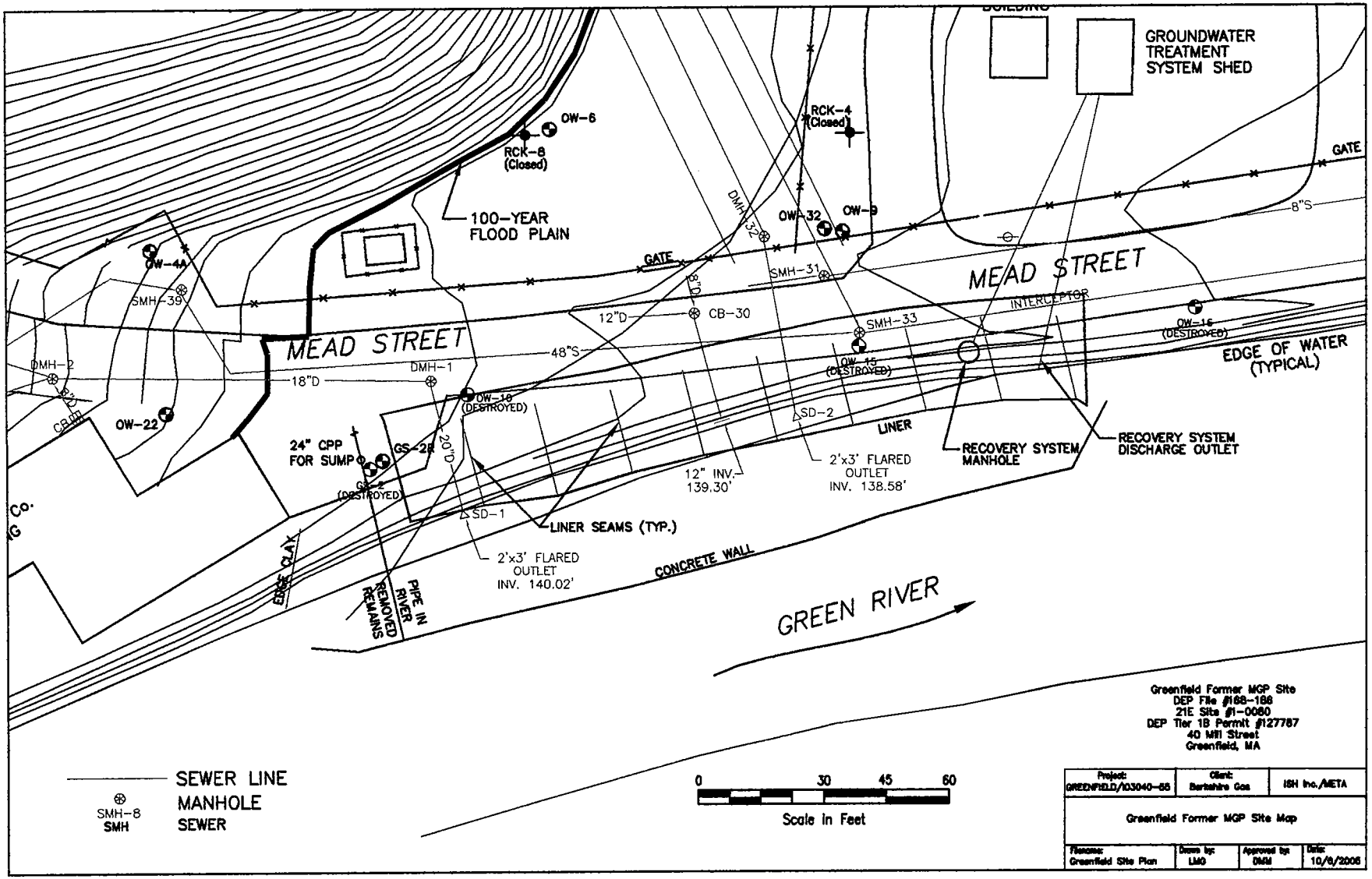
Facility/Site Name: Berkshire Gas Company Meade Street Site

Operator signature: 

Title: President

Date: October 7, 2005


GROUNDWATER TREATMENT SYSTEM SHED
OW-6
RCK-8 (Closed)
RCK-4 (Closed)
100-YEAR FLOOD PLAIN
GATE
OW-32
OW-9
8"S
OW-4A
SMH-39
MEAD STREET
SMH-31
DMH-32
8"D
12"D
CB-30
SMH-33
INTERCEPTOR
OW-16 (DESTROYED)
EDGE OF WATER (TYPICAL)
48"S
DMH-2
18"D
DMH-1
OW-15 (DESTROYED)
OW-18 (DESTROYED)
OW-22
CBMH
SD-2
LINER
24" CPP FOR SUMP
GS-2R
GS-2 (DESTROYED)
20"D
RECOVERY SYSTEM MANHOLE
RECOVERY SYSTEM DISCHARGE OUTLET
12" INV. 139.30'
2'x3' FLARED OUTLET INV. 138.58'
SD-1
LINER SEAMS (TYP.)
2'x3' FLARED OUTLET INV. 140.02'
CONCRETE WALL
EDGE CAY
PIPE IN RIVER REMOVED REMAINS
GREEN RIVER
SEWER LINE
MANHOLE
SMH-8
SMH
SEWER
0
30
45
60
Scale in Feet
Greenfield Former MGP Site
DEP File #168-186
21E Site #1-0080
DEP Tier 1B Permit #127787
40 Mill Street
Greenfield, MA
Project: GREENFIELD/103040-65
Client: Berkshire Gas
ISH Inc./META
Greenfield Former MGP Site Map
Filename: Greenfield Site Plan
Drawn by: LMO
Approved by: DMM
Date: 10/6/2006

Streamflow Statistics Report

Streamflow Statistics Report

Date: Fri Oct 07 07:33:37 2005
Latitude: 42.5833
Longitude: -72.6035
Measured Basin Characteristics:
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  Stratified Drift Area (square miles): 3.49
  Stream Length (miles): 133.38
  Slope (percent): 8.76
  Region: 1

StatisticEstimated streamflow, ft3/s	90% Prediction interval MinimumMaximum
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85-percent duration flow	15.3	7.24	31.78
80-percent duration flow	18.4	6.83	38.72
75-percent duration flow	23.4	7.11	48.89
70-percent duration flow	28.8	14.0	58.65
60-percent duration flow	41.0	19.9	83.89
50-percent duration flow	58.7	23.1	99107.34
7-day, 2-year low flow	8.02	2.93	21.11
7-day, 10-year low flow	4.38	1.29	13.88
August median flow	15.9	3.74	33.05

U.S. Department of the Interior, U.S. Geological Survey
10 Bearfoot Road
Northborough, MA 01532
(508) 490-5000
  Maintainer: http://ststdmamrl.er.usgs.gov/streamstats/web_page_form.htm