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To GeneralPermits NPDES/R1/USEPA/US@EPA
cc "DeSantes, Stephanie" <stephanie.desantes@shawgrp.com>, "Arbutina, George" <George.Arbutina@shawgrp.com>
bcc
Subject NPDES NOI Form for Former Crosby Valve Site, Wrentham, MA

Enclosed please find a NPDES NOI form for the Former Crosby Valve Site located in Wrentham, MA.

Please provide any comments so I can complete the application and have it signed by the operator. A copy of this form with groundwater and surface water analysis will be faxed to Mr. Mike O'Brien at the Massachusetts EPA. If you have any questions, please call me at the number listed below. Thanks.

Mira T. Jurusz
Senior Process Engineer
Shaw Environmental, Inc
200 Horizon Center
Trenton, NJ 08691

609-588-6398
FAX: 609-588-6403
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http://www.shawgrp.com NPDES General Permit.doc

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:** *Former Crosby Valve, Inc. Site*		**Facility/site** address:		
Location of **facility/site**: longitude: *71° 20' 0"* latitude: *42° 3' 24"*	Facility SIC code(s): *3491*	Street: *43 Kendrick Lane*		
b) Name of **facility/site owner:** *FMC Corporation*		Town: *Wrentham*		
Email address of owner: *james_bodamer@fmc.com*		State: *MA*	Zip: *02093*	County: *Norfolk*
Telephone no. of facility/site **owner**: *(215) 299-6047*				
Fax no. of facility/site **owner**: *(215) 299-6947*		**Owner** is (check one): 1. Federal____ 2. State/Tribal_____ 3. Private__*X*____ 4. other, if so, describe:		
Address of **owner** (if different from site):				
Street: *1735 Market Street*				
Town: *Philadelphia*	State: *PA*	Zip: *19103*	County: *Philadelphia*	
c) Legal name of **operator**: *Shaw Environmental, Inc.*	**Operator** telephone no: *(609) 584-8900*			
	Operator fax no.: *(609) 588-6403*		**Operator** email: *jeffrey.gage@shawgrp.com*	
Operator contact name and title: *Jeffrey S. Gage, Superintendent*				
Address of **operator** (if different from owner):	Street: *200 Horizon Center Blvd*			
Town: *Trenton*	State: *NJ*	Zip: *08691*	County: *Mercer*	

d) Check "yes" or "no" for the following:
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes___ No_*X*__, if "yes," number:
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_*X*__ No___
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:	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:

2. permit or license # assigned: ***MDEP Site No. 4 -14577*** 3. state agency contact information: name, location, and telephone number: ***Bob Kubit, MDEP, (508) 767-2854*** ***Paul Hogan, MDEP, (617) 918-1295***	3. individual NPDES permit? Y_***X***__ N___, if Y, number: ***MAG 250431*** 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: ***Surface water from the two on-site ponds, precipitation collected in these areas, run-on from adjacent areas, cleaning fluids, turbid waters removed from two ponds during final stages of initial decanting and water generated during dewatering of excavated materials will be collected in an Equalization Tank to facilitate suspended solids settlement, then pumped through bag filters to remove small particles and carbon filters to remove volatile organic compounds prior to discharge.***

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___***0.167 ft^3/sec (max)***_____ Average flow_***0.111 ft^3/sec (average)***_____ 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.
3) Latitude and longitude of each discharge within 100 feet: pt.1:long. _***71° 20' 0"***_ lat._***42° 3' 24"***_; 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):		5) Is the discharge intermittent__***X***____or seasonal_____? Is discharge ongoing Yes____ No_____?

c) Expected dates of discharge (mm/dd/yy): start___***September 26, 2005***_____ end___***October 23, 2005***_____

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 *X*	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

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 minimum)	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		X								
2. Total Residual Chlorine	X									
3. Total Petroleum Hydrocarbons		X								
4. Cyanide	X									
5. Benzene	X									
6. Toluene	X									
7. Ethylbenzene	X									
8. (m,p,o) Xylenes	X									
9. Total BTEX[1]										

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

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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)
	X									
10. Ethylene Dibromide [2] (1,2- Dibromo-methane)	X									
11. Methyl-tert-Butyl Ether (MtBE)	X									
12. tert-Butyl Alcohol (TBA)	X									
13. tert-Amyl Methyl Ether (TAME)	X									
14. Naphthalene	X									
15. Carbon Tetra-chloride	X									
16. 1,4 Dichlorobenzene	X									
17. 1,2 Dichlorobenzene	X									
18. 1,3 Dichlorobenzene	X									
19. 1,1 Dichloroethane		X								
20. 1,2 Dichloroethane	X									
21. 1,1 Dichloroethylene		X								
22. cis-1,2 Dichloro-ethylene		X								
23. Dichloromethane (Methylene Chloride)	X									

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

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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)
24. Tetrachloroethylene		X								
25. 1,1,1 Trichloroethane		X								
26. 1,1,2 Trichloroethane	X									
27. Trichloroethylene		X								
28. Vinyl Chloride		X								
29. Acetone		X								
30. 1,4 Dioxane	X									
31. Total Phenols	X									
32. Pentachlorophenol	X									
33. Total Phthalates [3] (Phthalate esthers)	X									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	X									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	X									
a. Benzo(a) Anthracene	X									
b. Benzo(a) Pyrene	X									
c. Benzo(b)Fluoranthene	X									
d. Benzo(k) Fluoranthene	X									

[3] The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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)
e. Chrysene	X									
f. Dibenzo(a,h) anthracene	X									
g. Indeno(1,2,3-cd) Pyrene	X									
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	X									
h. Acenaphthene	X									
i. Acenaphthylene	X									
j. Anthracene	X									
k. Benzo(ghi) Perylene	X									
l. Fluoranthene	X									
m. Fluorene	X									
n. Naphthalene-	X									
o. Phenanthrene	X									
p. Pyrene	X									
37. Total Polychlorinated Biphenyls (PCBs)	X									
38. Antimony	X									
39. Arsenic	X									
40. Cadmium	X									
41. Chromium III	X									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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)
43. Copper	X									
44. Lead	X									
45. Mercury	X									
46. Nickel	X									
47. Selenium	X									
48. Silver	X									
49. Zinc	X									
50. Iron	X									
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_***X***___	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 ***X***	Bag filter	GAC filter ***X***
	Chlorination	Dechlorination	Other (please describe): ***Bag filters for suspended solids removal***			
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 ***50 gpm*** Maximum flow rate of treatment system ***75 gpm*** Design flow rate of treatment system ***75 gpm***						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): None						

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

a) Identify the discharge pathway:	Direct____	Within facility__	Storm drain____	River/brook____	Wetlands__***X***__	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:						
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_____,						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water_____cfs Please attach any calculation sheets used to support stream flow and dilution calculations.						
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes____ No____ If yes, for which pollutant(s)? Is there a TMDL? Yes____ No____ If yes, for which pollutant(s)?						

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 ? Yes___ No_*X*__ or is consultation underway? Yes ____ No____
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_____

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: ***Former Crosby Valve, Inc.***

Operator signature:

Title:

Date: