DC MA 9/01/07

Some Prans not tested.

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:** Kendall Square Garage			**Facility/site address:** 350 Kendall St. (formerly 364 Third St.)	
Location of **facility/site:** longitude: 31, 95,10 latitude: 29, 52,42	Facility SIC code(s): N/A		Street: 350 Kendall Street	
b) Name of **facility/site owner:** Kendall Square, LLC			Town: Cambridge	
Email address of owner: ewalsh@lymeproperties.com			State: MA	Zip: 02142 / County: Middlesex
Telephone no.of facility/site **owner:** 617-225-0909				
Fax no. of facility/site **owner:** 617-228-2133			**Owner** is (check one): 1. Federal___ 2. State/Tribal___ 3. Private ✔ 4. other, if so, describe:	
Address of **owner** (if different from site):				
Street: 101 Main Street, 18th Floor				
Town: Cambridge	State: MA	Zip: 02142	County: Middlesex	
c) Legal name of **operator:** The RETEC Group, Inc.	**Operator** telephone no: 978-371-1422			
	Operator fax no.: 978-371-1448		**Operator** email: jgreacen@retec.com	
Operator contact name and title: James R. Greacen, Project Manager				
Address of **operator** (if different from owner):	Street: 300 Baker Avenue, Suite 302			
Town: Concord	State: MA	Zip: 01742	County: Middlesex	

d) Check "yes" or "no" for the following:
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ✔ No___, if "yes," number: 99-104
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ✔ No___, if "yes," date and tracking #: See Attachment 1
3. Is the discharge a "new discharge"as defined by 40 CFR 122.2? Yes___ No ✔
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes___ No ✔

OCT 11 2005

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes___ No ✔ If "yes," please list: 1. site identification # assigned by the state of NH or MA: 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number:	f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y___ N ✔, if Y, number: 2. phase I or II construction storm water general permit? Y___ N ✔, if Y, number: 3. individual NPDES permit? Y___ N ✔, if Y, number: 4. any other water quality related permit? Y___ N ✔, 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:

Two treatment systems for treating groundwater from subgrade extraction for completed and under construction structures.

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 0.78 Average flow 0.08 Is maximum flow a **design value**? Y ✔ 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. 31,95,10 lat. 29,52,42; 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 NO or seasonal NO ? Is discharge ongoing Yes ✔ No_____?

c) Expected dates of discharge (mm/dd/yy): start 04/01/99 end no end

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	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 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		X	14	grab	Test Kit	100	6000	--	2400	--
3. Total Petroleum Hydrocarbons		X	>20	grab	8100	50	2000	--	315	--
4. Cyanide										
5. Benzene		X	>20	grab	8260B	1.0	120	--	38.8	--
6. Toluene		X	>20	grab	8260B	1.0	31	--	6.2	--
7. Ethylbenzene		X	>20	grab	8260B	1.0	16	--	3.3	--
8. (m,p,o) Xylenes		X	>20	grab	8260B	1.0	23	--	3.3	--
9. Total BTEX[4]		X	>20	grab	8260B	1.0	175	--	50.8	--

[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		X	1	grab	8270C	1.0	2.7	--	2.7	--
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		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane										
26. 1,1,2 Trichloroethane										
27. Trichloroethylene										
28. Vinyl Chloride										
29. Acetone										
30. 1,4 Dioxane										
31. Total Phenols										
32. Pentachlorophenol										
33. Total Phthalates [6] (Phthalate esthers)										
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]										
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	x		1	grab	8270C	1.0	ND	--	ND	--
b. Benzo(a) Pyrene	x		1	grab	8270C	1.0	ND	--	ND	--
c. Benzo(b)Fluoranthene	x		1	grab	8270C	1.0	ND	--	ND	--
d. Benzo(k) Fluoranthene	x		1	grab	8270C	1.0	ND	--	ND	--
e. Chrysene	x		1	grab	8270C	1.0	ND	--	ND	--

ND = not detected

[6] The sum of individual phthalate compounds.

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	X		1	grab	8270C	1.0	ND	--	ND	--
g. Indeno(1,2,3-cd) Pyrene	X		1	grab	8270C	1.0	ND	--	ND	--
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene		X	1	grab	8270C	1.0	6.1	--	6.1	--
i. Acenaphthylene		X	1	grab	8270C	1.0	2.0	--	2.0	--
j. Anthracene		X	1	grab	8270C	1.0	1.9	--	1.9	--
k. Benzo(ghi) Perylene										
l. Fluoranthene		X	1	grab	8270C	1.0	1.2	--	1.2	--
m. Fluorene		X	1	grab	8270C	1.0	15	--	15	--
n. Naphthalene-		X	1	grab	8270C	1.0	2.7	--	2.7	--
o. Phenanthrene		X	1	grab	8270C	1.0	5.5	--	5.5	--
p. Pyrene		X	1	grab	8270C	1.0	1.4	--	1.4	--
37. Total Polychlorinated Biphenyls (PCBs)										
38. Antimony										
39. Arsenic		X	1	grab	6010B	10	20	--	20	--
40. Cadmium	X		1	grab	6010B	5	ND	--	ND	--
41. Chromium TOTAL	X		1	grab	6010B	5	ND	--	ND	--
42. Chromium VI										

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)
43. Copper	X		1	grab	6010B	20	ND	--	ND	--
44. Lead	X		1	grab	6010B	5	ND	--	ND	--
45. Mercury	X									
46. Nickel	X									
47. Selenium	X									
48. Silver	X									
49. Zinc	X		1	grab	6010B	20	ND	--	ND	--
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 ___	If yes, which metals? Arsenic
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: Arsenic DF: 85	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: Figures 3 and 4						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank ✔	Air stripper	Oil/water separator	Equalization tanks	Bag filter	GAC filter ✔
	Chlorination ✔	Dechlorination ✔	Other (please describe): Sand Filter, Liquid Phase GAC			
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_____ Maximum flow rate of treatment system 350 Design flow rate of treatment system _____						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): Chlorine for biological growth inhibitors						

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____	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Treated water discharges to storm drain system which discharges to Broad Canal which enters the Charles River.						
c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: Figures 1 & 2 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 Class B ,						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water N/A 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 ✔
Has any consultation with the federal services been completed ? No ✔ 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_____ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes_____ No_____

* No Adverse Affects Determined

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:

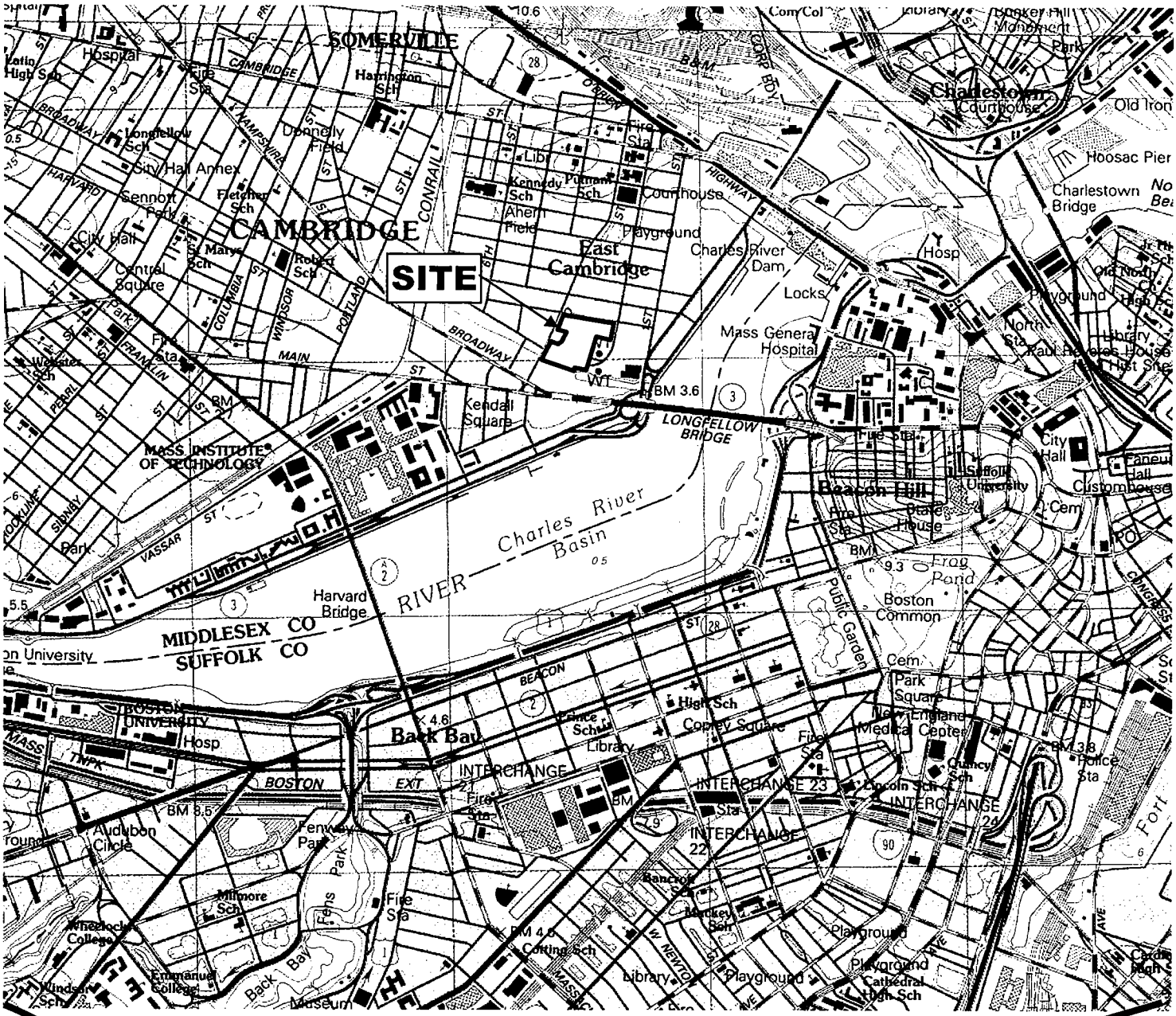
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.

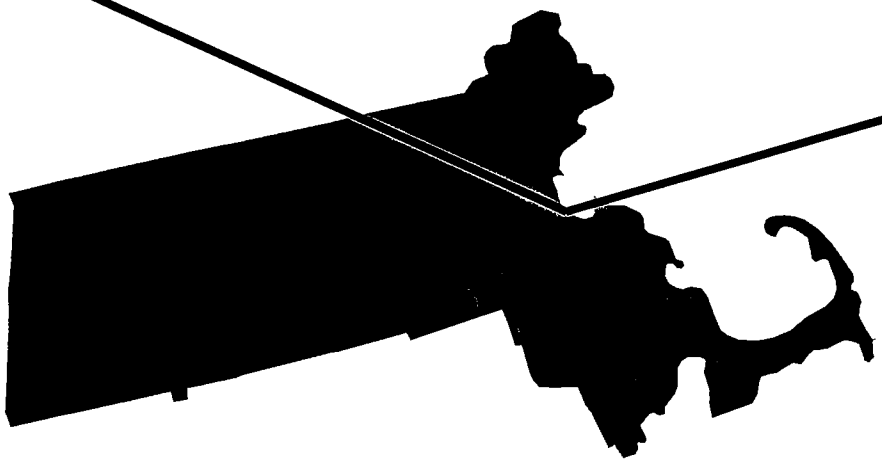
Facility/Site Name: Kendall Square Garage

Operator signature: James R Grace

Title: Project Manager

Date: 10-4-05





SOURCE:
USGS quad map
NOT TO SCALE

RETEC

NOTICE OF INTENT KENDALL SQUARE PROJECT LYME0-16692-300			**SITE LOCATION PLAN**
DATE: 10/03/200	DRWN: BcV	FILE LYME0-16692-SLOC.ppt	**FIGURE: 1**

Attachment 1

COPY

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742

RETEC

(978) 371-1422 Phone
(978) 371-1448 Fax
www.retec.com

March 22, 2002

Ms. Shelly Puleo
Municipal Assistance Unit
CMU
1 Congress Street
Boston, MA 02114

RE: Application for NPDES Permit - Cambridge Research Park
354 Third Street, Cambridge, Massachusetts

Dear Ms. Puleo:

The RETEC Group, Inc. (RETEC) has prepared the enclosed application for a National Pollution Discharge Elimination System (NPDES) permit for the 364 Third Street, Cambridge, MA, site currently known as Kendall Square. This application was prepared on behalf of the property owner, permittee, Kendall Square LLC located at 101 Main Street, 18th Floor, Cambridge, Massachusetts 02142-1519. This was application was originally sent to the EPA, with a copy of the filed with the Massachusetts Department of Environmental Protection (DEP), on November 30, 2000. It has recently come to our attention that the copy sent to the EPA's office may not have been received. Therefore, a revised copy (updated to reflect a change in design flowrate) is enclosed for your review and approval.

Purpose of Discharge

The subject site is an approximately 10-acre parcel located adjacent to Broad Canal in Cambridge, MA. As part of the property development for construction of a mixed-use redevelopement project including below grade parking garage, construction dewatering and groundwater treatment has been required on portions of the property. Treated roundwater effluent has been discharged through a previously existing outfall to Commonwealth surface waters including the Broad Canal and ultimately the Charles River under an approved Permit Exclusion.

Groundwater

Groundwater being recovered during construction contains low levels of organic contaminants including volatile and semi-volatile organic compounds in addition to light sediment loading. These constituents reportedly originated from coal tar and other tar derivatives present in manufactured gas plant operation. At the conclusion of construction activities, groundwater will be pumped from the area of the subgrade structures (underground parking structures) to prevent groundwater intrusion into the structure. This permit application addressees both the construction dewatering phase as well as the long-term maintenance activities.

Dewatering Plan

The treatment plan has been designed around treatment using filtration and adsorption technology. The average flow rate to the system is during construction is approximately 80 gpm resulting from collection of groundwater from excavation soil and leakage through the sheetpiles, tiebacks and basal drainage into the excavation. The system will be expandable to handle a peak flow rate of 350 gpm at the conclusion of construction activities.

Groundwater is recovered from inside the excavation using submersible pumps. The water is pumped to a treatment system located on site. A Process Flow Diagram of the groundwater treatment system is provided with the Form 2D submittal. The construction dewatering and treatment process consists of:

- Collection: (P-01)
  - Gravel sump(s) surrounded by hay bales and other filtration media as necessary to minimize silt loading to the treatment system.
  - Submersible pump(s) capable of 200 gpm.
- Settling: (FR-01 & FR-02)
  - Duplex, 21,000-gallon fractionation tank system.
- Filtration
  - Two bag filter system
- Organic Treatment: (GAC-1 & GAC-2)
  - Pairs of Granular Activated Carbon contactor system with capacity to handle 200 gpm flowrate.
- Flow Recorders:
  - Totalizer/Flowmeter

Following treatment, the groundwater will be discharged to the newly constructed storm sewer catch basins located on the private access road on the southern boundary of the site shown on Figure 1. The storm sewer catch basin is located less than 60 feet from the property boundary and connects to the Broad Canal via a 20-inch diameter metal pipe.

Schedule

The soil excavation and groundwater pumping is expected to last through approximately December 2002.

Applicant Information - Consultant

The RETEC Group, Inc.
300 Baker Ave, Suite 302
Concord, MA 01742

Phone: (978) 371-1422
Fax: (978) 371-1448

Contact: Mr. James Greacen, Ext. 128
Ms. Laura Kelmar, Ext. 132

If you have any questions regarding this application, please feel free to call.

Sincerely,

The RETEC Group, Inc.

James R. Greacen, LSP
Senior Project Manager

Laura A. Kelmar, PE
Compliance Program Manager

LK:mvc

Attachments

cc: R. Rice, EPA On-Scene Coordinator
J. Downing, EPA-MASS Permits

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F M P 6 1 7 2 2 5 0 9 0 0 (F/AFC) D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a discharge to waters of the U.S.? (FORM 2A)		XX		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		XX	
C. Is this a facility which currently results in **discharges** to waters of the U.S. other than those described in A or B above? (FORM 2C)		XX		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to waters of the U.S.? (FORM 2D)	X		X
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP K E N D A L L S Q U A R E

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 W A L S H E D W A R D	6 1 7 2 2 5 0 9 0 9

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 1 0 1 M A I N S T R E E T 1 8 t h F L O O R			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
4 C A M B R I D G E	M A	0 2 1 4 2	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 3 6 4 T H I R D S T R E E T			
B. COUNTY NAME			
M I D D L E S E X			
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE** *(if known)*
6 C A M B R I D G E	M A	0 2 1 4 2	

CONTINUE ON REVERSE

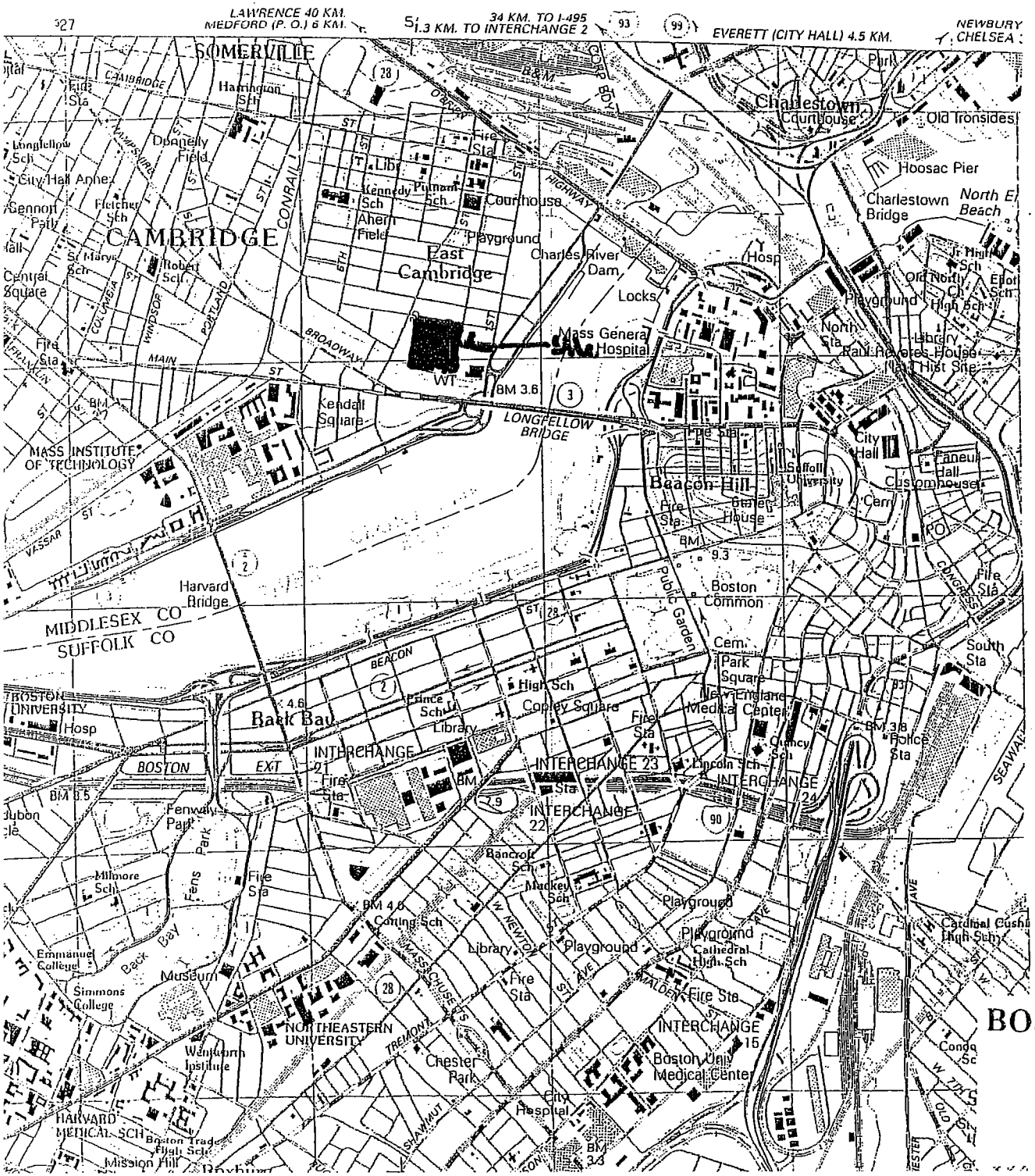


Figure 1

Cambridge Research Park Location Map

SCALE 1:25 000

1 CENTIMETER ON THE MAP REPRESENTS 250 METERS ON THE GROUND

CONTOUR INTERVAL 3 METERS

BOSTON SOUTH, MASSACHUSETTS

42071-C1-TM-025

1987

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)*: MP6172250900

Form 2D NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	29	52	42	31	95	10	Broad Canal

II. Discharge Date *(When do you expect to begin discharging?)*

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
001	Groundwater from [redacted] LAK subgrade groundwater extraction for completed structures	350 gpm	1-U, 2-A

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* MP6172250900	Outfall Number

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Benzene	1,800 ug/L	1,800 ug/L	groundwater
Ethylbenzene	2.12 ug/L	2.12 ug/L	Groundwater
Toluene	0.38 ug/L	0.38 ug/L	Groundwater
Acenaphthene	32.54ug/L	32.54ug/L	Groundwater
Acenaphthylene	1.26 ug/L	1.26 ug/L	Groundwater
Anthracene	1.84 ug/L	1.84 ug/L	Groundwater
Phenanthrene	7.3 ug/L	7.3 ug/L	Groundwater
Fluorene	9.02 ug/L	9.02 ug/L	Groundwater
Naphthalene	10.02 ug/L	10.02 ug/L	Groundwater

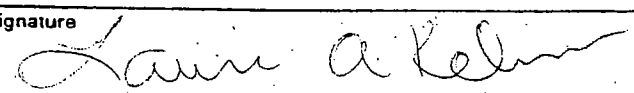
EPA ID Number *(copy from item one of Form 1)*
MP6172250900

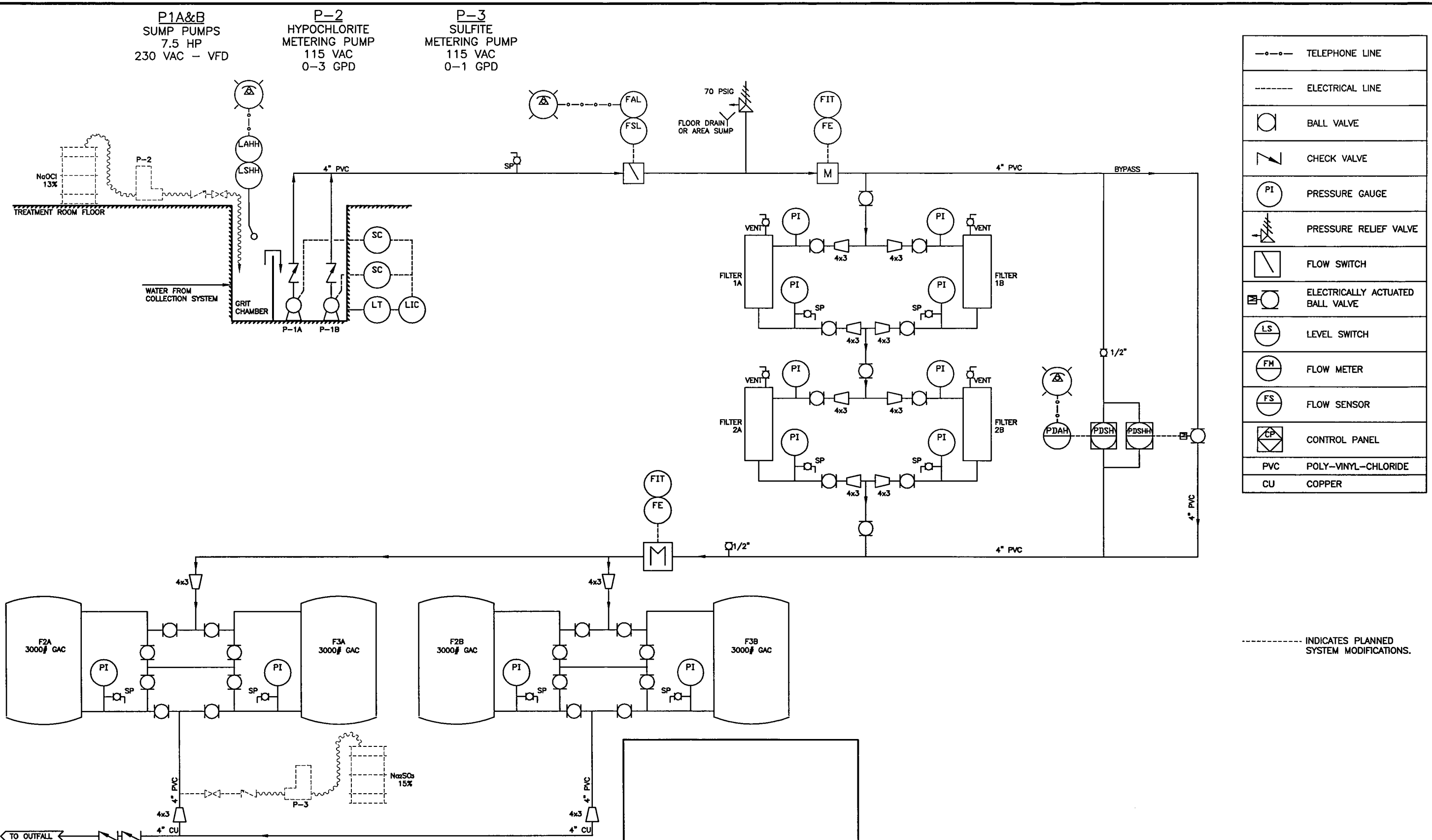
VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

VIII. 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name and Official Title *(type or print)*	B. Phone No.
Laura A. Kelmar, Compliance Program Manager	978-371-1422
C. Signature 	D. Date Signed 3/22/02



RETEC

NOTICE OF INTENT
KENDALL SQUARE PROJECT
LYME0-16692-300

DATE: 10/03/05 | DRWN: BcV/CON

GROUNDWATER TREATMENT SYSTEM FLOW DIAGRAM

FIGURE 3

LINSKY WAY (FORMERLY MUNROE ST.)

GRAN. CURB

Parcel A

KENDALL ST. WEST

Open Space 3

KENDALL ST. EAST

Parcel B

SECOND STREET

ATHENAEUM STREET EXTENSION
(PRIVATE-50.00 WIDE)

Parcel C

Open Space 1

KENDALL ST.

Parcel D

POTTER ST.

KENDALL ST.

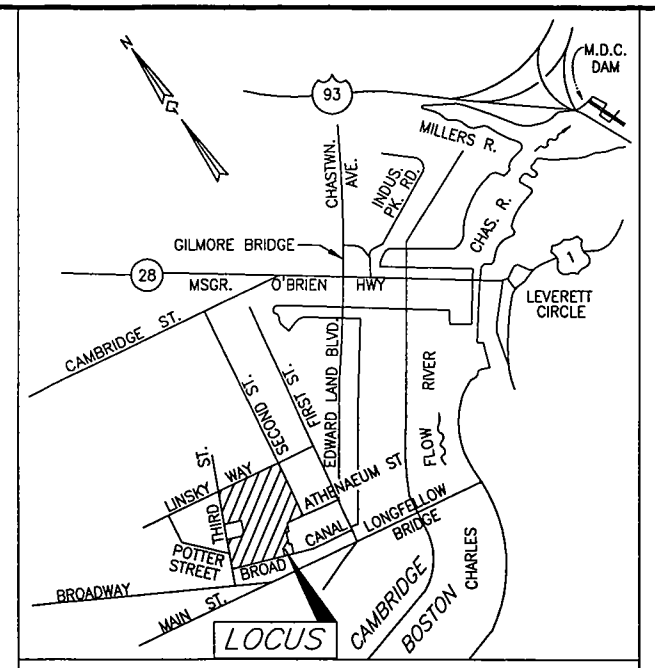
Mirant-Kendall Electric Generating Station

Kendal Square Parking Garage

THIRD

OUTFALL

BROAD CANAL



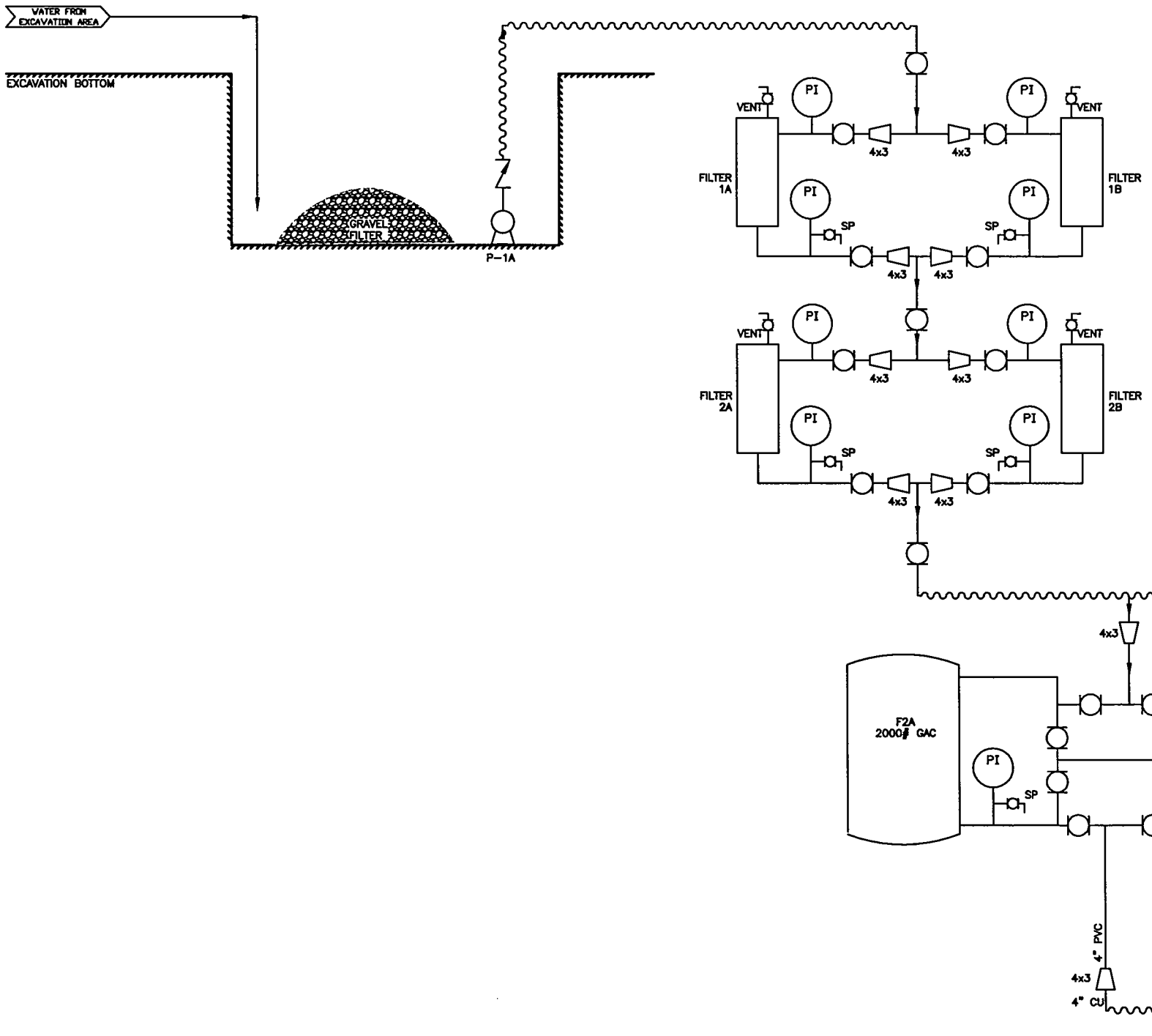
LOCUS MAP
NOT TO SCALE

RETEC

NOTICE OF INTENT KENDALL SQUARE PROJECT LYME0-16692-300			LOCATION OF THE PHASE I PARKING GARAGE, PARCEL B, AND THE STORMWATER OUTFALL
DATE: 10/03/05	DRWN: BcV/CON		FIGURE 2

File: F:\PROJECTS\LYME\16692\CADD\LYME0-16692-CON-C001.dwg Layout: RWOS-LIMIT User: BVershon Plotted: Oct 03, 2005 - 1:36pm Xref's:

P1
SUMP PUMP
7.5 HP
230 VAC

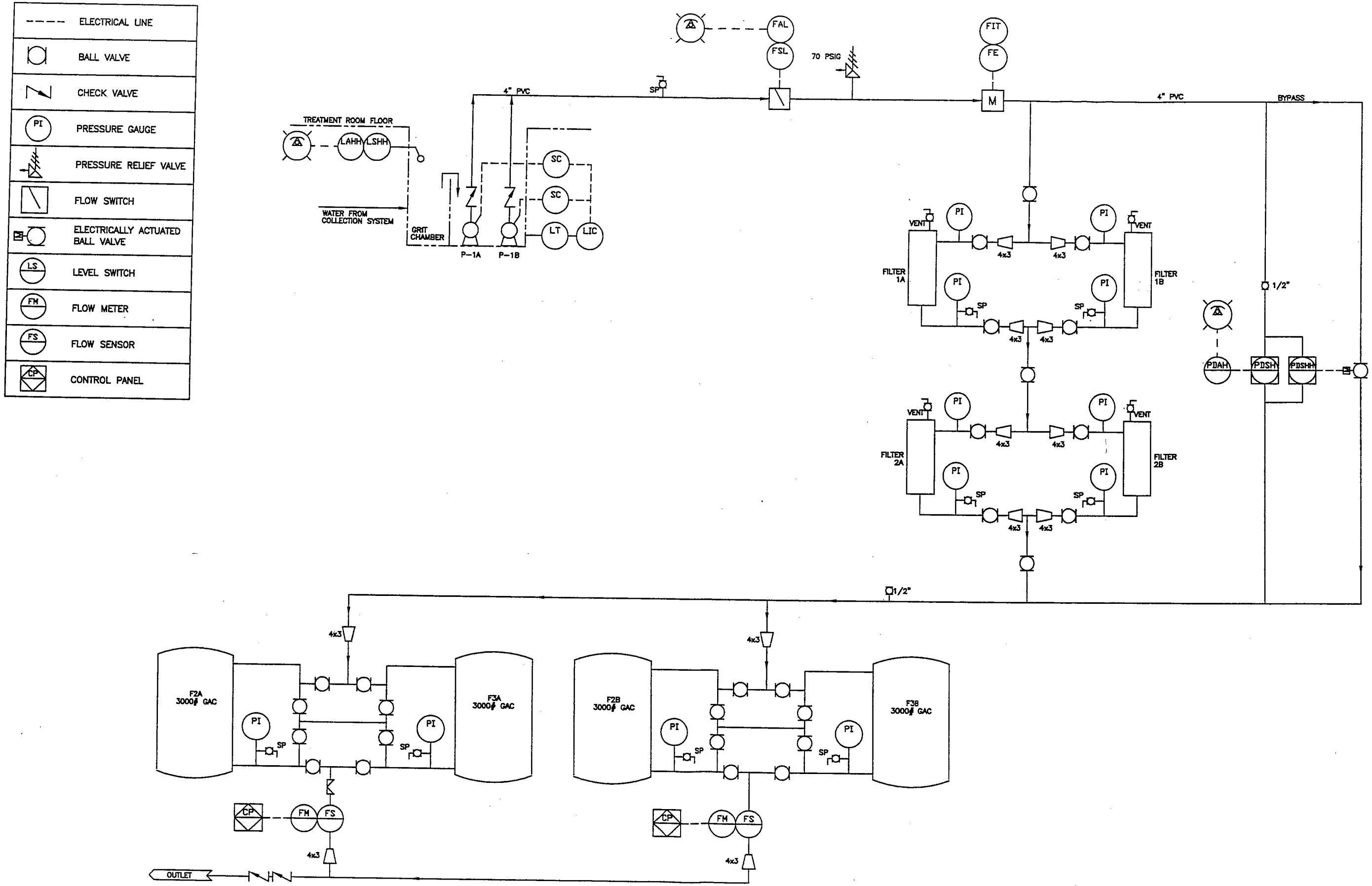


—o—o—	TELEPHONE LINE
-------	ELECTRICAL LINE
~~	FLEXIBLE HOSE
	BALL VALVE
	CHECK VALVE
PI	PRESSURE GAUGE
	PRESSURE RELIEF VALVE
	FLOW SWITCH
EM	ELECTRICALLY ACTUATED BALL VALVE
LS	LEVEL SWITCH
FM	FLOW METER
FS	FLOW SENSOR
CP	CONTROL PANEL
PVC	POLY-VINYL-CHLORIDE
CU	COPPER

RETEC

NOTICE OF INTENT KENDALL SQUARE PROJECT LYME0-16692-300		**CONSTRUCTION WATER TREATMENT SYSTEM FLOW DIAGRAM**
DATE: 10/03/05	DRWN: BcV/CON	**FIGURE 4**

FILE: P:\PROJECTS\LYME\16692\CADD\LYMEO-16692-CON-P002.DWG LAYOUT: LAYOUT1 USER: BVERSHON PLOTTED: OCT 05, 2005 - 2:20PM XREF'S:



ThermoRetec

LYME PROPERTIES PARKING GARAGE KENDALL SQUARE, CAMBRIDGE LYME0-15286-100		**GROUNDWATER TREATMENT SYSTEM FLOW DIAGRAM**
DATE: 3/23/01	DRWN: RCW	FILE: 15286P01

FIGURE

P-1A/B
CENTRIFUGAL PUMP
100 GPM
10-HP, 3ø
60 Hz

F-01
SAND FILTER
SIZE/CAPACITY

F-03A/B & F-04A/B
LIQUID PHASE
GRANULAR ACTIVATED CARBON
1,500 LBS.
MAX PSIG 15

BACKWASH WATER SUPPLY

FOUNDATION DRAINAGE

AUTO BACKWASH CONTROLS

LC
LT
LE
ZI
MC
HSS
SC
OCR
HOA
ISH
PSHH
CR
PDAH
PDSH
PI
M

F-01

F-03A

F-04A

F-03B

F-04B

FQI

TO DISCHARGE

P-1A

P-1B

SUMP

NO	DRWN	DATE	REVISION	CHKD	DATE	APPVD	DATE
5							
4							
3							
2							
1							
0							

ThermoRetec

CAMBRIDGE RESEARCH PARK
LYME PROPERTIES, LLC
LYME0-15408-100

BUILDING B
FOUNDATION WATER DRAINAGE
TREATMENT SYSTEM
PIPING AND INSTRUMENTATION DIAGRAM

CURRENT DATE	6/29/01	CADD FILE	15408BLDG-B	DRAWING NO.	FIGURE 1	REVISION