DC MA6/10/02

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: New Age Auto		Facility/site address: 34 Railroad Avenue		
Location of facility/site: longitude:_____ latitude:_____ -70.928544 42.527168	Facility SIC code(s):	Street: 34 Railroad Avenue		
b) Name of facility/site owner: Emilien J. verrette, Jr.		Town: Peabody		
Email address of owner:		State: Ma	Zip: 01960	County: Essex
Telephone no.of facility/site owner: (978) 283-3558		Owner is (check one): 1. Federal____ 2. State/Tribal____ 3. Private ✓ 4. other, if so, describe:		
Fax no. of facility/site owner:				
Address of owner (if different from site):				
Street: 519 Washington Street				
Town: Gloucester	State: Ma	Zip: 01930	County: Essex	
c) Legal name of operator: REW Environmental Consultants, Inc.		Operator telephone no: (978) 777-2055		
		Operator fax no.: (978) 777-6363	Operator email: rewenv@msn.com	
Operator contact name and title: Richard Warren, LSP				

Address of operator (if different from owner):	Street: 500 maple Street		
Town: Danvers	State: Ma	Zip: 01923	County: Essex

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:
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes___ No ✓, if "yes," date and tracking #:
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___

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:

Excavation of remedial Soils from the former location of an underground fuel oil tank will require the pumping of groundwater in order to enable site contractor's to "excavate in the dry." During excavation groundwater encountered will be pumped into an on-site , frac-tank. Accumulated water will then be pumped through 10 micron filter bags prior to carbon treatment. After bag filtration, water will be treated using activated carbon from a 500-pound carbon vessel. water will then be discharged into the Remedy Implementation Plan Area.

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, ft^3/s)? Max. flow 0.16 Average flow 0.23 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. Average flow is cubic feet per second. This is a design Value

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 70°38'44" lat. 42°32'16"; 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 ✓ or seasonal ____? Is discharge ongoing Yes ____ No ✓ ?
c) Expected dates of discharge (mm/dd/yy): start 11/02/05 end 11/03/05	
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 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										
2. Total Residual Chlorine										
3. Total Petroleum Hydrocarbons		✓	1	grab	MADEP EPH MADEP VPH	<100ugl	3830			
4. Cyanide										
5. Benzene	✓		1	grab		<5 ug/l				
6. Toluene	✓		1	grab		<5 ug/l				
7. Ethylbenzene	✓		1	grab		<5 ug/l				
8. (m,p,o) Xylenes	✓		1	grab		<5 ug/l				
9. Total BTEX[4]	✓		1	grab		<5 ug/l				

[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 (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	grab	MADEP VPH	<5 ug/l				
12. tert-Butyl Alcohol (TBA)										
13. tert-Amyl Methyl Ether (TAME)										
14. Naphthalene	✓		1	grab	MADEP EPH MADEP VPH	<10 ug/				
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										

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)
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 [5] (Phthalate esthers)										
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]										
35. Total Group 1 Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✓		1	grab	MADEP EPH					
b. Benzo(a) Pyrene	✓		1	grab						
c. Benzo(b)Fluoranthene	✓		1	grab						
d. Benzo(k) Fluoranthene	✓		1	grab						
e. Chrysene	✓		1	grab						

[5] 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		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	grag	MADEP EPH					
g. Indeno(1,2,3-cd) Pyrene	✓		1	grab						
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene	✓		1	grab						
i. Acenaphthylene	✓		1	grab						
j. Anthracene	✓		1	grab						
k. Benzo(ghi) Perylene	✓		1	grab						
l. Fluoranthene	✓		1	grab						
m. Fluorene	✓		1	grab						
n. Naphthalene-	✓		1	grab						
o. Phenanthrene	✓		1	grab						
p. Pyrene	✓		1	grab						
37. Total Polychlorinated Biphenyls (PCBs)										
38. Antimony										
39. Arsenic										
40. Cadmium										
41. Chromium III										
42. Chromium VI										

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										
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:

The treatment system will include; a 10, 000 gallon capacity Frac-Tank for tempoeray storage and settling chamber, a contractors pump designed for a flow rate of at least 5 gpm at 50 feet of head, a 10 micron or less bag filter system, and a 500 pound carbon vessel Remedial water will be pumped from a sump created in the excavation area to the Frac-Tank for temporary storage. After allowing the settlement of fines, water will be pumped through the bag filters. The water will then flow through the carbon vessel for treatment. After treatment, remedial water will be discharged to proctor Brook.

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):			

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 10 gpm Maximum flow rate of treatment system 20gpm Design flow rate of treatment system 10gpm

d) A description of chemical additives being used or planned to be used (attach MSDS sheets):

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:

After treatment, remedial water will be discharged through a two-inch hose directly into Proctor Brook.

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 B

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 52 cfs
Please attach any calculation sheets used to support stream flow and dilution calculations.

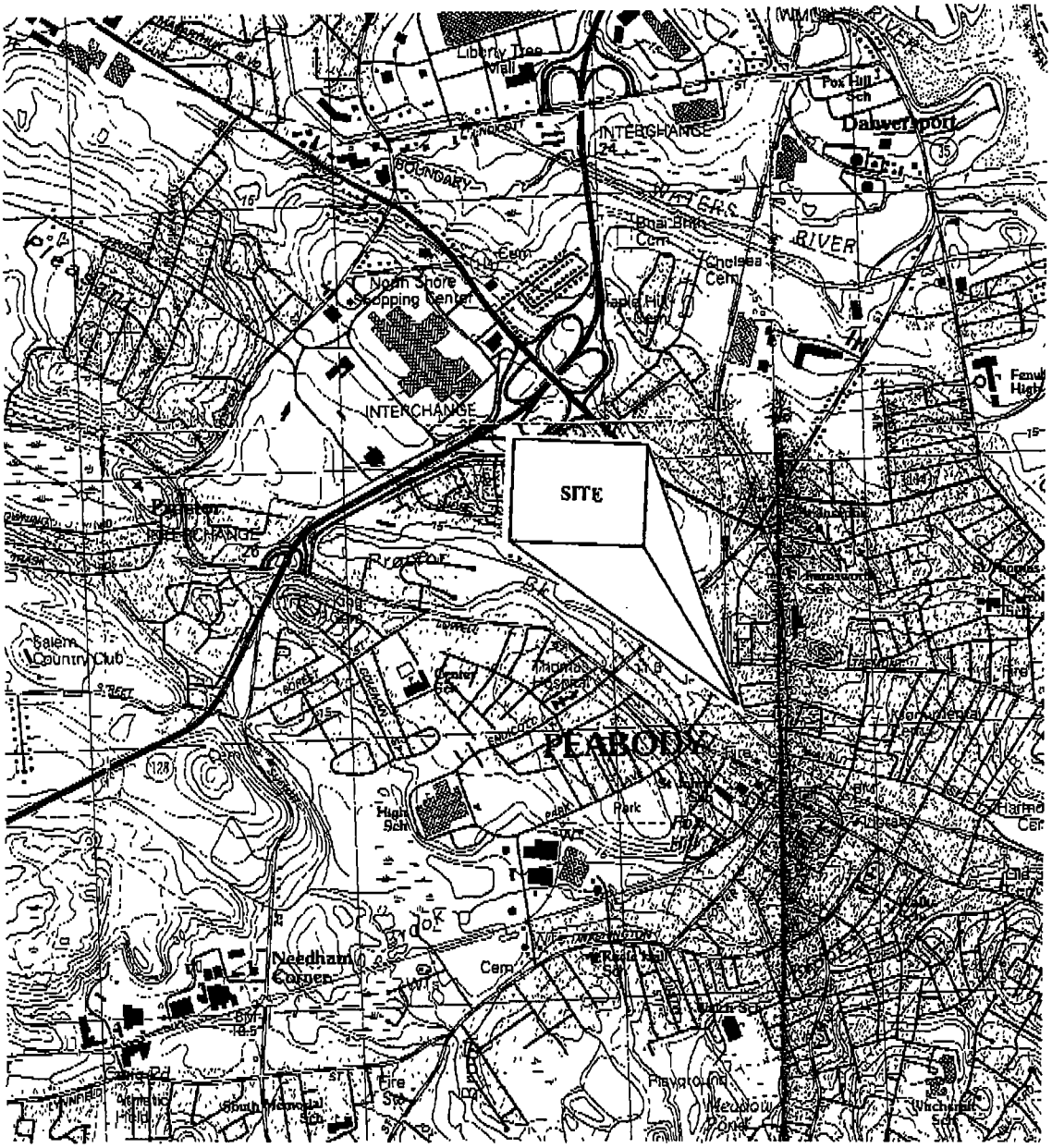
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes____ No✓ If yes, for which pollutant(s)?

Is there a TMDL? Yes✓ No____ If yes, for which pollutant(s)?
Nutrients, Siltation, Pathogens,other Habitat Alterations, Cause Unkn

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✓_____

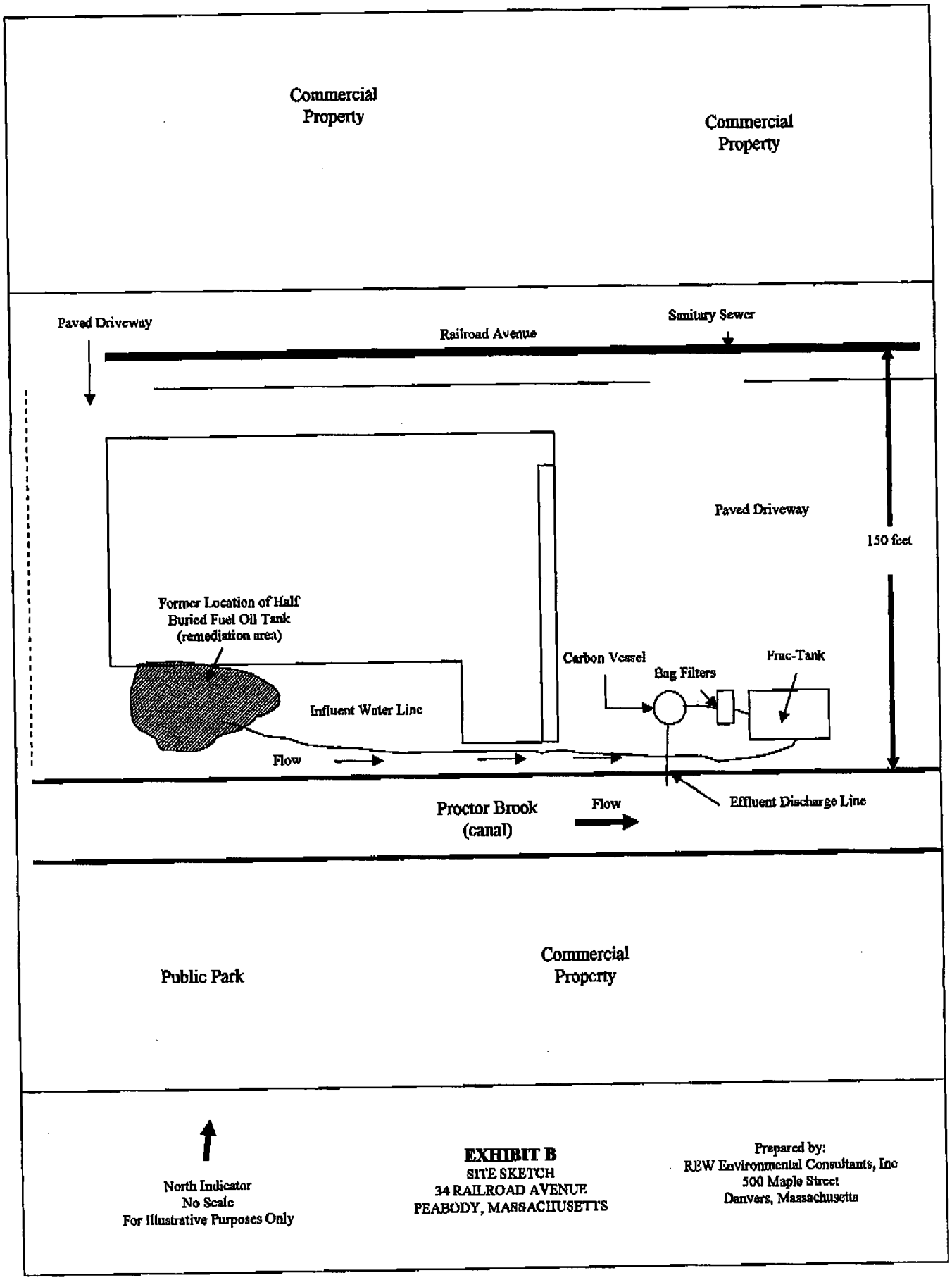


North Indicator
No Scale
For Illustrative Use Only
Reproduction Scale
±5%

EXHIBIT A
SITE LOCUS
34 RAILROAD AVENUE
PEABODY, MASSACHUSETTS

Base Map
USGS
Salem Quadrangle (1985)

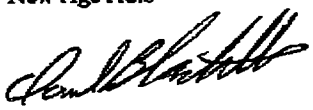
Prepared by:
REW Environmental Consultants, Inc.
Danvers, Massachusetts


Commercial Property
Commercial Property
Paved Driveway
Railroad Avenue
Sanitary Sewer
Paved Driveway
150 feet
Former Location of Half Buried Fuel Oil Tank (remediation area)
Carbon Vessel
Bag Filters
Frac-Tank
Influent Water Line
Flow
Proctor Brook (canal)
Flow
Effluent Discharge Line
Public Park
Commercial Property
North Indicator
No Scale
For Illustrative Purposes Only
EXHIBIT B
SITE SKETCH
34 RAILROAD AVENUE
PEABODY, MASSACHUSETTS
Prepared by:
REW Environmental Consultants, Inc
500 Maple Street
Danvers, Massachusetts

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: New Age Auto

Operator signature: 

Title: Environmental Analyst

Date: 10/19/05

SEVERN TRENT STL

STL Westfield
53 Southampton Road
Westfield, MA 01085

Tel: 413 572 4000 Fax: 413 572 3707
www.stl-inc.com

Dan Blanchette
REW Environmental
500 Maple Street
Danvers, MA 01923

06/30/2005

Report Number: 226846

Dear Dan Blanchette,

The analysis of your sample(s) submitted on 06/24/2005 is now complete and the appropriate analytical report is enclosed. The samples were prepared and analyzed according to established methodologies and protocols. All holding times were met for the methods performed on these samples, unless otherwise noted in the report's case narrative.

If you have any questions regarding this report, please contact your Project Manager, Rebecca C. Mason.

For questions, concerns or comments regarding our service, please do not hesitate to contact me directly. Thank you for selecting STL Westfield, and we look forward to working with you on future projects.

Steven C. Hartmann
Laboratory Director
STL WESTFIELD

Technical Review: SH 7.1.05

Total number of pages in this report: 36

LABORATORY TEST RESULTS

Date: 06/30/2005

Job Number: 226846

CUSTOMER: REW Environmental

PROJECT: 34 RR AVE

ATTN: Dan Blanchette

Customer Sample ID: MW-2
Date Sampled.....: 06/23/2005
Time Sampled.....: 12:00
Sample Matrix.....: Water

Laboratory Sample ID: 226846-1
Date Received.....: 06/24/2005
Time Received.....: 21:10

TEST METHOD	PARAMETER/TEST DESCRIPTION	SAMPLE RESULT	Q	REPORTING LIMIT	UNITS	DATE	TECH
MADEP EPH	Semivolatile Organics						
	Acenaphthene	ND	U	10	ug/L	06/29/05	fwd
	Acenaphthylene	ND	U	10	ug/L	06/29/05	fwd
	Anthracene	ND	U	10	ug/L	06/29/05	fwd
	Benzo(a)anthracene	ND	U	10	ug/L	06/29/05	fwd
	Benzo(a)pyrene	ND	U	10	ug/L	06/29/05	fwd
	Benzo(b)fluoranthene	ND	U	10	ug/L	06/29/05	fwd
	Benzo(ghi)perylene	ND	U	10	ug/L	06/29/05	fwd
	Benzo(k)fluoranthene	ND	U	10	ug/L	06/29/05	fwd
	Chrysene	ND	U	10	ug/L	06/29/05	fwd
	Dibenzo(a,h)anthracene	ND	U	10	ug/L	06/29/05	fwd
	Fluoranthene	ND	U	10	ug/L	06/29/05	fwd
	Fluorene	ND	U	10	ug/L	06/29/05	fwd
	Indeno(1,2,3-cd)pyrene	ND	U	10	ug/L	06/29/05	fwd
	2-Methylnaphthalene	ND	U	10	ug/L	06/29/05	fwd
	Naphthalene	ND	U	10	ug/L	06/29/05	fwd
	Phenanthrene	ND	U	10	ug/L	06/29/05	fwd
	Pyrene	ND	U	10	ug/L	06/29/05	fwd
	C9-C18 Aliphatics	420		100	ug/L	06/29/05	fwd
	C11-C22 Aromatics	510		100	ug/L	06/29/05	fwd
	C19-C36 Aliphatics	2900		100	ug/L	06/29/05	fwd
	Unadjusted C11-C22 Aromatics	510		100	ug/L	06/29/05	fwd
	EPH Concentration (Total)	3800					
MADEP VPH	Volatile Organics						
	Benzene (C5-C8)	ND	U	5.0	ug/L	06/28/05	saz
	Ethylbenzene (C9-C12)	ND	U	5.0	ug/L	06/28/05	saz
	Methyl-t-butyl ether (C5-C8)	ND	U	5.0	ug/L	06/28/05	saz
	Naphthalene	ND	U	10	ug/L	06/28/05	saz
	Toluene (C5-C8)	ND	U	5.0	ug/L	06/28/05	saz
	m&p-Xylenes	ND	U	5.0	ug/L	06/28/05	saz
	o-Xylene	ND	U	5.0	ug/L	06/28/05	saz
	Xylene (total) (C9-C12)	ND	U	50	ug/L	06/28/05	saz
	C5-C8 Aliphatics	ND	U	50	ug/L	06/28/05	saz
	C9-C10 Aromatics	ND	U	50	ug/L	06/28/05	saz
	C9-C12 Aliphatics	ND	U	50	ug/L	06/28/05	saz
	Unadjusted C5-C8 Aliphatics	ND	U	50	ug/L	06/28/05	saz
	Unadjusted C9-C12 Aliphatics	ND	U	50	ug/L	06/28/05	saz
	VPH Concentration (Total)	ND	U	50	ug/L	06/28/05	saz

* In Description = Dry Wgt.

SEVERN TRENT STL

MADEP MA014
RIDOH57
CTDPH 0484
VT DECWSD
NH DES 253903-A

NELAP FL E87912 TOX
NELAP NJ MA008 TOX
NELAP NY 10843
NY DOH 10843

STL Westfield
53 Southampton Rd.
Westfield, MA 01085
Tel: (413) 572-4000
Fax: (413) 572-3707

STL Billerica-Service Center
148 Rangeway Rd.
N. Billerica, MA 01862
Tel: (978) 667-1400
Fax: (978) 667-7871

evern Trent Laboratories, Inc.

hain of Custody Form

SEVERN TRENT **STL** 09504

•53 Southampton Road
Westfield, MA 01085
(P) 413-572-4000
(F) 413-572-3707
STL-WESTFIELD

•149 Rangeway Road
N. Billerica, MA 01862
(P) 978-667-1400
(F) 978-667-7871
STL-BILLERICA

Job# 22087.6 | Quote# | PO#

Client: REW Environmental
Address: 500 Maple St.
Dover, MA. 02123
Phone: 978-777-2244 Fax: 978-777-6363

Project #: 34 RR Ave
Project Manager: Don Blanchette
Work ID:
Contact: Don Blanchette

Shaded areas for office use

Analysis Requested
Check analysis and specify method and analytes in comments section.
For example:
500-series for drinking water
600-series for waste water
8000-series for haz/solid waste
Use comments section to further define.

Comments (Special Instructions)

Please Include PAH + BTEX

Requested Turn Around Time
) Business Day (Std) ____
5 Business Day ____
ther ____
Rush TAT Requested:
24 hrs ____ 72 hrs ____
48 hrs ____ 5 Day X

Regulatory Classification
NPDES ____ Drinking Water ____
RCRA ____ MCP GW1/S1 ____
Other ____

Special Report Format
DEP Form(s) ____
MWRA Smart Rpt ____
MCP QA/QC Rpt X

ample Type Codes
/W-Wastewater DW-Drinking water SW-Surfacewater
W-Labwater GW-Groundwater A-Air
-Solid / Soil SL-Sludge O-Oil Z-Other

Sample ID	Sample Type	Sampler's Initials	Date Time Collected	Grab	Comp.	# Containers	Plastic(P) or Glass(G)	Preservative: NaHSO4/MeOH	HNO3 to pH <2	H2SO4 to pH <2	HCl to pH <2	NaOH to pH >12	Na2S2O3	None (4° C)	624 / 624	Volatiles 8260 / 8021	Semivoa 625	Semivoa 8270	PCB / Pesticides	EPH / VPH	DRO / GRO	Metals 6010 / 200.7	General Chemistry	Bacteriological	Toxicity	Oil & Grease / TOC	Other
mw-2	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-3	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-4	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-5	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-6	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-7	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-8	GW	DB	6.23.05	-	-	3	G				X			X						X							
mw-9																							6/24/05 KM			

Signature:

Sampled by (print): Don Blanchette Date: 6.23.05 Time: 4:00pm
Relinquished by: Date: 6-24-05 Time: 11:30
Relinquished by: Date: Time:
Method of shipment: Date: 6/24/05 Time: 21:10

Received by: Date: 6/23/05 Time: 4:00pm
Received by: Date: 6/24/05 Time: 19:40
STL-Westfield KM Date: 6/24/05 Time: 21:10

Cooler ? (Y) / N Samples Iced? (Y) / N
Temp @ receipt: 2.8 °C
Preservation/pH checked
By: KM Date: 6/24/05

White = Lab file Yellow = Report copy Pink = Customer copy

STL8245-360(12/02)

DC
MAG9101188

R.E.W. Environmental Consultants
500 Maple Street
Danvers, MA. 01923
phone: 978-777-2055
fax: 978-777-6363

facsimile transmittal

To:	US EPA	Fax:	617-918-0505
From:	Dan Blanchette	Date:	10/19/2005
Re:	NPDES RGP, 34 Railroad Avenue Peabody, Massachusetts	Pages:	18 inc. Cover

My fax number is 978-777-6363. If you have any questions please give me a call at 978-375-7088.

Thanks a lot
Dan