BATG Environmental

October 24, 2005

Mr. Mike O'Brien
U.S. Environmental Protection Agency
RGP-NOC Processing
Municipal Assistance (CMU)
1 Congress Street
Suite 1100 (OEP-CPE)
Boston, MA 02114-2033
Sent via facsimile (617) 918-0505

Re: Notice of Intent of Remediation General Permit (RGP)
Massachusetts Highway Department Project No. 600906-02
Route 146 Hurley Square Area Improvements
NPDES Exclusion MA#041-016

Dear Mr. O'Brien:

BATG Environmental, Inc. is pleased to present this Notice of Intent of Remediation General Permit (RGP) for NPDES Exclusion Permit Number 041-016. This permit is being requested to support construction-dewatering activities to be conducted on the site for treatment and discharge to the Blackstone River. The Project is being conducted for the Massachusetts Highway Department for roadway reconstruction and related work along the Route 146 Corridor at the Hurley Square Area in Worcester, Massachusetts.

Project Contacts

BATG is the Environmental Consultant/Subcontractor to J.F. White Contracting, the General Contractor. The Massachusetts Highway Department (MHD) is considered the owner of the project. Below is the contact information for each of the entities listed above. All correspondence related to this submittal should be addressed to the parties identified below.

BATG Environmental
448 Broadway
Taunton, MA 02780
Phone: 508-824-7412
Fax: 508-880-7565
Contact: Lewis Conley

J.F. White Contracting Co.
10 Burr Street
Framingham, MA 01701
Phone (508) 879-4700
Fax: (617) 558-0460
Contact: Tim Cullinane

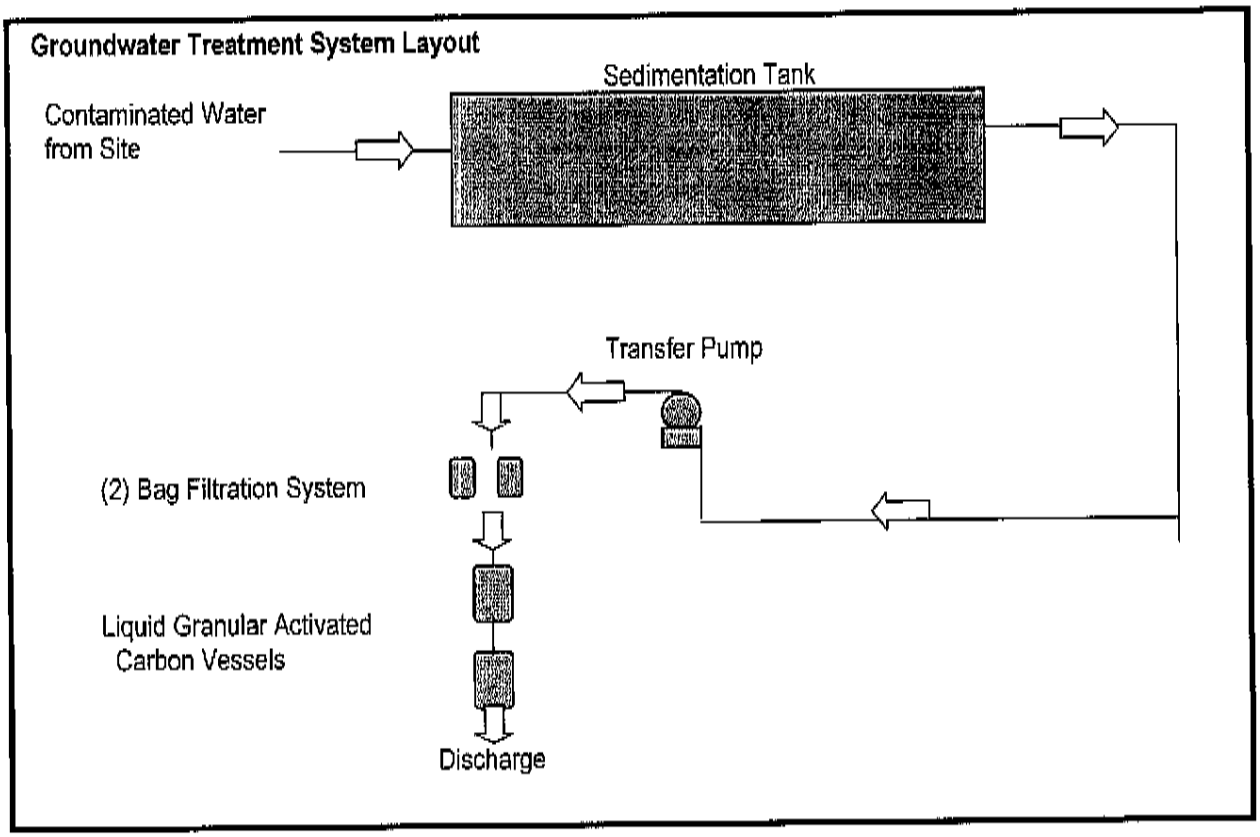
Mass Highway Department
10 Park Plaza
Boston, MA 02110
Phone: (617) 973-7500
Fax: (617) 973-8038
Contact: Pat Trombly

Existing Groundwater Data

The site history and preliminary pre-characterization of soil indicates groundwater is potentially contaminated with total petroleum hydrocarbons, volatile organic compounds (VOCs) and semi-volatile organic compounds (SVOCs). The contaminants of concern are identified in the Notice of Intent form that was created based on available data.

Groundwater Treatment System

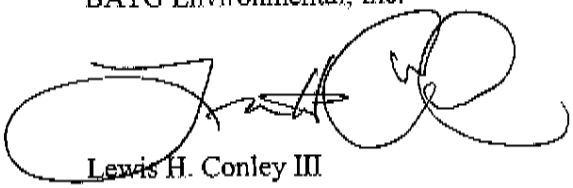
The construction dewatering and treatment system has been designed for a continuous throughput of approximately 75 gallons per minute. The system is designed to treat water contaminated with organic compounds, total suspended solids, and petroleum hydrocarbons. The system consists of two pumps, a sedimentation tank, canister filtration units with bag filters, and two 1,000-pound liquid phase granular activated carbon filters. The first pump will transfer water from the excavation to the sedimentation tank. The second pump will transfer water from the sedimentation tank to the filters and effluent. Below is a schematic of the treatment system process. The effluent pipe from the groundwater treatment system will be suspended in a storm drain that discharges to the Blackstone River not to cause scouring or erosion to the sediment or embankments.



448 Broadway
Taunton, MA 02780

Should you have any questions regarding information please do not hesitate to call me at (508) 824-7412. Please forward all correspondence related to this request to BATG Environmental via fax number 508-880-7565 and the above listed address.

Sincerely,
BATG Environmental, Inc.



Lewis H. Conley III
Vice President

Attachment - Notice of Intent of Remediation General Permit (RGP)

cc: Pat Trombly, MHD
BATG Project File

448 Broadway
Taunton, MA 02780

Attachment

Notice of Intent of Remediation General Permit (RGP)

448 Broadway
Taunton, MA 02780

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**: Route 146 / Hurley Square Improvements		**Facility/site** address: Route 146 Millbury & Ballard Streets		
Location of **facility/site**: longitude: 71.79 latitude: 42.23	Facility SIC code(s):	Street: Route 146 Millbury & Ballard Streets		
b) Name of **facility/site owner:** Massachusetts Highway Department		Town: Worcester		
Email address of owner: Patricia.Trombly@MHD.state.ma.us		State: MA	Zip: 01604	County: Worcester
Telephone no.of **facility/site owner**: (617) 973-7309				
Fax no. of **facility/site owner**: (617) 973-8038		**Owner** is (check one): 1. Federal____ 2. State/Tribal ✔ 3. Private_____ 4. other, if so, describe:		
Address of **owner** (if different from site):				
Street: 10 Park Plaza				
Town: Boston	State: MA	Zip: 02116	County: Suffolk	
c) Legal name of **operator**: BATG Environmental, Inc.	**Operator** telephone no: (508) 824-7412			
	Operator fax no.: (508) 880-7565	**Operator** email: lconley@batgenvironmental.com		
Operator contact name and title: Lewis Conley, Vice President				

Address of **operator (if different from owner):**	Street: 448 Broadway		
Town: Taunton	State: MA	Zip: 02780	County: USA

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: MA-041-016
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 and dewatering for roadway reconstruction and utility installation.

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 0.11 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 a designed rate of 0.11 ft3/s

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 71.79 lat. 42.23 ; 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 10/10/05 end 12/31/08	
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		✔	7	grab		5	170			
2. Total Residual Chlorine	✔									
3. Total Petroleum Hydrocarbons		✔	7	Grab	8100	500	3200			
4. Cyanide	✔									
5. Benzene		✔	7	Grab	8260	1	2.1			
6. Toluene		✔	7	Grab	8260	1	1.3			
7. Ethylbenzene		✔	7	Grab	8260	1	ND			
8. (m,p,o) Xylenes		✔	7	Grab	8260	1	ND			
9. Total BTEX[4]		✔	7	Grab	8260	1	3.3			

[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)		✔	7	Grab	8260	2	9.5			
12. tert-Butyl Alcohol (TBA)	✔									
13. tert-Amyl Methyl Ether (TAME)	✔									
14. Naphthalene		✔	7	Grab	8260	1	1.3			
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 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 [5] (Phthalate esthers)	✔									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✔									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)		✔	7	Grab	8270	10	nd			
a. Benzo(a) Anthracene		✔	7	Grab	8270	10	nd			
b. Benzo(a) Pyrene		✔	7	Grab	8270	10	nd			
c. Benzo(b)Fluoranthene		✔	7	Grab	8270	10	nd			
d. Benzo(k) Fluoranthene		✔	7	Grab	8270	10	nd			
e. Chrysene		✔	7	Grab	8270	10	nd			

[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		✔	7	Grab	8270	10	nd			
g. Indeno(1,2,3-cd) Pyrene		✔	7	Grab	8270	10	nd			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✔	7	Grab	8270	10	nd			
h. Acenaphthene		✔	7	Grab	8270	10	nd			
i. Acenaphthylene		✔	7	Grab	8270	10	nd			
j. Anthracene		✔	7	Grab	8270	10	nd			
k. Benzo(ghi) Perylene		✔	7	Grab	8270	10	nd			
l. Fluoranthene		✔	7	Grab	8270	10	nd			
m. Fluorene		✔	7	Grab	8270	10	nd			
n. Naphthalene-		✔	7	Grab	8270	10	nd			
o. Phenanthrene		✔	7	Grab	8270	10	nd			
p. Pyrene		✔	7	Grab	8270	10	nd			
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		✔	7	Grab	7421	1	100			
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:

Settling Tank, Bag Filter, GAC Filter (See attached Schematic)

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 50 Maximum flow rate of treatment system 75 Design flow rate of treatment system _____

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	Other (describe):

b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:

Blackstone River

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 SB ,

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)?
Noxious Aquatic Plants, Pathogens, Turbity, Metals, Organic Enrichment, Priority Organics, Nutrients, pH, Lead, Suspended Solids, Taste, Odor & Color, etc.

Is there a TMDL? Yes ✔ No____ If yes, for which pollutant(s)?
Phosphorus and Total Phosphorus

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 ✔

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.

See Attached.

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:

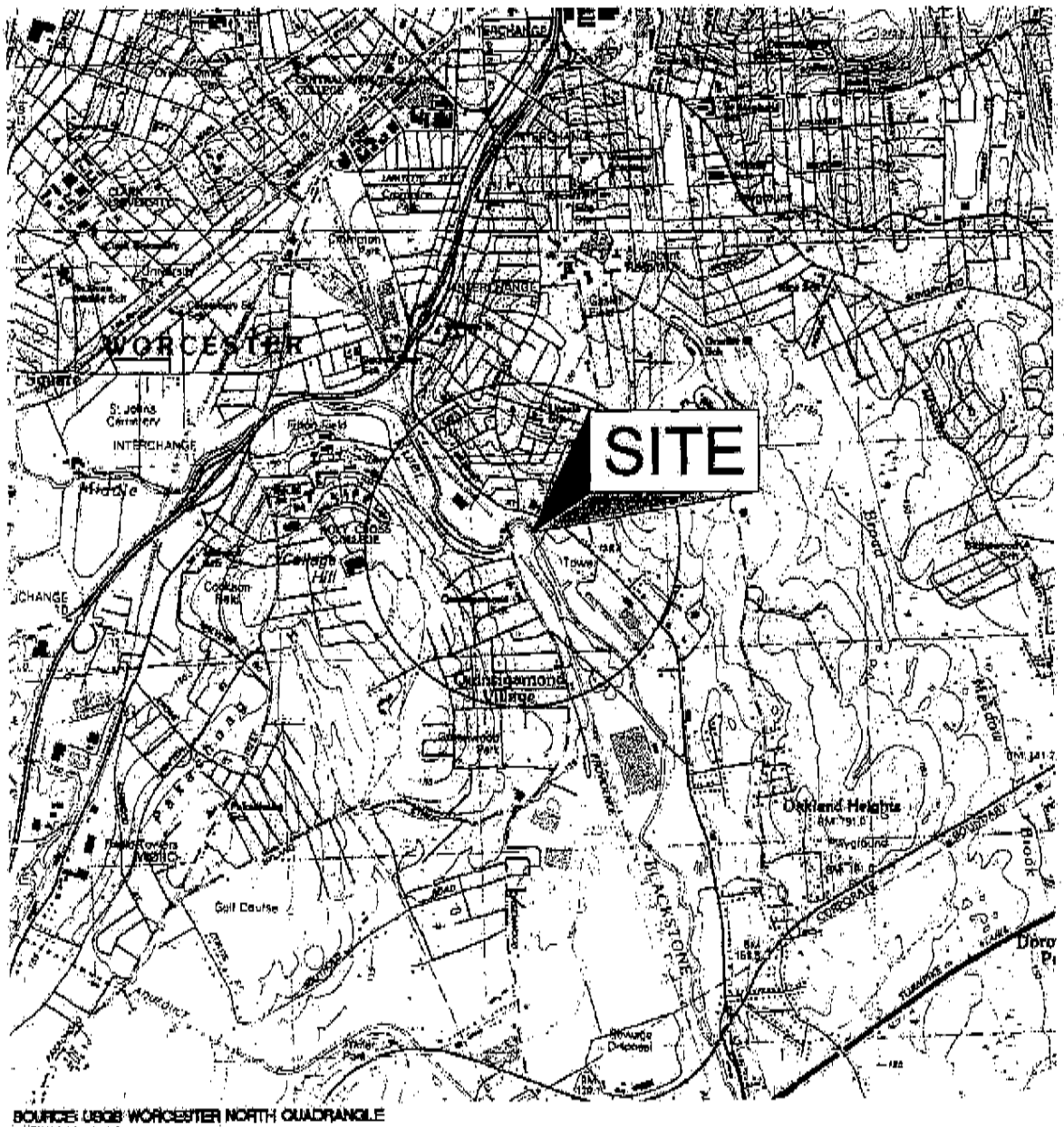
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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: Route 146 Hurley Square Improvements

Operator signature:

Title: VICE PRESIDENT

Date: 10/24/05



SOURCE: USGS WORCESTER NORTH QUADRANGLE
1:25000 SCALE

FIGURE 1

LOCUS PLAN

MILLBROOK CONDUIT

EXTENSION PROJECT

SEA Consultants, Inc.
Scientists/Engineers/Architects

G:_CLIENTS\WORCESTER\97517.01WORCESTERDRAINS\LOCUS.DWG

448 Broadway
Taunton, MA 02780