CORPORATE ENVIRONMENTAL ADVISORS, INC.

PROUDLY CELEBRATING 20 YEARS Of Outstanding Service 1985 - 2005

DC
MAG910145

October 21, 2005

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

RE: NOI Submittal
United Gasoline Station
593 Broadway (Route 138)
Raynham, Massachusetts 02767
DEP Release Tracking No. 4-0787
NPDES Exclusion # MA-03I-082

OCT 24

To Whom It May Concern:

On behalf of C.K. Smith & Co., Inc., Corporate Environmental Advisors, Inc. (CEA) is submitting this Notice of Intent (NOI) for the above-referenced site. The NOI is being submitted in accordance with the new Remediation General Permit (RGP). The above-referenced site is discharging treated groundwater from a groundwater recovery and soil vapor extraction system under NPDES Number MA-03I-082. Please note analytes in the influent sample that exceeded discharge limits shall be tested for in the effluent of the treatment system and the results forwarded to the EPA.

If you have any questions, please feel free to contact me at 508-835-8822 (Ext. 260).

Sincerely,

Adam J. Last

Adam J. Last, P.E., LSP
Principal Engineer

Pc: Ms. Judith I. Smith, C.K. Smith & Co., Inc.
Bureau of Waste Site Cleanup, MADEP SERO
CEA File No. 3736-98

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 Texaco Service Station		**Facility/site** address:		
Location of **facility/site:** longitude: 71:4:33W latitude: 41:56:40 N	Facility SIC code(s): 4471	Street: 593 Broadway (Route 138)		
b) Name of **facility/site owner:** C.K. Smith & Co., Inc.		Town: Raynham		
Email address of owner:		State: MA	Zip: 02767	County: Bristol
Telephone no.of facility/site **owner:** 508-753-1475				
Fax no. of facility/site **owner:**		**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: 99 Crescent Street				
Town: Worcester	State: MA	Zip: 01605	County: Worcester	
c) Legal name of **operator:** CEA	**Operator** telephone no: 508-835-8822			
	Operator fax no.: 508-835-8812	**Operator** email: ALAST@CEA-INC.COM		
Operator contact name and title: Adam Last, LSP				
Address of **operator** (if different from owner):	Street: 127 Hartwell Street			
Town: West Boylston	State: MA	Zip: 01583	County: Worcester	

d) Check "yes" or "no" for the following:
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes X No___, if "yes," number: MA-031-082
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes___ No X, if "yes," date and tracking #:
3. Is the discharge a "new discharge"as defined by 40 CFR 122.2? Yes No X
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes X No___

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes X No___ If "yes," please list: MA DEP RTN # 1. site identification # assigned by the state of NH or MA: 4-787 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: DEP, Lakeville, MA, 508-946-2700	f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y___ N X, if Y, number: 2. phase I or II construction storm water general permit? Y___ N X, if Y, number: 3. individual NPDES permit? Y___ N X, if Y, number: 4. any other water quality related permit? Y___ N X, if Y, number:

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

a) Describe the discharge activities for which the owner/applicant is seeking coverage: Remedial System, Groundwater Treatment 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 0.22 Average flow 0.09 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.___ lat. 71:4:31W; pt.2: long 41:56:42N; 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 X No___?	
c) Expected dates of discharge (mm/dd/yy): start 6/27/05 end Indefinite		
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 X	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	X		1	Grab	SM25900	5000 US/1	<5000	<1.84		
2. Total Residual Chlorine	X		1	" "	Hach 8167	20 US/1	<20	<0.01		
3. Total Petroleum Hydrocarbons	X		1	" "	EPA 1664	1000 US/1	<1000	<0.37		
4. Cyanide	X		1	" "	SW8469012A	10 US/1	<10	0.0037		
5. Benzene		X	1	" "	SW8468260B	0.5 US/1	13.5	0.005		
6. Toluene	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
7. Ethylbenzene		X	1	" "	" "	0.5 US/1	149	0.0549		
8. (m,p,o) Xylenes	X		1	" "	" "	1.5 US/1	625	0.23		
9. Total BTEX[4]		X	1	" "	" "	3 US/1	787.5	0.29		

[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)	X		1	Grab	EPA 504.1	0.01 US/1	<0.01	0		
11. Methyl-tert-Butyl Ether (MtBE)		X	1	" "	SW8468260B	0.5 US/1	43.5	0.016		
12. tert-Butyl Alcohol (TBA)		X	1	" "	" "	10 US/1	18.3	0.0067		
13. tert-Amyl Methyl Ether (TAME)		X	1	" "	" "	1.0 US/1	6.4	0.0024		
14. Naphthalene		X	1	" "	" "	1.0 US/1	75.3	0.0277		
15. Carbon Tetra-chloride	X		1	" "	" "	0.5 US/1	< 0.5	<0.0002		
16. 1,4 Dichlorobenzene	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
17. 1,2 Dichlorobenzene	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
18. 1,3 Dichlorobenzene	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
19. 1,1 Dichloroethane	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
20. 1,2 Dichloroethane	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
21. 1,1 Dichloroethylene	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
22. cis-1,2 Dichloro-ethylene	X		1	" "	" "	0.5 US/1	<0.5	<0.0002		
23. Dichloromethane (Methylene Chloride)	X		1	" "	" "	1.0 US/1	<1.0	<0.0004		
24. Tetrachloroethylene	X		1	" "	" "	0.5 US/1	<0.5 US/1	<0.0002		

[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	X		1	Grab	SW846 8260B	0.5 ug/1	<0.5	<0.0002		
26. 1,1,2 Trichloroethane	X		1	Grab	SW846 8260B	0.5 ug/1	<0.5	<0.0002		
27. Trichloroethylene	X		1	Grab	SW846 8260B	0.5 ug/1	<0.5	<0.0002		
28. Vinyl Chloride	X		1	Grab	SW846 8260B	0.5 ug/1	<0.5	<0.0002		
29. Acetone	X		1	Grab	SW846 8260B	10 ug/1	<10	<0.0037		
30. 1,4 Dioxane	X		1	Grab	SW846 8260B	20 ug/1	<20	<0.0074		
31. Total Phenols	X		1	Grab	EPA 625	10 ug/1	<10	<0.0037		
32. Pentachlorophenol	X		1	Grab	EPA 625	1.0 ug/1	<1.0	<0.0004		
33. Total Phthalates [6] (Phthalate esthers)	X		1	Grab	EPA 625	30 ug/1	<30	0.0111		
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	X		1	Grab	EPA 625	5 ug/1	<5	<0.0018		
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	X		1	Grab	EPA 625	35 ug/1	<35	<0.0129		
a. Benzo(a) Anthracene	X		1	Grab	EPA 625	5 ug/1	<5	<0.0018		
b. Benzo(a) Pyrene	X		1	Grab	EPA 625	5 ug/1	<5	<0.0018		
c. Benzo(b)Fluoranthene	X		1	Grab	EPA 625	5 ug/1	<5	<0.0018		
d. Benzo(k) Fluoranthene	X		1	Grab	EPA 625	5 ug/1	<5	<0.0018		
e. Chrysene	X		1	Grab	EPA 625	5 ug/1	<5	<0.0018		

[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	EPA 625	5 ug/1	< 5	<0.0018		
g. Indeno(1,2,3-cd) Pyrene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	X		1	Grab	EPA 625	34 ug/1	< 34	<0.0125		
h. Acenaphthene	X		1	Grab	EPA 625	1.0 ug/1	<1.0	<0.0004		
i. Acenaphthylene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
j. Anthracene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
k. Benzo(ghi) Perylene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
l. Fluoranthene	X		1	Grab	EPA 625	1.0ug/1	<1.0	<0.0004		
m. Fluorene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
n. Naphthalene-		X	1	Grab	EPA 625	2 ug/1	17.1	0.0063		
o. Phenanthrene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
p. Pyrene	X		1	Grab	EPA 625	5 ug/1	< 5	<0.0018		
37. Total Polychlorinated Biphenyls (PCBs)	X		1	Grab	EPA 608	2 ug/1	< 2	<0.0007		
38. Antimony	X		1	Grab	EPA 200.7	6 ug/1	< 6	<0.0022		
39. Arsenic	X		1	Grab	EPA 200.7	4 ug/1	< 4	<0.0015		
40. Cadmium	X		1	Grab	EPA 200.7	1.2 ug/1	< 1.2	<0.0004		
41. Chromium III	X		1	Grab	EPA 200.7	2.5 ug/1	< 2.5	<0.0009		
42. Chromium VI	X		1	Grab	EPA 200.7	10 ug/1	< 10	<0.0037		

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		1	grab	EPA 200.7	2.5 ug/1	<2.5	<0.0009		
44. Lead	X		1	grab	EPA 200.7	3.8 ug/1	<2.8	<0.0014		
45. Mercury	X		1	grab	EPA 200.7	0.2 ug/1	<0.2	<0.0001		
46. Nickel	X		1	grab	EPA 200.7	2.5 ug/1	<2.5	<0.0009		
47. Selenium	X		1	grab	EPA 200.7	7.5 ug/1	<7.5	<0.0028		
48. Silver	X		1	grab	EPA 200.7	5 ug/1	< 5	<0.0018		
49. Zinc		X	1	grab	EPA 200.7	10 ug/1	66.7	0.0246		
50. Iron		X	1	grab	EPA 200.7	2.5 ug/1	10800	3.98		
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 X N___	If yes, which metals? Zinc, Iron
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: N/A 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 x	Oil/water separator x	Equalization tanks	Bag filter x	GAC filter x
	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 40 Maximum flow rate of treatment system 100 Design flow rate of treatment system 100						
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 x	River/brook	Wetlands	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Storm drain to unnamed brook to Pine Swamp 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 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 x 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__x____

7. Supplemental information. :

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

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

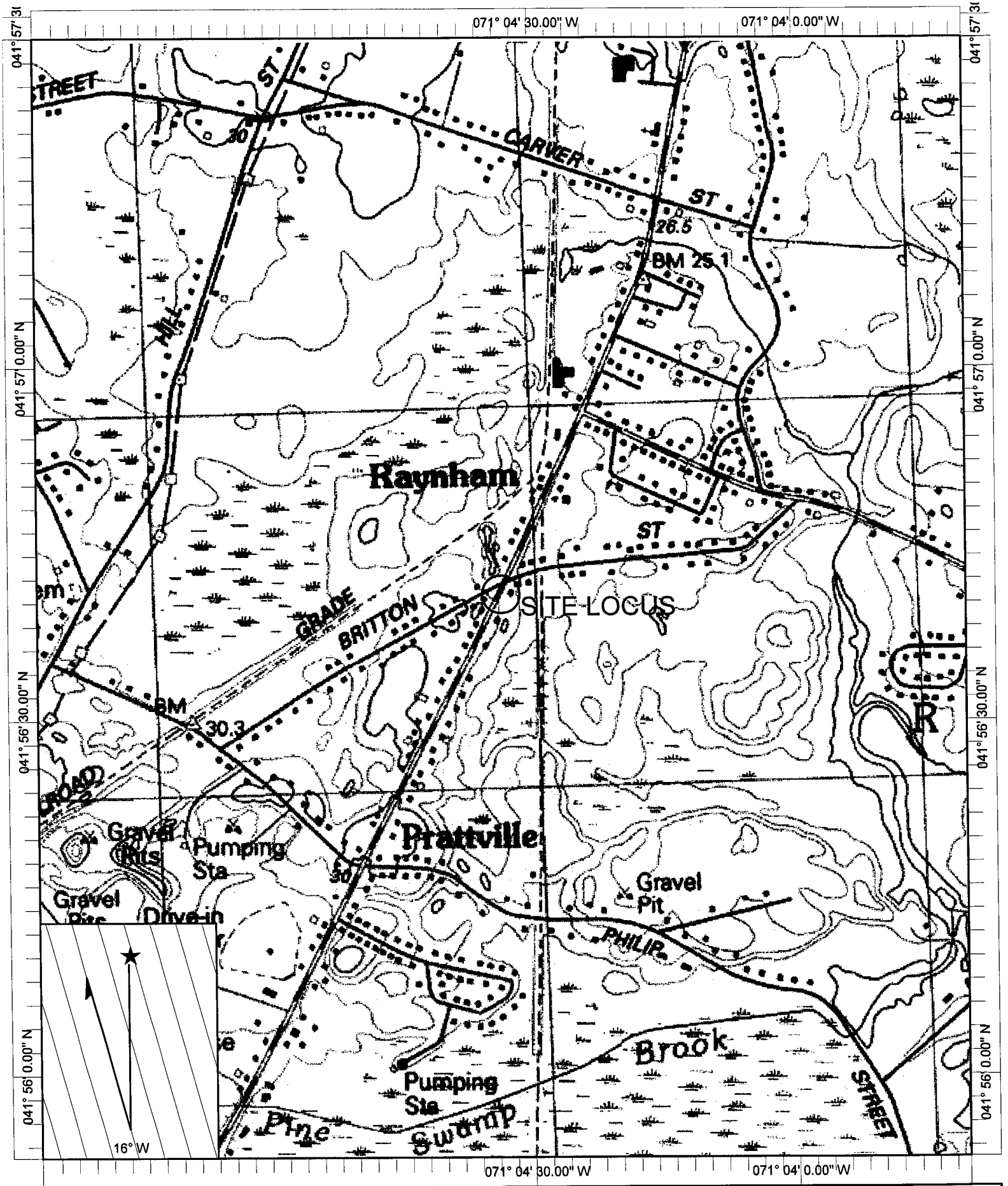
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name: 593 Broadway, Raynham, MA

Operator signature: Adam J. Lost as an Agent of CEA

Title: Principal Engineer

Date: October 21, 2005



Name: TAUNTON
Date: 12/10/2003
Scale: 1 inch equals 1000 feet

Location: 041° 56' 40.6" N 071° 04' 33.4" W
Caption: FIGURE - 1
SITE LOCUS MAP
NOTE: 3 METER CONTOURS

MA DEP - Bureau of Waste Site Cleanup

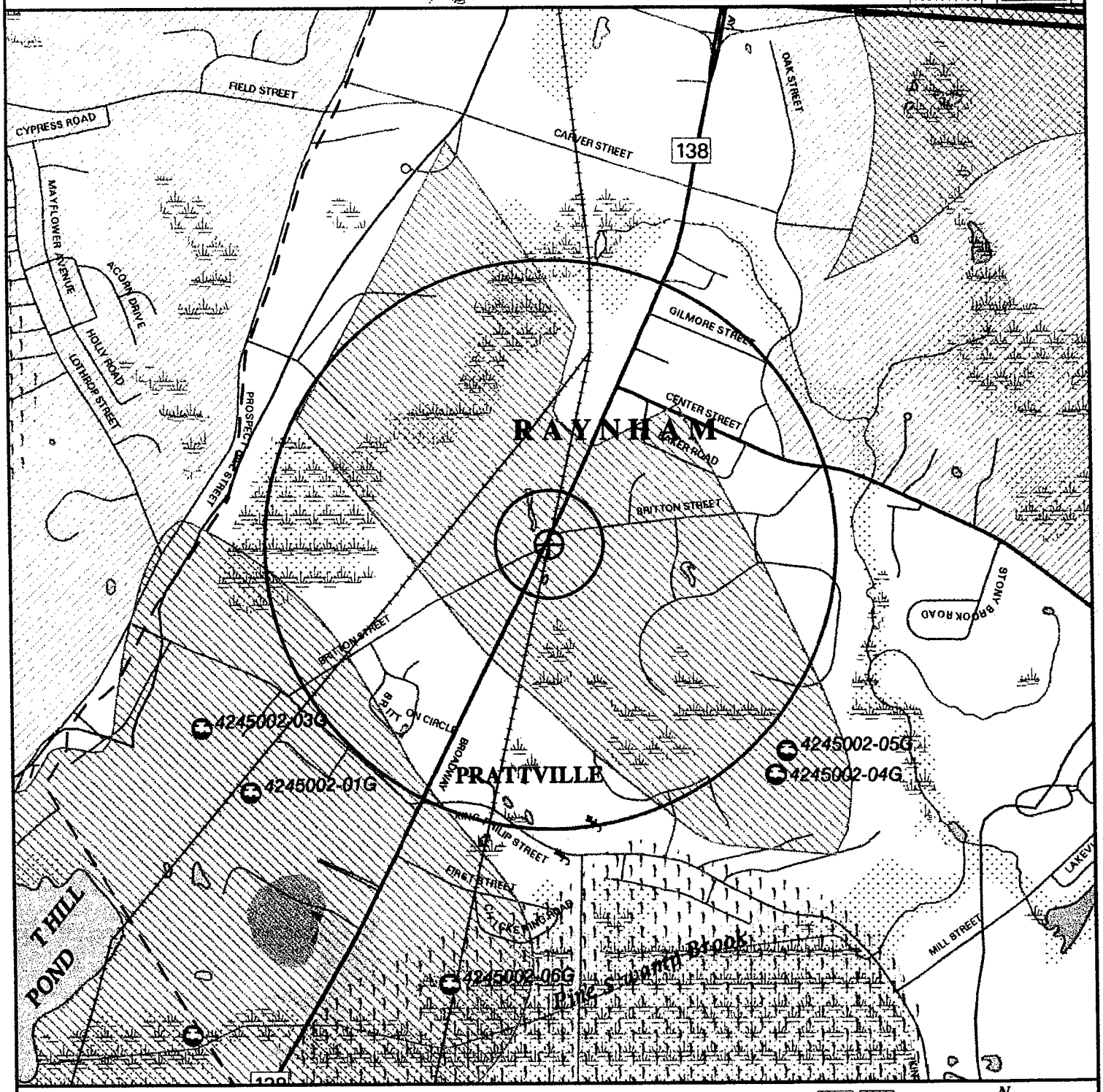
Site Scoring Map: 500 feet & 0.5 Mile Radii

SITE NAME:
593 Broadway
RAYNHAM, MA 02767
855047n 235217ew

Site Location

The information shown on this map is the best available at the date of printing. Please refer to the data source descriptions document.

MASS GIS — Massachusetts Geographic Information System
Massachusetts Executive Office of Environmental Affairs - 2004



Roads: Limited Access, Divided, Major Road, Connector, Street, Track, Trail
Boundaries: Town, County, DEP Region; Train; Powerline; Pipeline; Aqueduct
Basins: Major, Sub; Streams: Perennial, Intermittent, Man Made Shore, Dams
Potentially Productive Aquifers: Medium,High Yield
Non-Potential Drinking Water Source Area: Medium,High Yield

EPA Sole Source Aquifer; FEMA 100-year floodplain
Public Water Supplies: Ground,Surface,Non Community
Approved Zone2; IWPA; Surface Water Supply Zone A
Hydrography: Water Features,Public Surface Water Supply
Wetlands: Fresh,Salt,NHESP Wetlands Habitat
Protected Open Space: ACEC
DEP Permitted Solid Waste Facilities; Certified Vernal Pools

N
W
E
S

SCALE 1:15000

0 1/2 MILES
0 1/2 KILOMETERS

February 06, 2004