ENVIRONMENTAL MANAGEMENT PROFESSIONALS, INC.
94 Sawyer Lane
Marshfield, MA 02050
781-834-3822 • Fax 781-834-7110

August 8, 2006

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

Re: Notice of Intent (NOI) for the Remediation General Permit (RGP)
City of Gloucester, MA CSO Abatement Program
Washington Street Drain and Outfall Contract # 66178

Dear Mr. Alvarez,

On Behalf of our client the P. Gioioso & Sons Inc. and the City of Gloucester, Environmental Management professionals, Inc, (EMP) is submitting this Notice of Intent (NOI) for the above identified site. The Remediation General Permit (RGP) is required to treat and discharge groundwater from the dewatering activities associated with installation of drainage utilities.

Along the utility alignment, petroleum contamination has been identified to exist at (4) locations on the following streets: Western Avenue, Mansfield Street and (2) locations on Washington Street. The groundwater from these excavation activities shall be collected in a 21,000 frac tank to allow separation of sediments. The water will then be passed through a bag filter to further reduce additional sediments before final polishing by activated granular carbon. The treated effluent water will then be directed to an area storm drain catch basin that releases into the Atlantic Ocean. In accordance with NOI, compliance samples shall be collected from the influent and treated effluent water to ensure proper system operation.

If you should have any questions concerning information provided, please do not hesitate to contact me at 781-834-3822,

Sincerely,

Kevin P. Connors
Project Manager

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:

<table>
<tr><td colspan="2">a) Name of facility/site:
City of Gloucsester, MA CSO Abatement Program Washington Street Drain & Outfall Contract # 66178</td><td colspan="4">Facility/site address:</td></tr>
<tr><td>Location of facility/site:
longitude: 70 40 0.64 latitude: 42 36 43.17</td><td>Facility SIC code(s):</td><td colspan="4">Street:
Western Avenue, Mansfield Street, Washington Street</td></tr>
<tr><td colspan="2">b) Name of facility/site owner: City of Gloucester</td><td colspan="4">Town: Gloucester</td></tr>
<tr><td colspan="2" rowspan="2">Email address of owner:
dknowlton@cigloucester.ma.us</td><td rowspan="2">State:
MA</td><td rowspan="2">Zip:
01930</td><td rowspan="2">County:
Essex</td><td></td></tr>
<tr><td colspan="2">Telephone no.of facility/site owner: (978) 281-9773</td></tr>
<tr><td colspan="2">Fax no. of facility/site owner: (978) 281-9725</td><td colspan="4" rowspan="2">Owner is (check one): 1. Federal____ 2. State/Tribal ✓
3. Private_____ 4. other, if so, describe:</td></tr>
<tr><td colspan="2">Address of owner (if different from site):</td></tr>
<tr><td colspan="6">Street: 22 Poplar Street</td></tr>
<tr><td>Town: Gloucester</td><td>State: MA</td><td>Zip: 01930</td><td colspan="3">County: Essex</td></tr>
<tr><td rowspan="2">c) Legal name of operator:
P. Gioioso & Sons, Inc</td><td colspan="5">Operator telephone no: (617) 364-5800</td></tr>
<tr><td colspan="3">Operator fax no.: (617) 363-9462</td><td colspan="2">Operator email:
mario@pgioioso.com</td></tr>
<tr><td colspan="6">Operator contact name and title: Project Manager</td></tr>
</table>

Address of **operator** (if different from owner):	Street: 50 Sprague Street		
Town: Hyde Park	State: MA	Zip: 02136	County: Suffolk

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: RTN 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: MADEP NERO Wilmington, MA 978-694-3200	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:

Construction dewatering of potential petroleum contaminated groundwater at (4) locations identified in the contract documents. A groundwater treatmet system shall be mobilized to a location as the work progesses along the utility alignment. The general street locations and sequnce of utility installations areas follows: 1) # 31 Western Avenue; 2) # 17 Mansfield Street; 3) #s 24 to # 40 Whaington Street and 4) #85 Washington Street.

b) Provide the following information about each discharge:	1) Number of discharge points: 4	2) What is the **maximum** and **average flow rate** of discharge (in cubic feet per second, ft^3/s)? Max. flow 0.11 Average flow 0.05 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. 70 39 59.35 lat. 42 36 46.82; pt.2: long. 70 40 13.40 lat. 42 36 59.86; pt.3: long. 70 40 1.84 lat. 42 36 45.44; pt.4:long. 70 40 13.98 lat. 42 36 46.41; 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 09/01/06 end 07/31/07	
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		✓	4	grab	160.2	5	92		mg/l	
2. Total Residual Chlorine	✓		4	grag	4500-	0.0050			mg/l	
3. Total Petroleum Hydrocarbons		✓	4	grab	1664A	2.3	2.7		mg/l	
4. Cyanide	✓		4	grab	10-20	0.0030			mg/l	
5. Benzene	✓		4	grab	8260B	0.14			ug/l	
6. Toluene	✓		4	grab	8260B	0.50			ug/l	
7. Ethylbenzene	✓		4	grab	8260B	0.18			ug/l	
8. (m,p,o) Xylenes	✓		4	grab	8260B	0.50			ug/l	
9. Total BTEX[4]										

[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)	✓		4	grab	8260B	0.092			ug/l	
11. Methyl-tert-Butyl Ether (MtBE)	✓		4	grab	8260B	0.50			ug/l	
12. tert-Butyl Alcohol (TBA)	✓		4	grab	8260B	5.0			ug/l	
13. tert-Amyl Methyl Ether (TAME)	✓		4	grab	8260B	0.50			ug/l	
14. Naphthalene	✓		4	grab	8260B	0.19			ug/l	
15. Carbon Tetra-chloride	✓		4	grab	8260B	0.24			ug/l	
16. 1,4 Dichlorobenzene	✓		4	grab	8260B	0.16			ug/l	
17. 1,2 Dichlorobenzene	✓		4	grab	8260B	0.082			ug/l	
18. 1,3 Dichlorobenzene	✓		4	grab	8260B	0.12			ug/l	
19. 1,1 Dichloroethane	✓		4	grab	8260B	0.20			ug/l	
20. 1,2 Dichloroethane	✓		4	grab	8260B	0.083			ug/l	
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	✓		4	grab	8260B	0.26			ug/l	
26. 1,1,2 Trichloroethane	✓		4	grab	8260B	0.069			ug/l	
27. Trichloroethylene										
28. Vinyl Chloride	✓		4	grab	8260B	0.22			ug/l	
29. Acetone	✓		4	grab	8260B	3.8			ug/l	
30. 1,4 Dioxane	✓		4	grab	8260B	6.7			ug/l	
31. Total Phenols	✓		4	grab	8270C	0.27			ug/l	
32. Pentachlorophenol	✓		4	grab	8270C	0.39			ug/l	
33. Total Phthalates [5] (Phthalate esthers)										
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		4	grab	8270C	0.13			ug/l	
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✓		4	grab	8270C	0.18			ug/l	
b. Benzo(a) Pyrene	✓		4	grab	8270C	0.20			ug/l	
c. Benzo(b)Fluoranthene	✓		4	grab	8270C	0.18			ug/l	
d. Benzo(k) Fluoranthene	✓		4	grab	8270C	0.16			ug/l	
e. Chrysene	✓		4	grab	8270C	0.18			ug/l	

[5] 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	✓		4	grab	8270C	0.17			ug/l	
g. Indeno(1,2,3-cd) Pyrene	✓		4	grab	8270C	0.19			ug/l	
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene	✓		4	grab	8270C	0.18			ug/l	
i. Acenaphthylene	✓		4	grab	8270C	0.25			ug/l	
j. Anthracene	✓		4	grab	8270C	0.21			ug/l	
k. Benzo(ghi) Perylene	✓		4	grab	8270C	0.15			ug/l	
l. Fluoranthene	✓		4	grab	8270C	0.23			ug/l	
m. Fluorene	✓		4	grab	8270C	0.23			ug/l	
n. Naphthalene-	✓		4	grab	8270C	0.21			ug/l	
o. Phenanthrene	✓		4	grab	8270C	0.20			ug/l	
p. Pyrene	✓		4	grab	8270C	0.21			ug/l	
37. Total Polychlorinated Biphenyls (PCBs)	✓		4	grab	608	0.11			ug/l	
38. Antimony		✓	4	grab	6010B	2.0	3.6		ug/l	
39. Arsenic	✓		4	grab	6010B	3.8			ug/l	
40. Cadmium	✓		4	grab	6010B	0.30			ug/l	
41. Chromium III										
42. Chromium VI	✓		4	grab	7196A	0.0050			mg/l	

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		✓	4	grab	6010B	1.1	7.3		ug/l	
44. Lead		✓	4	grab	6010B	1.6	41		ug/l	
45. Mercury		✓	4	grab	7470A	0.13	0.14		ug/l	
46. Nickel		✓	4	grab	6010B	1.1	4		ug/l	
47. Selenium		✓	4	grab	6010B	4.2	5.1		ug/l	
48. Silver	✓		4	grab	6010B	0.83			ug/l	
49. Zinc		✓	4	grab	6010B	1.3	140		ug/l	
50. Iron		✓	4	grab	6010B	14	4500		ug/l	
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? Copper, Iron, Lead, Zinc
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: lead, Iron DF: 100	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:

21 gallon fractional tank, 25 micron bag filter unit, 1000 lbs. activated granualar carbon Unit

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 25 gpm Maximum flow rate of treatment system 50 gpm Design flow rate of treatment system 50 gpm

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

N/A

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:

As soils are trenched along the utility installation alignment, in the vicinity of (4) precharacterized locattions identified below, treated groundwater shall be discharged into a area catch basin that release into the Westen Harbor of the Atlantic Ocean.

1. #31 Western Ave, Stations 6+52 to 8+50; 2. #16 Mnfield Street, Stations 5+62 to 5+82; 3&4 #28 to #40Washington Street and #85 Washington Street Station 20+09 to 20+31

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 na 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)?
Pathogens

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 ✓

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.

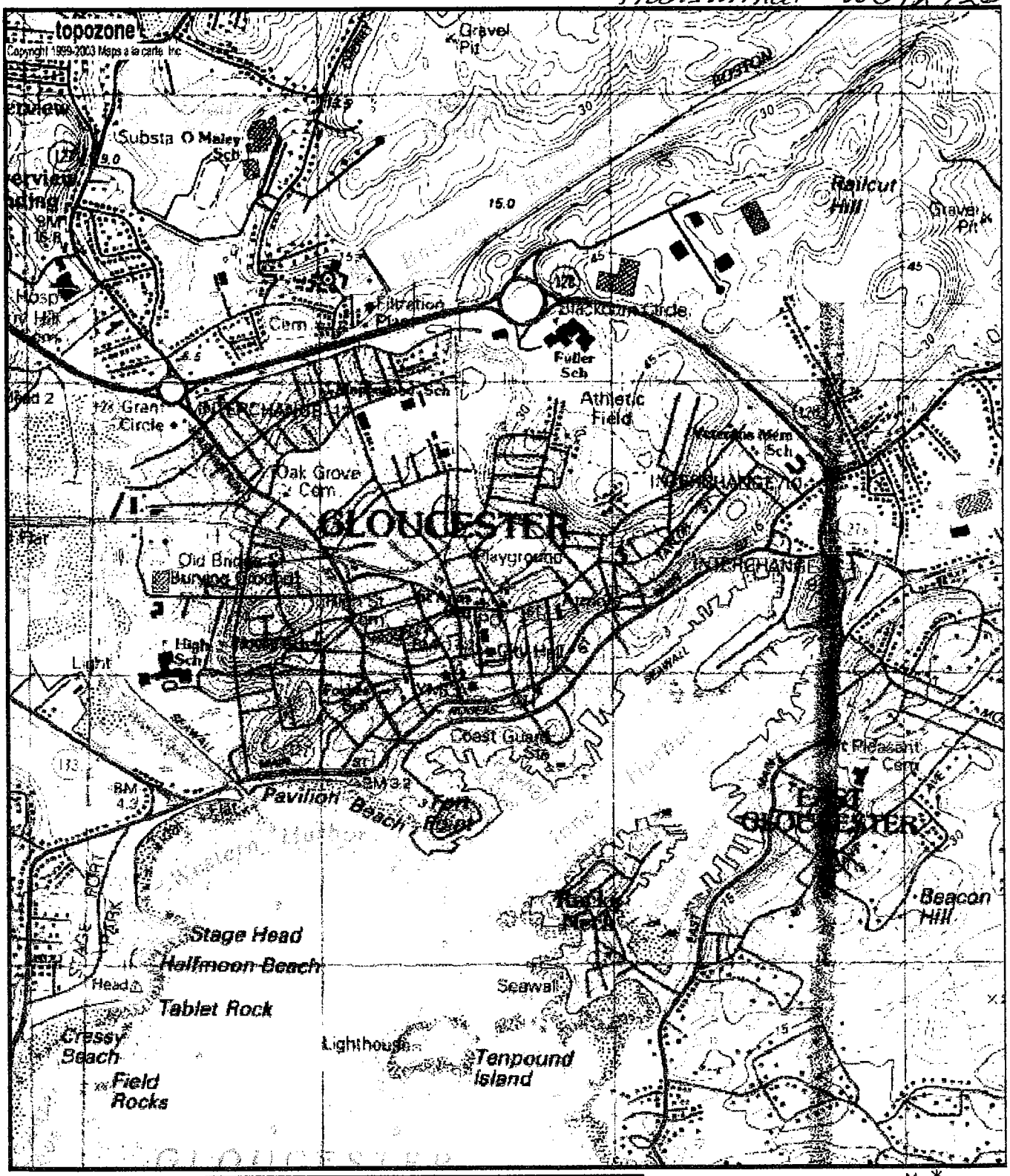
Facility/Site Name: City of Gloucester, MA CSO Abatement Program Washington Street Drain and Outfall Contract # 66178

Operator signature: Mario Romania Jr.
MARIO ROMANIA JR

Title: Project Manager.

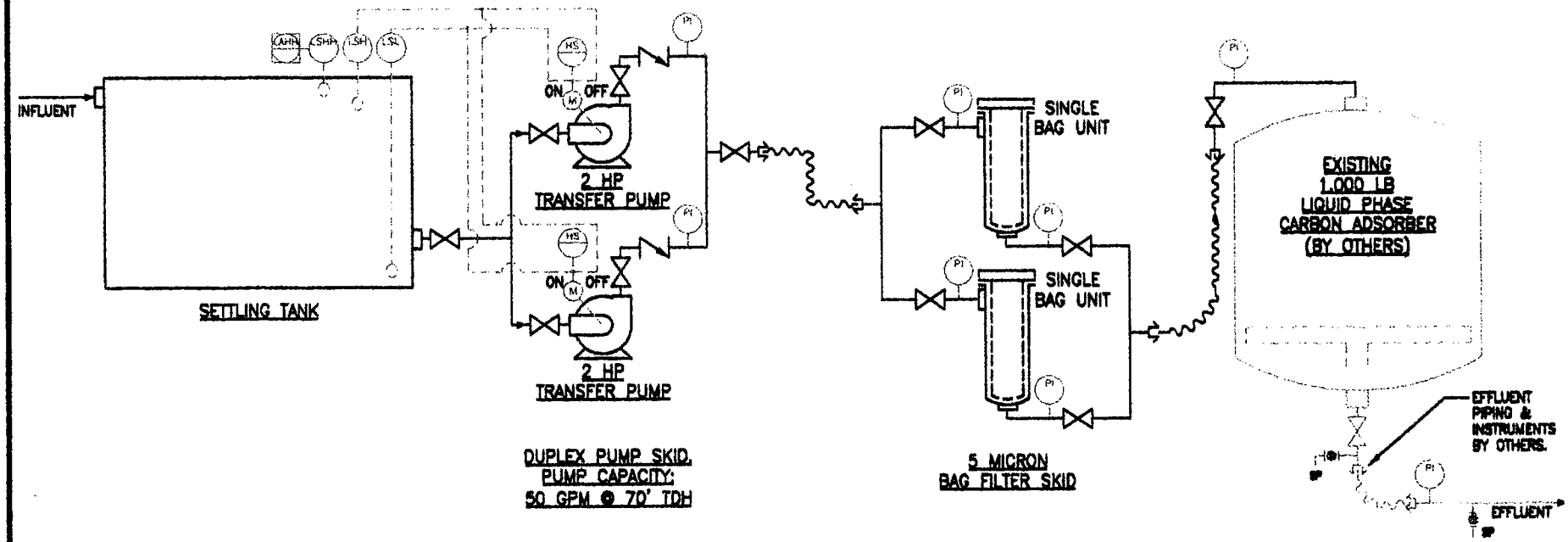
Date: 8-10-2006.

Trans. m. Hal #W092726



Map center is UTM 19 363692E 4719504N (WGS84/NAD83)
Gloucester quadrangle
Projection is UTM Zone 19 NAD83 Datum

M=-15.026
G=-1.126



NOTES:
1) MAXIMUM FLOWRATE = 50 GPM
2) SYSTEM FOOTPRINT APPROX. 10' X 75'
3) NOT ALL VALVES, INSTRUMENTATION AND PIPING, ETC. SHOWN FOR CLARITY.