facsimile transmittal

To:	Mr. Victor Alvarez	**Fax:**	617-918-0505
Co:	USAEPA-New England	**Tel:**	
From:	Brenda Crawford	**Date:**	July 13, 2006
Co:	CEA	**Tel:**	508-835-8822
Re:	Remedial General Permit-Notice of Intent	**Pages:**	12

☐ **Urgent** ☑ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Notes:

Dear Mr. Alvarez

Enclosed please find a copy (hard copy to follow) of the Remediation General Permit – Notice of Intent form required by the EPA.

Sincerely,

Brenda Crawford

Senior Environmental Specialist

Hartwell Business Park 127 Hartwell Street West Boylston MA 01583-2409 **508-835-8822 ext.**
e-mail address: @cea-inc.com **FAX: 508-835-8812**

CORPORATE ENVIRONMENTAL ADVISORS, INC.

July 13, 2006

Mr. Victor Alvarez
US Environmental Protection Agency
RGP – NOC Processing
Municipal Assistance Unit (CMU)
One Congress Street, Suite 1100
Boston, MA 02114-2023
Sent via facsimile (617-918-0505) and Mail

RE: Remediation General Permit (RGP) – Notice of Intent (NOI) Submittal
Former ATCO Plastics
31 West Bacon Street, Plainville, MA
DEP Release Tracking No. 4-0708
NPDES Permit Exculsion #02-047
CEA Project #: 6108-06

Dear Mr. Alvarez:

On behalf of RPS Realty Trust, Corporate Environmental Advisors, Inc. (CEA) is submitting this Remediation General Permit (RGP) – Notice of Intent (NOI). The above referenced site is discharging treated water from a groundwater extraction and treatment system under NPDES Permit Exclusion #02-047. The NOI is being submitted in accordance with the new Remediation General Permit (RGP).

If you have any questions, please feel free to contact me at 508-835-8822 (Ext. 232).

Sincerely,
CORPORATE ENVIRONMENTAL ADVISORS, INC.

Brenda Crawford
Senior Environmental Specialist

Attached:
RGP-NOI
Calculations
Laboratory Analytical Report
Figure 1 – Site Locus
Figure 2 – Process and Instrumentation Diagram
Figure 3 – System Layout w/Location of NPDES Discharge Point
Figure 4 – MA DEP Site Scoring Map

pc: Mr. Ralph Schlenker – RPS Realty Trust
DEP CERO
Town of Plainville

CEA File 6108-06

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 ATCO Plastics Inc.		**Facility/site** address:		
Location of **facility/site**: (See Figures 1 and 2) Longitude: 71° 20' 29.0" Latitude: 42° 00' 8.5"	Facility SIC code (s):	Street: 31 West Bacon Street		
b) Name of **facility/site owner**: Ralph Schlenker		Town: Plainville		
Email address of owner: Not available		State: MA	Zip: 02762	County: Norfolk
Telephone no. of **facility/site owner**: (508) 654-9900				
Fax no. of **facility/site owner**: Not available		**Owner** is (check one) 1. Federal ☐ 2. State/Tribal ☐ 3. Private ☒ 4. other, ☐ if so, describe: Corporation		
Address of **owner** (if different from site):				
Street:				
Town:	State:	Zip:	County:	
c.) Legal name of **operator**: Corporate Environmental Advisors, Inc.	**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 – Principal Engineer and 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 ☒ No ☐, if "yes," number: 02-047

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 4-0708 2. permit or license # assigned: Tier 1B 82692 Not Applicable 3. state agency contact information: name, location, and telephone number: MA DEP, Bureau of Waste Site Cleanup (Southeast Region), 20 Riverside Drive, Lakeville, MA 02347 (508) 946-2700	f) Is the site/facility covered by any other EP A permit, including: 1. multi-sector storm water general permit? Yes ☐ No ☒, if Y, number: 2. phase I or II construction storm water general permit? Yes ☐ No ☒, if Y, number: 3. individual NPDES permit? Yes ☐ No ☒, if Y, number: 4. any other water quality related permit? Yes ☐ No ☒, 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: A groundwater pump and treat remediation system is currently in place at the property to extract, filter, and treat volatile organic compounds impacted groundwater prior to discharge to a catch basin that discharges to ten mile river.

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, W/s)? Max. flow 0.13368 Average flow 0.017824 Is maximum flow a **design value**? Yes ☐ No ☒, 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.71° 20' 22.18" lat._42° 00' 7.54" _____; 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): Not Applicable	5) Is the discharge intermittent ☐ Or seasonal ☐ ? No Is discharge ongoing Yes ☒ No ☐,? Currently the system is down for repairs

c) Expected dates of discharge (mm/dd/yy): start 7/7/06 End 7/7/11

d) Please attach a line drawing or flow schematic showing water flow through the facility including: See Attached Figures

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 (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass ~~(kg)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
1. Total Suspended Solids		X	1	Grab	5M 2540D	5,000	9,000			
2. Total Residual Chlorine	X		1	Grab	HACH 8167	20	<ML			
3. Total Petroleum	X		1	Grab	EPA 1664	1,000	<ML			
4. Cyanide	X		1	Grab	10-204-00-1-A SW846 9012A	10	<ML			
5. Benzene	X		1	Grab	8260B	0.5	<ML			
6. Toluene	X		1	Grab	8206B	0.5	<ML			
7. Ethylbenzene	X		1	Grab	8260B	0.5	<ML			
8. (m,p,o) Xylenes	X		1	Grab	8260B	1	<ML			
9. Total BTEX[4]	X		1	Grab	8260B	Analyte Specific	<ML			

[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 (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (~~kg~~) (kg/day)	concentration (ug/l)	mass (~~kg~~) (kg/day)
10. Ethylene Dibromide (1,2- Dibromo-methane)	X		1	Grab	504.1	0.01	<ML			
11. Methyl-tert-Butyl Ether (MtBE)	X		1	Grab	8260B	0.5	<ML			
12. tert-Butyl Alcohol (TBA)	X		1	Grab	8260B	10	<ML			
13. tert-Amyl Methyl Ether (TAME)	X		1	Grab	8260B	0.5	<ML			
14. Naphthalene	X		1	Grab	8260B	0.5	<ML			
15. Carbon Tetra-chloride	X		1	Grab	8260B	0.5	<ML			
16. 1,4 Dichlorobenzene	X		1	Grab	8260B	0.5	<ML			
17.1,2 Dichlorobenzene	X		1	Grab	8260B	0.5	<ML			
18. 1,3 Dichlorobenzene	X		1	Grab	8260B	0.5	<ML			
19. 1,1 Dichloroethane	X		1	Grab	8260B	0.5	<ML			
20. 1,2 Dichloroethane	X		1	Grab	8260B	0.5	<ML			
21. 1,1 Dichloroethylene	X		1	Grab	8260B	0.5	<ML			
22. cis-1,2 Dichloro-ethylene		X	1	Grab	8260B	0.5	5.2			
23. Dichloromethane (Methylene Chloride)	X		1	Grab	8260B	1.0	<ML			
24. Tetrachloroethylene		X	1	Grab	8260B	0.5	4.3			

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 (ug/l)	Maximum daily value		Avg. daily	
							concentration (ug/l)	mass ~~(kg)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
25. 1,1,1 Trichloroethane		X	1	Grab	8260B	0.5	2.4			
26. 1,1,2 Trichloroethane	X		1	Grab	8260B	0.5	<ML			
27. Trichloroethylene		X	1	Grab	8260B	0.5	37.1			
28. Vinyl Chloride	X		1	Grab	8260B	0.5	<ML			
29. Acetone	X		1	Grab	8260B	10	<ML			
30. 1,4 Dioxane	X		1	Grab	8260B	20	<ML			
31. Total Phenols	X		1	Grab	EPA 625	1	<ML			
32. Pentachlorophenol	X		1	Grab	EPA 625	1	<ML			
33. Total Phthalates [6] (phthalate esthers)	X		1	Grab	EPA 625	5	<ML			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	X		1	Grab	EPA 625	5	<ML			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	X		1	Grab	EPA 625	5	<ML			
a. Benzo(a) Anthracene	X		1	Grab	EPA 625	5	<ML			
b. Benzo(a) Pyrene	X		1	Grab	EPA 625	5	<ML			
c. Benzo(b)Fluoranthene	X		1	Grab	EPA 625	5	<ML			
d. Benzo(k) Fluoranthene	X		1	Grab	EPA 625	5	<ML			
e. Chrysene	X		1	Grab	EPA 625	5	<ML			

[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 (ug/l)	Maximum daily value		Average daily value	
							concentration (ug/l)	mass ~~(kg)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
f. Dibenzo(a,h) anthracene	X		1	Grab	EPA 625	5	<ML			
g. Indeno(1,2,3-cd) Pyrene	X		1	Grab	EPA 625	5	<ML			
36. Total Group II Polycyclic Aromatic Hydrocarbons (pAR)	X		1	Grab	EPA 625	5	<ML			
h. Acenaphthene	X		1	Grab	EPA 625	1	<ML			
i. Acenaphthylene	X		1	Grab	EPA 625	5	<ML			
j. Anthracene	X		1	Grab	EPA 625	5	<ML			
k. Benzo(ghi) Perylene	X		1	Grab	EPA 625	5	<ML			
l. Fluoranthene	X		1	Grab	EPA 625	1	<ML			
m. Fluorene	X		1	Grab	EPA 625	5	<ML			
n. Naphthalene-	X		1	Grab	EPA 625	2	<ML			
o. Phenanthrene	X		1	Grab	EPA 625	5	<ML			
p. Pyrene	X		1	Grab	EPA 625	5	<ML			
37. Total Polychlorinated Biphenyls (PCBs)	X		1	Grab	EPA 608	0.267	<ML			
38. Antimony	X		1	Grab	EPA 200.7	6	<ML			
39. Arsenic		X	1	Grab	EPA 200.7	4	7.6			
40. Cadmium	X		1	Grab	EPA 200.7	1.2	<ML			
41. Chromium III (1)		X	1	Grab	EPA 200.7	2.5	311			
42. Chromium VI	X		1	Grab	SM3500 Cr D	10	<ML			

NOTES: (1) Chromium III = Total Chromium – Hexavalent Chromium

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 (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass ~~(kg)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
43. Copper (2)		X	1	Grab	EPA 200.7	2.5	21.6			
44. Lead		X	1	Grab	EPA 200.7	3.8	15.5			
45. Mercury	X		1	Grab	EPA 245.2/7470A	0.2	<ML			
46. Nickel		X	1	Grab	EPA 200.7	2.5	5.1			
47. Selenium	X		1	Grab	EPA 200.7	7.5	<ML			
48. Silver	X		1	Grab	EPA 200.7	5	<ML			
49. Zinc		X	1	Grab	EPA 200.7	2.5	76.4			
50. Iron		X	1	Grab	EPA 200.7	2.5	3,630			
Other (describe):										
n-propylbenzene	X		1	Grab	8260B		<ML			
Isopropylbenzene	X		1	Grab	8260B		<ML			

NOTES: (2) Total Copper, Instrument Detection Level (IDL) = 5 ug/l

Step 1: Do any of the metals in the influent have a reasonable potential to exceed the c. For discharges where metals are believed present, please fill out the following: effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y ☒ N ☐	If yes, which metals? Trivalent Chromium, Copper, Lead, Zinc and 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: Trivalent Chromium, Copper, Lead, Zinc and Iron. DF: 3	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: Chromium III, Copper, Lead, Zinc, and Iron

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 VOC contaminated groundwater is pumped from three recovery wells with treatment in a shallow tray air stripper followed by a liquid phase granulated activated carbon polishing filter. Water is then discharged into a catchbasin and indirectly into Ten Mile River.

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 8 gpm Maximum flow rate of treatment system 60 gpm 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, including:

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 is discharged from the remediation system to a catchbasin on the property which discharges to Ten Mile River located approximately 100 feet southeast.

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: 15.56 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)? Lead, Copper, Cadmium

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? Yes ☐ 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): Not applicable

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.

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: Former ATCO Plastics Inc.

Operator signature: Adam J. Last

Title: Principal Engineer

Date: July 13, 2006