Groundwater
& Environmental Services, Inc.

425B Hayden Station Road • Windsor, Connecticut 06095 • (860) 688-9023 • (860) 688-9278

MA6910181

December 28, 2005

Mr. Roger Janson
U.S. Environmental Protection Agency
Municipal Permits Branch
1 Congress Street, Suite 1100
Boston, MA 02114-2023

Re: *Notice of Intent for Coverage under Remediation General Permit*
Former Mobil Service Station #01-ECQ
83-89 Elm Street
Pittsfield, MA

Dear Mr. Janson,

Groundwater & Environmental Services, Inc. (GES), on behalf of ExxonMobil Oil Corporation (EMOC), hereby submits the enclosed documentation as requested in a letter dated December 9, 2005 in which the U.S. Environmental Protection Agency requested submittal of a signed certified copy of the document submitted on November 21, 2005 for the above-referenced Permit. The enclosed should replace *Attachment 1* of the November 21, 2005 submittal.

Please contact either of the undersigned at (860) 688-9023 with any questions or comments, or should you require any additional information.

Sincerely,
GROUNDWATER & ENVIRONMENTAL SERVICES, INC.

Leni Sarah Boucher
Project Manager

Douglas Liddell
Site Operations Manager

cc: Paul Hogan – Massachusetts Department of Environmental Protection
Mr. David Baker - ExxonMobil Oil Corporation

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:
Former Mobil Service Station No. 01-ECQ</td><td colspan="4">Facility/site address:</td></tr>
<tr><td>Location of facility/site:
longitude: -73° 14' 34" latitude: 42° 26' 4"</td><td>Facility SIC code(s):</td><td colspan="4">Street:
83 Elm Street,Pittsfield,MA-01201</td></tr>
<tr><td colspan="2">b) Name of facility/site owner: ExxonMobil Oil Corporation</td><td colspan="4">Town: Everett</td></tr>
<tr><td colspan="2" rowspan="2">Email address of owner:
david.j.baker@exxonmobil.com
Telephone no.of facility/site owner: (617) 381-2807</td><td>State:
MA</td><td>Zip:
02149</td><td colspan="2">County:</td></tr>
<tr><td colspan="3">Fax no. of facility/site owner: (262) 313-1820
Address of owner (if different from site):</td><td colspan="2">Owner is (check one): 1. Federal____ 2. State/Tribal_____
3. Private ✓ 4. other, if so, describe:</td></tr>
<tr><td colspan="6">Street: 52 Beacham Street</td></tr>
<tr><td colspan="2">Town: Everett</td><td>State: MA</td><td>Zip: 02149</td><td colspan="2">County:</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:
Groundwater & Environmental Services, Inc.</td><td colspan="4">Operator telephone no: (860) 688-9023</td></tr>
<tr><td colspan="2">Operator fax no.: (860) 688-9278</td><td colspan="2">Operator email:
lboucher@gesonline.com</td></tr>
<tr><td colspan="6">Operator contact name and title: Leni- Sarah Boucher ,Project Manager</td></tr>
</table>

Address of **operator** (if different from owner):	Street: 425B Hayden Station Road		
Town: Windsor	State: CT	Zip: 06095	County: Hartford

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: 01-191
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 1-00539
2. permit or license # assigned: REMEDY OPERATION STATUS
3. state agency contact information: name, location, and telephone number:
Richard Green, MADEP Wetern Region,Sprigfield,MA. Ph No (413)755-2249

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:

Vacuum Enhanced Groundwater Extraction remedial system will treat impacted groundwater through an oil/water separator; separated product will flow to an on site product storage tank for later removal by a licensed disposal facility. Impacted groundwater will then flow through sediment filters, an air stripper and (2) 1,000-lb liquid phase Granular Activated Carbon units. Treated groundwater will be discharged to the storm drain before it flows to the Housatonic 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, ft^3/s)? Max. flow 0.26 Average flow 0.04 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 based on hstorical average flow rates

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. -73°14'34" lat. 42°26'4"; 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): NA	5) Is the discharge intermittent_____ or seasonal_____? Is discharge ongoing Yes ✓ No_____?
c) Expected dates of discharge (mm/dd/yy): start 08/21/03 end_____	
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	✓		1	Grab	160.2	4 mg/l	ND			
2. Total Residual Chlorine	✓		1	Grab	330.4	.05mg/L	ND			
3. Total Petroleum Hydrocarbons	✓		1	Grab	608	.51ug/L	ND			
4. Cyanide	✓		1	Grab	SW846	.01mg/L	ND			
5. Benzene		✓	1	Grab	624	.50ug/	43		37	
6. Toluene		✓	1	Grab	624	1.0ug/L	13.3		13.65	
7. Ethylbenzene		✓	1	Grab	624	1.0ug/L	13.5		10.75	
8. (m,p,o) Xylenes		✓	1	Grab	624	1.0ug/L	83.1		103.55	
9. Total BTEX[4]		✓	1	Grab	624	1.0ug/L	152.9		164.95	

[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)	✓		1	Grab	504	0.015 ug/L	ND			
11. Methyl-tert-Butyl Ether (MtBE)		✓	1	Grab	8260B	1.0ug/L	6.3			
12. tert-Butyl Alcohol (TBA)	✓		1	Grab	8260B	100ug/L	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		1	Grab	8260B	2.0ug/L	ND			
14. Naphthalene		✓	1	Grab	8260B	5.0ug/L	6.9			
15. Carbon Tetra-chloride	✓		1	Grab	8260B	1.0ug/L	ND			
16. 1,4 Dichlorobenzene	✓		1	Grab	8260B	1.0ug/L	ND			
17. 1,2 Dichlorobenzene	✓		1	Grab	8260B	1.0ug/L	ND			
18. 1,3 Dichlorobenzene	✓		1	Grab	8260B	1.0ug/L	ND			
19. 1,1 Dichloroethane	✓		1	Grab	8260B	1.0ug/L	ND			
20. 1,2 Dichloroethane	✓		1	Grab	8260B	1.0ug/L	ND			
21. 1,1 Dichloroethylene	✓		1	Grab	8260B	1.0ug/L	ND			
22. cis-1,2 Dichloro-ethylene	✓		1	Grab	8260B	1.0ug/L	ND			
23. Dichloromethane (Methylene Chloride)	✓		1	Grab	8260B	2.0ug/L	ND			
24. Tetrachloroethylene	✓		1	Grab	8260B	1.0ug/L	ND			

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	✓		1	Grab	8260B	1.0ug/L	ND			
26. 1,1,2 Trichloroethane	✓		1	Grab	8260B	1.0ug/L	ND			
27. Trichloroethylene	✓		1	Grab	8260B	1.0ug/L	ND			
28. Vinyl Chloride	✓		1	Grab	8260B	1.0ug/L	ND			
29. Acetone	✓		1	Grab	8260B	50ug/L	ND			
30. 1,4 Dioxane	✓		1	Grab	8260B	25ug/L	ND			
31. Total Phenols	✓		1	Grab	8270C	5ug/L	ND			
32. Pentachlorophenol	✓		1	Grab	8270C	10ug/L	ND			
33. Total Phthalates [5] (Phthalate esthers)	✓		1	Grab	8270C	10ug/L	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	Grab	8270C	10 ug/L	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	Grab	8270C	5ug/L	ND			
a. Benzo(a) Anthracene	✓		1	Grab	8270C	0.051 ug/L	ND			
b. Benzo(a) Pyrene	✓		1	Grab	8270C	0.10 ug/L	ND			
c. Benzo(b)Fluoranthene	✓		1	Grab	8270C	0.051 ug/L	ND			
d. Benzo(k) Fluoranthene	✓		1	Grab	8270C	0.10 ug/L	ND			
e. Chrysene	✓		1	Grab	8270C	0.10 ug/L	ND			

[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	✓		1	Grab	8270C	0.10 ug/L	1.2			
g. Indeno(1,2,3-cd) Pyrene		✓	1	Grab	8270C	0.10 ug/L	0.59			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	1	Grab	8270C	0.10 ug/L	6.7			
h. Acenaphthene	✓		1	Grab	8270C	0.10 ug/L	ND			
i. Acenaphthylene	✓		1	Grab	8270C	0.10 ug/L	ND			
j. Anthracene	✓		1	Grab	8270C	0.10 ug/L	ND			
k. Benzo(ghi) Perylene		✓	1	Grab	8270C	0.10 ug/L	1.1			
l. Fluoranthene	✓		1	Grab	8270C	0.10 ug/L	ND			
m. Fluorene	✓		1	Grab	8270C	0.10 ug/L	ND			
n. Naphthalene-		✓	1	Grab	8270C	0.10 ug/L	5.5			
o. Phenanthrene	✓		1	Grab	8270C	0.10 ug/L	ND			
p. Pyrene	✓		1	Grab	8270C	0.10 ug/L	ND			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	Grab	8082	0.27 ug/L	ND			
38. Antimony	✓		1	Grab	200.7	6.0 ug/L	ND			
39. Arsenic	✓		1	Grab	200.7	5.0 ug/L	ND			
40. Cadmium	✓		1	Grab	200.7	4.0 ug/L	ND			
41. Chromium III	✓		1	Grab	200.7	10 ug/L	ND			
42. Chromium VI	✓		1	Grab	SW846	0.010 ug/L	ND			

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	✓		1	Grab	200.7	25ug/L	ND			
44. Lead		✓	1	Grab	200.7	5ug/L	8.6		<5.0	
45. Mercury		✓	1	Grab	200.7	.20ug/L	ND			
46. Nickel	✓		1	Grab	200.7	40ug/L	ND			
47. Selenium	✓		1	Grab	200.7	10ug/L	ND			
48. Silver	✓		1	Grab	200.7	5ug/L	ND			
49. Zinc	✓		1	Grab	200.7	20ug/L	ND			
50. Iron		✓	1	Grab	200.7	100ug/L	202			
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? Lead
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 DF: 856	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:

Vacuum Enhanced Groundwater Extraction remedial system will treat impacted groundwater through an oil/water separator; separated product will flow to an on site product storage tank for later removal by a licensed disposal facility. Impacted groundwater will then flow through sediment filters, an air stripper and (2) 1,000-lb liquid phase Granular Activated Carbon units. Treated groundwater will be discharged to the storm drain before it flows to the Housatonic 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 10.21 Maximum flow rate of treatment system 120 Design flow rate of treatment system 120

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

NA

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:

Vacuum Enhanced Groundwater Extraction remedial system will treat impacted groundwater through an oil/water separator; separated product will flow to an on site product storage tank for later removal by a licensed disposal facility. Impacted groundwater will then flow through sediment filters, an air stripper and (2) 1,000-lb liquid phase Granular Activated Carbon units. Treated groundwater will be discharged to the storm drain before it flows to the Housatonic 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 B ,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 20.6 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)?
0300 Priority Organics , 1700 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: Former Mobil Service Station No. 01-EC9

Operator signature: Joey Liddell

Title: Site Operations Manager

Date: December 28, 2005