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:** Joe's Service Station		**Facility/site** address:		
Location of **facility/site:** longitude: -70°59'04" latitude: 41°59'51"	Facility SIC code(s): 5541 7538	Street: 380 Main Street		
b) Name of **facility/site owner:** Palmieri Enterprises, Inc.		Town: Bridgewater		
Email address of owner:		State: Massachusetts	Zip: 02324	County: Plymouth
Telephone no.of facility/site **owner:** (508) 697-6795				
Fax no. of facility/site **owner:** (508) 697-6795		**Owner** is (check one): 1. Federal___ 2. State/Tribal___ 3. Private___✓___ 4. other, if so, describe:		
Address of **owner** (if different from site):				
Street:				
Town:	State:	Zip:	County:	
c) Legal name of **operator:** Joe Palmieri	**Operator** telephone no: (508) 697-6795			
	Operator fax no.: (508) 697-6795	**Operator** email: hemiman@yahoo.com		
Operator contact name and title: Joseph Palmieri				

Address of **operator** (if different from owner):	Street:		
Town:	State:	Zip:	County:

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: 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:

Construction dewatering and treatment by GAC during an underground storage tank upgrade project.

b) Provide the following information about each discharge:	1) Number of discharge points:	2) What is the **maximum** and **average flow rate** of discharge (in cubic feet per second, ft^3/s)? Max. flow 0.1336 Average flow 0.1114 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.
	one	Average flow is a design rate of 0.1114 cu ft/sec. (50 GPM)

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 70°59'02" lat. 41°59'51"; 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 8/1/06 end 8/4/06	
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).	

(Please refer to the cover letter for system schematic.)

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	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		✓	one	grab	EPA 160.2	2.0 mg/l	**66*** **	**0.007**	**66*** **	**0.005**
2. Total Residual Chlorine	✓		one	grab	EPA 330.5	0.1 mg/l	ND***			
3. Total Petroleum Hydrocarbons		✓	one	grab	MA VPH EPH	150	**2,443***	**0.266**	**2,443***	**0.221**
4. Cyanide		✓	one	grab	EPA 335.2	5.0 ug/l	6	**0.0006**	6	**0.0005**
5. Benzene		✓	one	grab	8260B	1.0 ug/l	**46****	**0.005**	**46****	**0.004**
6. Toluene		✓	one	grab	8260B	1.0 ug/l	**49.2***	**0.005**	**49.2***	**0.004**
7. Ethylbenzene		✓	one	grab	8260B	1.0 ug/l	**170****	**0.018**	**170****	**0.015**
8. (m,p,o) Xylenes		✓	one	grab	8260B	2.0 ug/l	**384.9***	**0.042**	**384.9***	**0.035**
9. Total BTEX[4]		✓	one	grab	8260B	1.0 ug/l	**650.1**	**0.070**	**650.1**	**0.059**

[4]BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

TPH = sum of unadjusted EPH and VPH fractions

*** - From the 7/6/2005 data set.**

**** - From the 11/5/2005 data set.**

***** - From the 6/20/2006 data set.**

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)	✓		one	grab	8260B	1.0 ug/l	ND***			
11. Methyl-tert-Butyl Ether (MtBE)		✓	one	grab	MA VPH	1.0 ug/l	**187***	**0.020**	**187***	**0.017**
12. tert-Butyl Alcohol (TBA)	✓		one	grab	8260B	2.0 ug/l	ND***			
13. tert-Amyl Methyl Ether (TAME)	✓		one	grab	8260B	2.0 ug/l	ND***			
14. Naphthalene		✓	one	grab	EPA 8270C	11 ug/L	**50*****	**0.005**	**50*****	**0.004**
15. Carbon Tetra-chloride	✓		one	grab	8260B	1.0 ug/l	ND***			
16. 1,4 Dichlorobenzene	✓		one	grab	8260B	1.0 ug/l	ND***			
17. 1,2 Dichlorobenzene	✓		one	grab	8260B	1.0 ug/l	ND***			
18. 1,3 Dichlorobenzene	✓		one	grab	8260B	1.0 ug/l	ND***			
19. 1,1 Dichloroethane	✓		one	grab	8260B	1.0 ug/l	ND***			
20. 1,2 Dichloroethane	✓		one	grab	8260B	1.0 ug/l	ND***			
21. 1,1 Dichloroethylene	✓		one	grab	8260B	1.0 ug/l	ND***			
22. cis-1,2 Dichloro-ethylene	✓		one	grab	8260B	1.0 ug/l	ND***			
23. Dichloromethane (Methylene Chloride)	✓		one	grab	8260B	5.0 ug/l	ND***			
24. Tetrachloroethylene	✓		one	grab	8260B	1.0 ug/l	ND***			

*** - From the 7/6/2005 data set.**

**** - From the 11/5/2005 data set.**

***** - From the 6/20/2006 data set.**

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	✓		one	grab	8260B	1.0 ug/l	ND***			
26. 1,1,2 Trichloroethane	✓		one	grab	8260B	1.0 ug/l	ND***			
27. Trichloroethylene	✓		one	grab	8260B	1.0 ug/l	ND***			
28. Vinyl Chloride	✓		one	grab	8260B	1.0 ug/l	ND***			
29. Acetone	✓		one	grab	8260B	10 ug/l	ND***			
30. 1,4 Dioxane	✓		one	grab	8260B	10 ug/l	ND***			
31. Total Phenols	✓		one	grab	8270C	11 ug/l	ND***			
32. Pentachlorophenol	✓		one	grab	8270C	11 ug/l	ND***			
33. Total Phthalates [5] (Phthalate esthers)	✓		one	grab	8270C	11 ug/l	ND***			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		one	grab	8270C	5.5 ug/l	ND***			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		one	grab	8270C	11 ug/l	ND***			
a. Benzo(a) Anthracene	✓		one	grab	8270C	11 ug/l	ND***			
b. Benzo(a) Pyrene	✓		one	grab	8270C	11 ug/l	ND***			
c. Benzo(b)Fluoranthene	✓		one	grab	8270C	11 ug/l	ND***			
d. Benzo(k) Fluoranthene	✓		one	grab	8270C	11 ug/l	ND***			
e. Chrysene	✓		one	grab	8270C	11 ug/l	ND***			

[5] The sum of individual phthalate compounds.

^ - From the 7/6/2005 data set.

** - From the 11/5/2005 data set.

*** - From the 6/20/2006 data set.

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	✓		one	grab	8270C	11 ug/l	ND***			
g. Indeno(1,2,3-cd) Pyrene	✓		one	grab	8270C	11 ug/l	ND***			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	one	grab	8270C	11 ug/l	**50*** **	**0.005**	**50*** **	**0.004**
h. Acenaphthene	✓		one	grab	8270C	11 ug/l	ND***			
i. Acenaphthylene	✓		one	grab	8270C	11 ug/l	ND***			
j. Anthracene	✓		one	grab	8270C	11 ug/l	ND***			
k. Benzo(ghi) Perylene	✓		one	grab	8270C	11 ug/l	ND***			
l. Fluoranthene	✓		one	grab	8270C	11 ug/l	ND***			
m. Fluorene	✓		one	grab	8270C	11 ug/l	ND***			
n. Naphthalene-		✓	one	grab	8270C	11 ug/l	**50*** **	**0.005**	**50*** **	**0.004**
o. Phenanthrene	✓		one	grab	8270C	11 ug/l	ND***			
p. Pyrene	✓		one	grab	8270C	11 ug/l	ND***			
37. Total Polychlorinated Biphenyls (PCBs)	✓		one	grab	SW 8082	1.0 ug/l	ND***			
38. Antimony	✓		one	grab	EPA 200.9	5.0 ug/l	ND***			
39. Arsenic	✓		one	grab	EPA 200.9	5.0 ug/l	ND***			
40. Cadmium	✓		one	grab	EPA 200.9	0.5 ug/l	ND***			
41. Chromium III	✓		one	grab	EPA 200.7	30.0 ug/l	ND***			
42. Chromium VI	✓		one	grab	SM3500 CR-D	30.0 ug/l	ND***			

*** - From the 7/6/2005 data set.**

**** - From the 11/5/2005 data set.**

***** - From the 6/20/2006 data set.**

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	✓		one	grab	EPA 200.9	50 ug/L	ND***			
44. Lead	✓		one	grab	EPA 200.9	2.0 ug/L	ND***			
45. Mercury	✓		one	grab	EPA 245.1	0.5 ug/L	ND***			
46. Nickel	✓		one	grab	EPA 200.7	20 ug/L	ND***			
47. Selenium	✓		one	grab	EPA 200.9	5.0 ug/L	ND***			
48. Silver	✓		one	grab	EPA 200.9	1.0 ug/L	ND***			
49. Zinc		✓	one	grab	EPA 200.9	20 ug/L	**42*** **	**0.005**	**42*** **	**0.004**
50. Iron		✓	one	grab	EPA 200.9	50 ug/L	**7,700*** **	**0.839**	**7,700*** **	**0.669**
Other (describe): See attachments										

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? 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:_____ DF: 21.5	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: iron

^ - **From the 7/6/2005 data set.**

** - **From the 11/5/2005 data set.**

*** - **From the 6/20/2006 data set.**

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 treatment system consists of a flyght pump, a 21,000 gallon sedimentation tank, a transfer pump, (2) P2 bag filters, and (2) 1,000 lb. carbon vessels. A schematic diagram is attached to our cover letter.

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): Bag filters and (if needed) greensand as a polishing step for the iron			

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 GPM Maximum flow rate of treatment system 60 GPM Design flow rate of treatment system 60 GPM

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

None proposed

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:

The treatment system will discharge through a 2-inch hose to the a Bridgewater stormdrain in front of Site building. The storm drain discharges to an unnamed tributary of the Bridgewater Town River, which joins the Taunton River, and ultimately discharges to the upper Narragansett Bay.

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 2.97 * 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 ✓

* From USGS Water-Resources Investigations Report 99-4006

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:
Operator signature:
Title:
Date:

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: Palmieri Enterprises Inc dba Joe's Service Station

Operator signature: Marie A. Palmieri

Title: Owner

Date: 6/20/06