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:
Greenbush/North Scituate Station</td><td colspan="4">Facility/site address:</td></tr>
<tr><td colspan="2">Location of facility/site:
longitude: 70°47'11" latitude: 42°13'08"</td><td>Facility SIC code(s):
None</td><td colspan="4">Street:
Interchage of: Country Way, Gannet Road and Henry Turner Bailey Road</td></tr>
<tr><td colspan="3">b) Name of facility/site owner: Massachusetts Bay Transportation Authority</td><td colspan="4">Town: Scituate</td></tr>
<tr><td colspan="3" rowspan="2">Email address of owner:
JEng@mbta.com</td><td rowspan="2">State:
MA</td><td rowspan="2">Zip:
02066</td><td rowspan="2">County:
Plymouth</td></tr>
<tr><td colspan="3">Telephone no.of facility/site owner: (781) 682-7250</td></tr>
<tr><td colspan="3">Fax no. of facility/site owner: (781) 682-7251</td><td colspan="3" rowspan="2">Owner is (check one): 1. Federal____ 2. State/Tribal ✓
3. Private_____ 4. other, if so, describe:</td></tr>
<tr><td colspan="3">Address of owner (if different from site):</td></tr>
<tr><td colspan="6">Street: 10 Park Plaza, Suite 3910</td></tr>
<tr><td colspan="2">Town: Boston</td><td>State: MA</td><td>Zip: 02116</td><td colspan="2">County: Suffolk</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:
Jay Cashman, Inc./Balfour Beatty Construction, Inc., JV</td><td colspan="4">Operator telephone no: (781) 335-5001</td></tr>
<tr><td colspan="2">Operator fax no.: (781) 335-9503</td><td colspan="2">Operator email:
jdoyle@jaycashman.com</td></tr>
<tr><td colspan="6">Operator contact name and title: Jamie Doyle</td></tr>
</table>

Address of **operator** (if different from owner):	Street: 1580 Commercial Street		
Town: East Weymouth	State: MA	Zip: 02189	County: Norfolk

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 3-22582
2. permit or license # assigned:
3. state agency contact information: name, location, and telephone number:
Scott Sayers, MADEP SERO, 20 Riverside Drive, Lakeville, MA (508)946-2780

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: MAR10B856
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:
Discharge activities will include construction dewatering and treatment. See attached NOI letter for further information.

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 0.09 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 the estimated average flow for the discharge

3) Latitude and longitude of each discharge within 100 feet: pt.1:long 70°47'14" lat 42°13'07"; pt.2: long 70°47'13" lat 42°13'07"; pt.3: long 70°47'16" lat 42°13'10"; pt.4:long 70°46'55" lat 42°13'12"; 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): N/A	5) Is the discharge intermittent ✓ or seasonal _____? Is discharge ongoing Yes ____ No ✓ ?
c) Expected dates of discharge (mm/dd/yy): start 04/01/06 end 04/01/07	
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		✓	3	grab	160.2	5 mg/l	3.6E8	97E6	1.2E8	26E6
2. Total Residual Chlorine	✓		3	grab	330.1	20 ug/l	<ML			
3. Total Petroleum Hydrocarbons		✓	3	grab	1664	5 mg/l	1.6E5	43000	1.1E5	24000
4. Cyanide	✓		3	grab	335.4	10 ug/l	<ML			
5. Benzene		✓	3	grab	8260	2 ug/l	<500			
6. Toluene		✓	3	grab	8260	2 ug/l	<500			
7. Ethylbenzene		✓	3	grab	8260	2 ug/l	2900	0.8	2500	0.6
8. (m,p,o) Xylenes		✓	3	grab	8260	10 ug/l	23300	6.3	13043	2.9
9. Total BTEX[4]		✓	3	grab	8260	2 ug/l	26200	7.1	15543	3.4

[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)		✓	3	grab	8260	0.1ug/l	<500			
11. Methyl-tert-Butyl Ether (MtBE)		✓	3	grab	8260	5ug/l	<6000			
12. tert-Butyl Alcohol (TBA)		✓	3	grab	8260	100ug/l	<200			
13. tert-Amyl Methyl Ether (TAME)		✓	3	grab	8260	0.5ug/l	<500			
14. Naphthalene		✓	3	grab	8260	2ug/l	6200	1.7	3800	0.8
15. Carbon Tetra-chloride		✓	3	grab	8260	2ug/l	<500			
16. 1,4 Dichlorobenzene		✓	3	grab	8260	2ug/l	<500			
17. 1,2 Dichlorobenzene		✓	3	grab	8260	2ug/l	<500			
18. 1,3 Dichlorobenzene		✓	3	grab	8260	2ug/l	<500			
19. 1,1 Dichloroethane		✓	3	grab	8260	1ug/l	<500			
20. 1,2 Dichloroethane		✓	3	grab	8260	2ug/l	<500			
21. 1,1 Dichloroethylene		✓	3	grab	8260	2ug/l	<500			
22. cis-1,2 Dichloro-ethylene		✓	3	grab	8260	2ug/l	<500			
23. Dichloromethane (Methylene Chloride)		✓	3	grab	8260	2ug/l	<500			
24. Tetrachloroethylene		✓	3	grab	8260	2ug/l	<500			

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		✓	3	grab	8260	2ug/l	<500			
26. 1,1,2 Trichloroethane		✓	3	grab	8260	2ug/l	<500			
27. Trichloroethylene		✓	3	grab	8260	2ug/l	<500			
28. Vinyl Chloride		✓	3	grab	8260	2ug/l	<500			
29. Acetone		✓	3	grab	8260	50ug/l				
30. 1,4 Dioxane		✓	3	grab	8260	50ug/l				
31. Total Phenols		✓	3	grab	420.1	1ug/l	<400			
32. Pentachlorophenol		✓	3	grab	8270	5ug/l	<400			
33. Total Phthalates [5] (Phthalate esthers)		✓	3	grab	8270	5ug/l	<400			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]		✓	3	grab	8270	5ug/l	<400			
35. Total Group I Polycyclic Aromàtic Hydrocarbons (PAH)		✓	3	grab	8270		<400			
a. Benzo(a) Anthracene		✓	3	grab	8270	5ug/l	<400			
b. Benzo(a) Pyrene		✓	3	grab	8270	10ug/l	<400			
c. Benzo(b)Fluoranthene		✓	3	grab	8270	10ug/l	<400			
d. Benzo(k) Fluoranthene		✓	3	grab	8270	10ug/l	<400			
e. Chrysene		✓	3	grab	8270	10ug/l	<400			

[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		✓	3	grab	8270M	10ug/l	<400			
g. Indeno(1,2,3-cd) Pyrene		✓	3	grab	8270M	10ug/l	<400			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	3	grab	8270M		<400			
h. Acenaphthene		✓	3	grab	8270M	1ug/l	<400			
i. Acenaphthylene		✓	3	grab	8270M	10ug/l	<400			
j. Anthracene		✓	3	grab	8270M	10ug/l	<400			
k. Benzo(ghi) Perylene		✓	3	grab	8270M	5ug/l	<400			
l. Fluoranthene		✓	3	grab	8270M	1ug/l	<400			
m. Fluorene		✓	3	grab	8270M	10ug/l	<400			
n. Naphthalene-		✓	3	grab	8270M	2ug/l	3700	1.0	1803	0.4
o. Phenanthrene		✓	3	grab	8270M	5ug/l	<400			
p. Pyrene		✓	3	grab	8270M	10ug/l	<400			
37. Total Polychlorinated Biphenyls (PCBs)		✓	3	grab	608	0.5ug.l	<5			
38. Antimony		✓	3	grab	200.9	5ug/l	23	0.01	11.8	0.003
39. Arsenic		✓	3	grab	200.7	5ug/l	14	0.004	10	0.002
40. Cadmium	✓		3	grab	213.2	5ug/l	<ML			
41. Chromium III	✓		3	grab	200.7	10ug/l	<ML			
42. Chromium VI	✓		3	grab	218.6	10ug/l	<ML			

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		✓	3	grab	200.7	5ug/l	5	0.001	3	0.0007
44. Lead		✓	3	grab	200.9	3ug/l	52	0.014	24.7	0.005
45. Mercury	✓		3	grab	245.2	0.2ug/l	<ML			
46. Nickel		✓	3	grab	200.7	10ug/l	2	0.0005	2	0.0004
47. Selenium		✓	3	grab	200.7	5ug/l	<40			
48. Silver		✓	3	grab	272.2	2ug/l	<4			
49. Zinc		✓	3	grab	200.7	10ug/l	19	0.005	9	0.002
50. Iron		✓	3	grab	200.7	2ug/l	49200	13.2	19619	4.3
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? antimony, arsenic, copper, lead, selenium, silver, 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: antimony, arsenic, copper, lead, selenium, silver, and iron DF: 10+	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: lead, 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:

See attached NOI letter and schematic diagram

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): organophilic clay filter			

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 40gpm Maximum flow rate of treatment system 50gpm Design flow rate of treatment system 50gpm

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:

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:

Water will be discharged to the storm drainage drop inlets located at the Site with eventual discharge to Bound Brook or Musquashcut Brook (south of Site), or through an energy dissipation feature for direct discharge to Bound Brook (north of Site).

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 1-5 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)?

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.

See attached NOI letter

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: Greenbush/North Scituate Station

Operator signature: RDWilson R.D. Wilson
(ON BEHALF OF JAMIE DOYLE)

Title: DEPUTY PROJECT MANAGER

Date: 3/17/06