

APPENDIX A

Notice of Intent (NOI) for Remediation General Permit (RGP)

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: Blackstone Fuel Oil Refurbishment		Facility/site address: 46 Blackstone St. Cambridge, Massachusetts 02139	
Location of facility/site: longitude: 71.12 latitude: 42.36	Facility SIC code(s):	Street: 46 Blackstone Street (Between Blackstone Street, Western Ave, Memorial Drive Ave, River St.)	
b) Name of facility/site owner: President and Fellows of Harvard College Email address of owner: c/o Harvard Engineering and Utilities Represented by : Doug Schmidt [Douglas_Schmidt@harvard.edu]		Town: Cambridge	
Telephone no. of facility/site owner: (617) 496-1116		State: MA	Zip: 02139 County: Middlesex
Fax no. of facility/site owner: (617) 496-1669		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: Waldron Engineering and Construction, Inc.		Operator telephone no: (603) 772-7153	
		Operator fax no.: (603) 772-7693	Operator email: David Forbes [DForbes@waldron.com]
Operator contact name and title: David Forbes, Director of Construction			

Address of operator (if different from owner):		Street: 37 Industrial Dr.	
Town: Exeter	State: NH	Zip: 03833	County: Rockingham

d) Check "yes" or "no" for the following:

- Has a prior NPDES permit exclusion been granted for the discharge? Yes ☐ No ☒ if "yes," number: _____
- Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ☐ No ☒ if "yes," date and tracking #: _____
- Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes ☒ No ☐
- 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:

- site identification # assigned by the state of NH or MA: _____
- permit or license # assigned: _____
- state agency contact information: name, location, and telephone number: _____

f) Is the site/facility covered by any other EPA permit, including:

- multi-sector storm water general permit? Y ☐ N ☒ if Y, number: _____
- phase I or II construction storm water general permit? Y ☐ N ☒ if Y, number: _____
- individual NPDES permit? Y ☒ N ☐ if Y, number: MA0004901
- 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:

Temporary construction dewatering in support of site remediation and No. 6 Fuel Oil Tank replacement.

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 0.11 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. 71.12 lat. 42.36 ; 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 06/01/07 end 11/01/08	
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).	

See attached Figures 2 (Proposed Treatment System Schematic) and 3 (Proposed Dewatering Discharge Route)

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										
2. Total Residual Chlorine										
3. Total Petroleum Hydrocarbons		✓	1	GRAB	1664A	4000		6460		
4. Cyanide										
5. Benzene	✓		1	GRAB	624	1			ND	
6. Toluene	✓		1	GRAB	624	1			ND	
7. Ethylbenzene	✓		1	GRAB	624	1			ND	
8. (m,p,o) Xylenes	✓		1	GRAB	624	2			ND	
9. Total BTEX ⁴	✓		1	GRAB	624				ND	

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

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)
10. Ethylene Dibromide (1,2- Dibromo-methane)										
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	GRAB	624	2.5	ND			
12. tert-Butyl Alcohol (TBA)										
13. tert-Amyl Methyl Ether (TAME)										
14. Naphthalene	✓		1	GRAB	8270	0.2	ND			
15. Carbon Tetra-chloride	✓		1	GRAB	624	1	ND			
16. 1,4 Dichlorobenzene	✓		1	GRAB	624	5	ND			
17. 1,2 Dichlorobenzene	✓		1	GRAB	624	5	ND			
18. 1,3 Dichlorobenzene	✓		1	GRAB	624	5	ND			
19. 1,1 Dichloroethane	✓		1	GRAB	624	1.5	ND			
20. 1,2 Dichloroethane	✓		1	GRAB	624	1.5	ND			
21. 1,1 Dichloroethylene	✓		1	GRAB	624	1	ND			
22. cis-1,2 Dichloro-ethylene	✓		1	GRAB	624	1	ND			
23. Dichloromethane (Methylene Chloride)	✓		1	GRAB	624	5	ND			
24. Tetrachloroethylene	✓		1	GRAB	624	1.5	ND			

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)
25. 1,1,1 Trichloroethane	✓		1	GRAB	624	2	ND			
26. 1,1,2 Trichloroethane	✓		1	GRAB	624	1.5	ND			
27. Trichloroethylene	✓		1	GRAB	624	1	ND			
28. Vinyl Chloride	✓		1	GRAB	624	2	ND			
29. Acetone	✓		1	GRAB	624	10	ND			
30. 1,4 Dioxane										
31. Total Phenols										
32. Pentachlorophenol										
33. Total Phthalates ⁵ (Phthalate esters)										
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]										
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✓		1	GRAB	8270	0.2	ND			
b. Benzo(a) Pyrene	✓		1	GRAB	8270	0.2	ND			
c. Benzo(b)Fluoranthene	✓		1	GRAB	8270	0.2	ND			
d. Benzo(k) Fluoranthene	✓		1	GRAB	8270	0.2	ND			
e. Chrysene	✓		1	GRAB	8270	0.2	ND			

⁵The sum of individual phthalate compounds.

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		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h)anthracene	✓		1	GRAB	8270	0.2	ND			
g. Indeno(1,2,3-cd)Pyrene	✓		1	GRAB	8270	0.2	ND			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene	✓		1	GRAB	8270	0.2	ND			
i. Acenaphthylene	✓		1	GRAB	8270	0.2	ND			
j. Anthracene	✓		1	GRAB	8270	0.2	ND			
k. Benzo(ghi) Perylene	✓		1	GRAB	8270	0.2	ND			
l. Fluoranthene	✓		1	GRAB	8270	0.2	ND			
m. Fluorene	✓		1	GRAB	8270	0.2	ND			
n. Naphthalene-	✓		1	GRAB	8270	0.2	ND			
o. Phenanthrene	✓		1	GRAB	8270	0.2	ND			
p. Pyrene	✓		1	GRAB	8270	0.2	ND			
37. Total Polychlorinated Biphenyls (PCBs)										
38. Antimony										
39. Arsenic										
40. Cadmium										
41. Chromium III	✓		1	GRAB	6020T	0.5	ND			
42. Chromium VI	✓		1	GRAB	3500	10	ND			

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										
44. Lead										
45. Mercury										
46. Nickel		✓	1	GRAB	6020T	0.5				
47. Selenium							9.7			
48. Silver										
49. Zinc	✓		1	GRAB	6020T	5				
50. Iron		✓	1	GRAB	6020T	50	411			
Other (describe): EPH		✓	3	GRAB	EPH 04-01	100	336			

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 <u> </u> N <u> </u> ✓	If yes, which metals? None
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: _____	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 <u> </u> N <u> </u> ✓ If "Yes," list which metals:

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

System Influent	Frac. Tank	Bag Filter	GAC filter	Ion Exchange	Precipitation System	Effluent
As Needed						
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): GAC, Ion Exchange, Precipitation System, if necessary			
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 <u>20 est</u> Maximum flow rate of treatment system <u>50 est</u> Design flow rate of treatment system <u>50 est</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): Please see attached Flocc Log fact sheets and MSDS for ion exchange system for possible chemical additives or treatments.						

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 effluent will be discharged to the cooling system water discharge line located within and adjacent to the site, and travel across Memorial Drive and discharge into the Charles 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 discharges, 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	NA
Please attach any calculation sheets used to support stream flow and dilution calculations. _____ cfs	
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes ☒ No ☐ If yes, for which pollutant(s)? Cause Unknown, Unknown Toxicity, Priority Organics, Metals, Nutrients, Organic Enhancement/Low DO, Pathogens, Oil and Grease, Taste odor and color, Noxious aquatic plants, Turbidity	
Is there a TMDL? Yes ☐ No ☒ If yes, for which pollutant(s)? Documented as Category 5 Waters "Waters requiring a TMDL": Cause unknown, Unknown Toxicity, Priority Organics, Metals, Nutrients, Organic Enhancement/Low DO, Pathogens, Oil and Grease, Taste Odor and color, Noxious aquatic plants, Turbidity.	
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.

Not applicable since the metals analyzed did not exceed or do not have reasonable potential to exceed the effluent limits in Appendix III of this Suggested Form for NOI.

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:	Blackstone Fuel Oil Refurbishment
Owner signature:	
Title:	PROJECT MANAGER
Date:	5/17/07

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: Blackstone Fuel Oil Refurbishment

Operator signature:

David Forbes

Title: DIRECTOR OF CONSTRUCTION

Date:

5/17/07