

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 : Clean Corp		Facility/site address: 229-231 North Main Street	
Location of facility/site : longitude: _____ latitude: _____ longitude = 71 deg 21' 39" W latitude = 42 deg 18' 12" N	Facility SIC code(s): N/A	Street: 229-231 North Main Street	
b) Name of facility/site owner : 229 Main Street Limited Partnership		Town: Natick	
Email address of owner:		State: MA	Zip: 01760
Telephone no. of facility/site owner : (508) 795-7997		County: Middlesex	
Fax no. of facility/site owner : (508) 757-2244		Owner is (check one): 1. Federal _____ 2. State/Tribal _____ 3. Private ☒ 4. other, if so, describe:	
Address of owner (if different from site):			
Street: 6 Old Lantern Circle			
Town: Paxton	State: MA	Zip: 01612	County: Worcester
c) Legal name of operator : Golder Associates Inc.	Operator telephone no: (603) 668-0880		
	Operator fax no.: (603) 668-1199		Operator email: pking@golder.com
Operator contact name and title: Peter M. King, P.E., LEP, LSP, Associate and Manager, Manchester Operations			

Address of operator (if different from owner):		Street: 540 North Commercial Street, Suite 250	
Town: Manchester	State: NH	Zip: 03101	County: Hillsborough
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: 99-036 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 3-3672 2. permit or license # assigned: Tier I Permit 137394 3. state agency contact information: name, location, and telephone number: DEP, Chris Pyott, 205B Lowell St, Wilmington, MA 01887 978-694-3353		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: An on-site groundwater recovery and treatment system (GRTS) extracts water from MW-106DR and treats extracted water using a particulate filter and aqueous phase granular activated carbon prior to discharge to Megonko Brook.		
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 <u>0.03</u> Average flow <u>0.02</u> 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.
	1	-71.36067 42.30348
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. _____ lat. _____; 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 _____ end _____ Ongoing discharge at this time, end time is undetermined.	
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 and 3.

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		☒	1	grab	160.2	5 mg/l	16000			
2. Total Residual Chlorine	☒		1	grab	330.1	20 ug/l				
3. Total Petroleum Hydrocarbons	☒		1	grab	1664A	4.4mg/l				
4. Cyanide	☒		1	grab	335.2	5 ug/l				
5. Benzene	☒		1	grab	624	5 ug/l				
6. Toluene	☒		1	grab	624	5 ug/l				
7. Ethylbenzene	☒		1	grab	624	5 ug/l				
8. (m,p,o) Xylenes	☒		1	grab	624	10 ug/l				
9. Total BTEX ⁴	☒		1	grab	624					

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

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)	✓		1	grab	504	0.2ug/l				
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	grab	624	100ug/l				
12. tert-Butyl Alcohol (TBA)	✓		1	grab	624	500ug/l				
13. tert-Amyl Methyl Ether (TAME)	✓		1	grab	624	100ug/l				
14. Naphthalene	✓		1	grab	8270C	4.8ug/l				
15. Carbon Tetra-chloride	✓		24	grab	624	5 ug/l				
16. 1,4 Dichlorobenzene	✓		1	grab	8270	4.8ug/l				
17. 1,2 Dichlorobenzene	✓		1	grab	8270	4.8ug/l				
18. 1,3 Dichlorobenzene	✓		1	grab	8270	4.8ug/l				
19. 1,1 Dichloroethane	✓		24	grab	624	7.5ug/l				
20. 1,2 Dichloroethane	✓		24	grab	624	7.5ug/l				
21. 1,1 Dichloroethylene	✓		24	grab	624	5 ug/l				
22. cis-1,2 Dichloro-ethylene	✓		24	grab	624	5 ug/l				
23. Dichloromethane (Methylene Chloride)	✓		24	grab	624	25 ug/l				
24. Tetrachloroethylene		✓	24	grab	624	7.5ug/l			1290	

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	✓		24	grab	624	10 ug/l				
26. 1,1,2 Trichloroethane	✓		24	grab	624	7.5ug/l				
27. Trichloroethylene		✓	24	grab	624	5 ug/l	10			
28. Vinyl Chloride	✓		24	grab	624	10 ug/l				
29. Acetone	✓		1	grab	624	50 ug/l				
30. 1,4 Dioxane	✓		1	grab	8260M	10 mg/l				
31. Total Phenols	✓		1	grab	420	30 ug/l				
32. Pentachlorophenol	✓		1	grab	8270C	0.8ug/l				
33. Total Phthalates ⁵ (Phthalate esthers)	✓		1	grab	8270C	6 ug/l				
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	grab	8270C	6 ug/l				
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	grab	8270C	0.2ug/l				
a. Benzo(a) Anthracene	✓		1	grab	8270C	0.2ug/l				
b. Benzo(a) Pyrene	✓		1	grab	8270C	0.2ug/l				
c. Benzo(b)Fluoranthene	✓		1	grab	8270C	0.2ug/l				
d. Benzo(k) Fluoranthene	✓		1	grab	8270C	0.2ug/l				
e. Chrysene	✓		1	grab	8270C	0.2ug/l				

⁵The sum of individual phthalate compounds.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	grab	8270C	0.2ug/l				
g. Indeno(1,2,3-cd) Pyrene	✓		1	grab	8270C	0.2ug/l				
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	grab	8270C					
h. Acenaphthene	✓		1	grab	8270C	0.2ug/l				
i. Acenaphthylene	✓		1	grab	8270C	0.2ug/l				
j. Anthracene	✓		1	grab	8270C	0.2ug/l				
k. Benzo(ghi) Perylene	✓		1	grab	8270C	0.2ug/l				
l. Fluoranthene	✓		1	grab	8270C	0.2ug/l				
m. Fluorene	✓		1	grab	8270C	0.2ug/l				
n. Naphthalene-	✓		1	grab	8270C	0.2ug/l				
o. Phenanthrene	✓		1	grab	8270C	0.2ug/l				
p. Pyrene	✓		1	grab	8270C	0.2ug/l				
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	grab	8270C	0.3ug/l				
38. Antimony	✓		1	grab	6020	0.5ug/l				
39. Arsenic	✓		1	grab	200.7	5 ug/l				
40. Cadmium	✓		1	grab	6020	0.2ug/l				
41. Chromium III	✓		1	grab	200.7	10 ug/l				
42. Chromium VI	✓		1	grab	200.7	10 ug/l				

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper		✓	1	grab	200.7	5 ug/l	10			
44. Lead		✓	1	grab	6020	0.5ug/l	1.4			
45. Mercury	✓		1	grab	245.2	0.2ug/l				
46. Nickel	✓		1	grab	200.7	25 ug/l				
47. Selenium	✓		1	grab	200.7	5 ug/l				
48. Silver	✓		1	grab	6020	0.5ug/l				
49. Zinc	✓		1	grab	200.7	50 ug/l				
50. Iron		✓	1	grab	200.7	50 ug/l	750			
Other (describe):										

c) For discharges where **metals** are believed present, please fill out the following:

<i>Step 1:</i> 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? (see Section 7-Supplemental Information)
<i>Step 2:</i> 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___ 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: Groundwater is pumped from recovery well MW-106DR through a sedimentation filter to remove fines. Once the fines are removed, the water is pumped through granular activated carbon vessels before being discharged to a drainage line connected to the stormwater sewer system. The stormwater sewer system travels beneath North Main Street and discharges into Megonko Brook. There are three other storm sewers that discharge to the same location. See attached Figures 2 and 3.						
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 <u>12</u> Maximum flow rate of treatment system <u>15</u> Design flow rate of treatment system <u>15</u>						
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: The treatment system effluent discharges, under gravity flow, to a storm sewer which discharges into Megonko Brook. Megonko Brook is an intermittent stream which flows into Lake Cochichuate.						

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.	See attached Figures 1, 2 and 3.
d) Provide the state water quality classification of the receiving water <u>B</u>	
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>0.0</u> cfs Please attach any calculation sheets used to support stream flow and dilution calculations.	Megonko Brook is intermittent and is part of the stormwater drainage system.
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? 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): 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 analytical data.

Granular activated carbon pump and treatment system is in place to remediate impacted groundwater at the site. A sample of effluent from the system was collected to demonstrate that the copper, iron and lead concentrations do not exceed the effluent limits. (See Attachment B).

Megonko Brook is intermittent and is part of the stormwater drainage system.

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: 229-231 North Main Street

Operator signature: 

Title: Golder Associates Inc. - Associate and Manager, Manchester Operations

Date: 8/16/07