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:
Endicott Street Area Drainage Improvements</td><td colspan="4">Facility/site address:
Talbot Street/Amherst Alley</td></tr>
<tr><td>Location of facility/site:
longitude: -71.0 latitude: 42.35</td><td>Facility SIC code(s):
N/A</td><td colspan="4">Street:
Talbot Street</td></tr>
<tr><td colspan="2">b) Name of facility/site owner: City of Cambridge</td><td colspan="4">Town: Cambridge</td></tr>
<tr><td colspan="2" rowspan="2">Email address of owner:</td><td rowspan="2">State:
MA</td><td rowspan="2">Zip:
02139</td><td rowspan="2">County:
Middlesex</td></tr>
<tr><td colspan="2">Telephone no.of facility/site owner: (617) 349-4800</td></tr>
<tr><td colspan="2">Fax no. of facility/site owner: (617) 349-4814</td><td colspan="3" rowspan="2">Owner is (check one): 1. Federal____ 2. State/Tribal_____
3. Private_____ 4. other, if so, describe: Municipality</td></tr>
<tr><td colspan="2">Address of owner (if different from site):</td></tr>
<tr><td colspan="6">Street: 147 Hampshire Street</td></tr>
<tr><td colspan="2">Town: Cambridge</td><td>State: MA</td><td>Zip: 02139</td><td colspan="2">County: Middlesex</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:</td><td colspan="4">Operator telephone no:</td></tr>
<tr><td colspan="2">Operator fax no.:</td><td colspan="2">Operator email:</td></tr>
<tr><td colspan="6">Operator contact name and title:</td></tr>
</table>

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:

Dewatering permits for the construction of catch basins, stormdrains and sewers, a backwater control structure, sanitary sewer and storm drain rehabilitation, and road resurfacing. The rehabilitation project will provide alternative flow pathway for stormwater to discharge into existing underutilized outfalls. Effluent will be treated (sediment filtration) prior to discharge.

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_____ Average flow_____ 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. -71.0 lat. 42.35 ; 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 03/01/07 end 03/01/08	
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).	

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		✓	2	grab	160.2	2000	56000			
2. Total Residual Chlorine	✓		2	grab	330.1	20	ND			
3. Total Petroleum Hydrocarbons		✓	2	grab	1664	500	3400			
4. Cyanide	✓		2	grab	335.2	10	ND			
5. Benzene	✓		2	grab	8260	1.0	ND			
6. Toluene	✓		2	grab	8260	1.0	ND			
7. Ethylbenzene	✓		2	grab	8260	1.0	ND			
8. (m,p,o) Xylenes	✓		2	grab	8260	1.0	ND			
9. Total BTEX[4]	✓		2	grab	8260	1.0	ND			

[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)	✓		2	8260	8260	1.0	ND			
11. Methyl-tert-Butyl Ether (MtBE)	✓		2	8260	8260	1.0	ND			
12. tert-Butyl Alcohol (TBA)	✓		2	8260	8260	25	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		2	8260	8260	2.0	ND			
14. Naphthalene	✓		2	8260	8260	1.0	ND			
15. Carbon Tetra-chloride	✓		2	8260	8260	1.0	ND			
16. 1,4 Dichlorobenzene	✓		2	8260	8260	1.0	ND			
17. 1,2 Dichlorobenzene	✓		2	8260	8260	1.0	ND			
18. 1,3 Dichlorobenzene	✓		2	8260	8260	1.0	ND			
19. 1,1 Dichloroethane	✓		2	8260	8260	1.0	ND			
20. 1,2 Dichloroethane	✓		2	8260	8260	1.0	ND			
21. 1,1 Dichloroethylene	✓		2	8260	8260	1.0	ND			
22. cis-1,2 Dichloro-ethylene	✓		2	8260	8260	1.0	ND			
23. Dichloromethane (Methylene Chloride)	✓		2	8260	8260	1.0	ND			
24. Tetrachloroethylene	✓		2	8260	8260	1.0	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	✓		2	grab	8260	1.0	ND			
26. 1,1,2 Trichloroethane	✓		2	grab	8260	1.0	ND			
27. Trichloroethylene	✓		2	grab	8260	1.0	ND			
28. Vinyl Chloride	✓		2	grab	8260	1.0	ND			
29. Acetone	✓		2	grab	8260	25	ND			
30. 1,4 Dioxane	✓		2	grab	8260	100	ND			
31. Total Phenols	✓		2	grab	8270C	10	ND			
32. Pentachlorophenol	✓		2	grab	8270C	10	ND			
33. Total Phthalates [5] (Phthalate esthers)	✓		2	grab	8270C	10	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		2	grab	8270C	5	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		2	grab	8270C	0.2	ND			
a. Benzo(a) Anthracene	✓		2	grab	8270C	0.2	0.2			
b. Benzo(a) Pyrene	✓		2	grab	8270C	0.2	ND			
c. Benzo(b)Fluoranthene	✓		2	grab	8270C	0.2	ND			
d. Benzo(k) Fluoranthene	✓		2	grab	8270C	0.2	ND			
e. Chrysene	✓		2	grab	8270C	0.2	0.2			

[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	✓		2	grab	8270C	0.2	ND			
g. Indeno(1,2,3-cd) Pyrene	✓		2	grab	8270C	0.2	ND			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		2	grab	8270C	0.2				
h. Acenaphthene		✓	2	grab	8270C	0.2	2.7			
i. Acenaphthylene		✓	2	grab	8270C	0.2	0.3			
j. Anthracene		✓	2	grab	8270C	0.2	0.5			
k. Benzo(ghi) Perylene	✓		2	grab	8270C	0.2	ND			
l. Fluoranthene		✓	2	grab	8270C	0.2	0.4			
m. Fluorene		✓	2	grab	8270C	0.2	4.2			
n. Naphthalene-	✓		2	grab	8270C	0.2	ND			
o. Phenanthrene		✓	2	grab	8270C	0.2	1.1			
p. Pyrene		✓	2	grab	8270C	0.2	0.5			
37. Total Polychlorinated Biphenyls (PCBs)	✓		2	grab	608	0.9	ND			
38. Antimony	✓		2	grab	6010B	25	ND			
39. Arsenic		✓	2	grab	200.9	2	7.1			
40. Cadmium	✓		2	grab	6010B	5.0	ND			
41. Chromium III	✓		2	grab	6010B	5.0	ND			
42. Chromium VI	✓		2	grab	3500	20	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		✓	2	grab	200.9	2.0	3.1			
44. Lead	✓		2	grab	6010B	10	ND			
45. Mercury	✓		2	grab	7470A	0.4	ND			
46. Nickel	✓		2	grab	6010B	10	ND			
47. Selenium	✓		2	grab	6010B	25	ND			
48. Silver	✓		2	grab	6010B	5.0	ND			
49. Zinc	✓		2	grab	6010B	10	ND			
50. Iron		✓	2	grab	6010B	25	17000			
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?
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____ 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:

Frac. tank to pump to Bag filter to flow meter to catch basin to Charles 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 45 Maximum flow rate of treatment system 90 Design flow rate of treatment system _____

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

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:

Treated waster discharged into stormdrain which discharges 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 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 22.0 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.

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: Endicott Street Area Drainage Improvements
Operator signature:
Title:
Date: