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:** Endicott Street Area Drainage Improvements		**Facility/site** address:		
Location of **facility/site:** longitude: -71.0 latitude: 42.45	Facility SIC code(s):	Street: Talbot Street/Amherst Alley		
b) Name of **facility/site owner:** City of Cambridge		Town: Cambridge		
Email address of owner:		State: MA	Zip: 02139	County: Middlesex
Telephone no.of facility/site **owner:** 617-349-4800				
Fax no. of facility/site **owner:** 617-349-4814		**Owner** is (check one): 1. Federal____ 2. State/Tribal_____ 3. Private_____ 4. other, if so, describe: Municipality		
Address of **owner** (if different from site):				
Street: 147 Hampshire Street				
Town: Cambridge	State: MA	Zip: 02139	County: Middlesex	
c) Legal name of **operator:** P. Caliacco Corp.		**Operator** telephone no: 781-982-9800		
		Operator fax no.: 781-982-9569	**Operator** email: mciampa@caliacco.com	
Operator contact name and title: Marc. S. Ciampa, Project Manager				
Address of **operator** (if different from owner):		Street: 405 V.F. W. Drive		
Town: Rockland	State: MA	Zip: 02370	County: Plymouth	

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: MAG910289
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:

Change Order to original Endicott St. Contract - 3 point repairs to existing Vassar St. sewer utility main in the vicinity of Talbot St. and Amherst Alley.

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, ft3/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 11/01/07 end 11/30/07

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		✓	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 [5] (1,2- Dibromo-methane)	✓		2	grab	8260	1.0	ND			
11. Methyl-tert-Butyl Ether (MtBE)	✓		2	grab	8260	1.0	ND			
12. tert-Butyl Alcohol (TBA)	✓		2	grab	8260	1.0	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		2	grab	8260	1.0	ND			
14. Naphthalene	✓		2	grab	8260	1.0	ND			
15. Carbon Tetra-chloride	✓		2	grab	8260	1.0	ND			
16. 1,4 Dichlorobenzene	✓		2	grab	8260	1.0	ND			
17. 1,2 Dichlorobenzene	✓		2	grab	8260	1.0	ND			
18. 1,3 Dichlorobenzene	✓		2	grab	8260	1.0	ND			
19. 1,1 Dichloroethane	✓		2	grab	8260	1.0	ND			
20. 1,2 Dichloroethane	✓		2	grab	8260	1.0	ND			
21. 1,1 Dichloroethylene	✓		2	grab	8260	1.0	ND			
22. cis-1,2 Dichloro-ethylene	✓		2	grab	8260	1.0	ND			
23. Dichloromethane (Methylene Chloride)	✓		2	grab	8260	1.0	ND			
24. Tetrachloroethylene	✓		2	grab	8260	1.0	ND			

[5] EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

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[6] (Phthalate esthers)	✓		2	grab	8270c	10	ND			
34. Bis (2-Ethylhexyl) Phthalate |Di-(ethylhexyl) Phthalate|	✓		2	grab	8270C	5	ND			
35. Total Group 1 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	✓		2g	grab	8270C	0.2	0.2			

[6]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	270C	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	27	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:						
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 50 Maximum flow rate of treatment system 100 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 water discharged into storm drain which discharges into 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 ? 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.

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-Contract No. 1

Operator signature: 

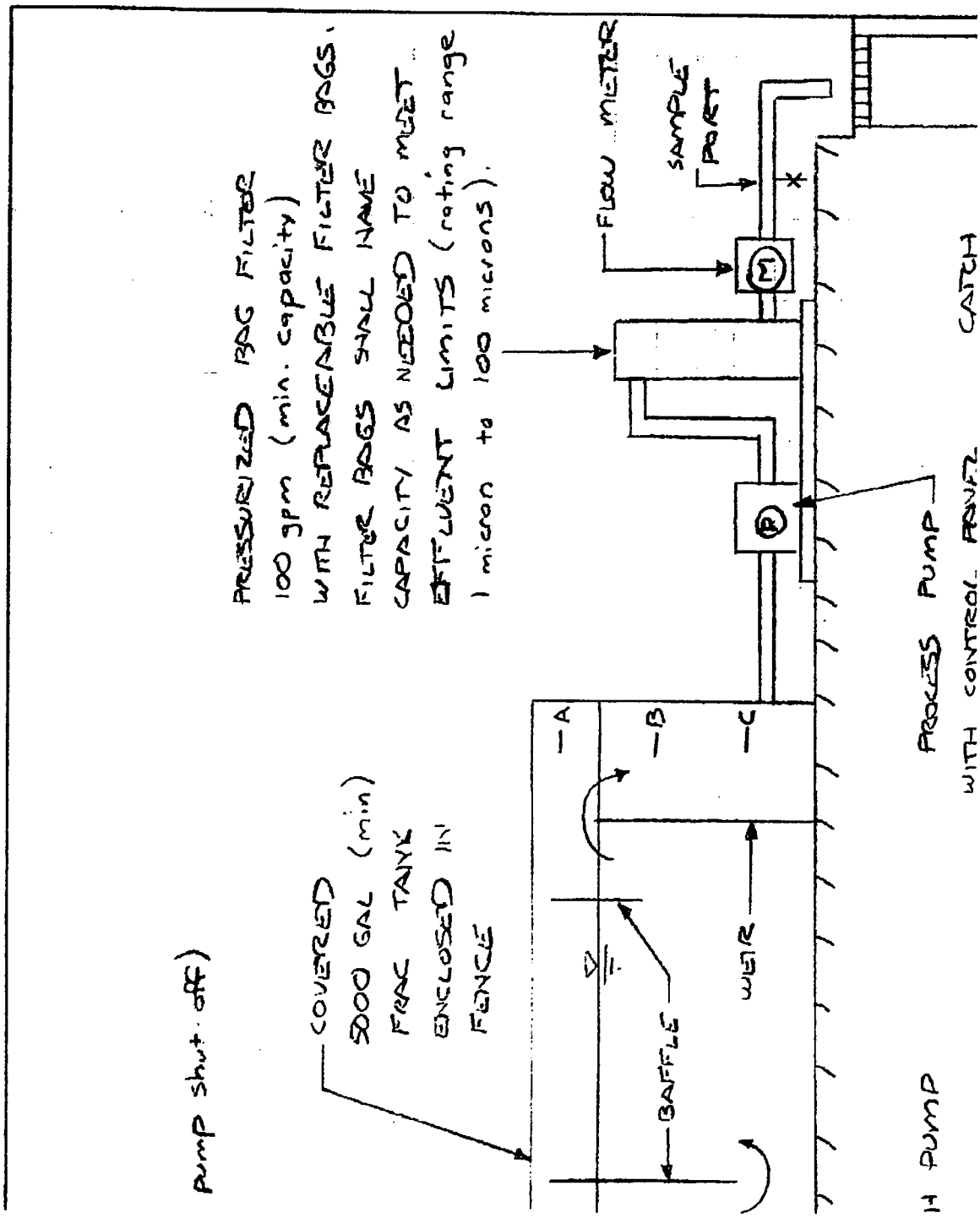
Title: Project Manager

Date: Oct. 23, 2007

MWH

By DHC Date 9/10/07 Client CAMBRIDGE

Chkd. By _____ Description CONSTRUCTION SITE DEWATERING



By DHC Date 9/10/07 Client CAMBRIA OGE Sheet 1 of 1

Chkd. By Description CONSTRUCTION SITE DEWATERING SYSTEM Job No. 2220328

FRAC TANK FLOW CONTROL

A - HIGH WATER ALARM (trench pump shut-off)
B - PROCESS PUMP ON
C - PROCESS PUMP OFF