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:
Former Barry Controls</td><td colspan="4">Facility/site address:
40 Guest Street
Boston, MA 02135-1312</td></tr>
<tr><td>Location of facility/site:
longitude: -71.1 latitude: 42.4</td><td>Facility SIC code(s):</td><td colspan="4">Street:
40 Guest Street</td></tr>
<tr><td colspan="2">b) Name of facility/site owner: Boston Supermarket Associates</td><td colspan="4">Town: Boston</td></tr>
<tr><td colspan="2" rowspan="2">Email address of owner:
Not Provided

Telephone no.of facility/site owner: (617) 965-3292</td><td>State:
MA</td><td>Zip:
02135</td><td colspan="2">County:
Suffolk</td></tr>
<tr><td colspan="3" rowspan="2"></td></tr>
<tr><td colspan="2">Fax no. of facility/site owner: (617) 965-1828

Address of owner (if different from site):</td><td colspan="3">Owner is (check one): 1. Federal____ 2. State/Tribal____
3. Private ✓ 4. other, if so, describe:</td></tr>
<tr><td colspan="6">Street: 29 Crafts Street Suite 380</td></tr>
<tr><td colspan="2">Town: Newton</td><td>State: MA</td><td>Zip: 02458</td><td colspan="2">County:</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:
ENPRO Services, Inc.</td><td colspan="4">Operator telephone no: (978) 465-1595</td></tr>
<tr><td colspan="2">Operator fax no.: (978) 465-2050</td><td colspan="2">Operator email:
jgarretson@enpro.com</td></tr>
<tr><td colspan="6">Operator contact name and title: Mr. Jeffrey Garretson, Project Manager Technical Services, Wastewater Treatment Plant Operator</td></tr>
</table>

Address of **operator** (if different from owner):	Street: 12 Mulliken Way		
Town: Newburyport	State: MA	Zip: 01950	County: ESSEX

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 #3-24285 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: MADEP NERO, 205B Lowerll Street, Wilmington, MA 978-694-3200	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:
The discharge is associated dewatering during excavation of petroleum impacted soils.

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_ 0.06 Average flow_ 0.045 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. Maximum and average flow rates are estimates

3) Latitude and longitude of each discharge within 100 feet: pt.1:long.-71.1 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): N/A	5) Is the discharge intermittent ✓ or seasonal _____? Is discharge ongoing Yes ✓ No _____?
c) Expected dates of discharge (mm/dd/yy): start 01/30/07 end 09/01/07	
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 (ug/L)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		✓	1	Grab	160.2	4000			12000	6.34
2. Total Residual Chlorine	✓		1	Grab	330.5	400				
3. Total Petroleum Hydrocarbons		✓	1	Grab	1664	5000			290000	153.24
4. Cyanide	✓		1	Grab	335.4	10				
5. Benzene	✓		1	Grab	8260	1				
6. Toluene	✓		1	Grab	8260	2				
7. Ethylbenzene	✓		1	Grab	8260	2				
8. (m,p,o) Xylenes	✓		1	Grab	8260	2				
9. Total BTEX[4]	✓		1	Grab	8260	2				

[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)	✓		1	Grab	8260	2				
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	Grab	8260	2				
12. tert-Butyl Alcohol (TBA)	✓		1	Grab	8260	2				
13. tert-Amyl Methyl Ether (TAME)	✓		1	Grab	8260	2				
14. Naphthalene	✓		1	Grab	8260	5				
15. Carbon Tetra-chloride	✓		1	Grab	8260	2				
16. 1,4 Dichlorobenzene	✓		1	Grab	8260	2				
17. 1,2 Dichlorobenzene	✓		1	Grab	8260	2				
18. 1,3 Dichlorobenzene	✓		1	Grab	8260	2				
19. 1,1 Dichloroethane	✓		1	Grab	8260	2			18	,009
20. 1,2 Dichloroethane	✓		1	Grab	8260	2				
21. 1,1 Dichloroethylene	✓		1	Grab	8260	1				
22. cis-1,2 Dichloro-ethylene	✓		1	Grab	8260	2				
23. Dichloromethane (Methylene Chloride)	✓		1	Grab	8260	5				
24. Tetrachloroethylene	✓		1	Grab	8260	2				

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	✓		1	Grab	8260	2				
26. 1,1,2 Trichloroethane	✓		1	Grab	8260	2				
27. Trichloroethylene	✓		1	Grab	8260	2				
28. Vinyl Chloride	✓		1	Grab	8260	2				
29. Acetone	✓		1	Grab	8260	10				
30. 1,4 Dioxane	✓		1	Grab	8260	50				
31. Total Phenols	✓		1	Grab	8270C	50				
32. Pentachlorophenol	✓		1	Grab	8270C	100				
33. Total Phthalates [5] (Phthalate esthers)		✓	1	Grab	8270C	25			110	.058
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]		✓	1	Grab	8270C	25			110	.058
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✓		1	Grab	8270C	50				
b. Benzo(a) Pyrene	✓		1	Grab	8270C	50				
c. Benzo(b)Fluoranthene	✓		1	Grab	8270C	50				
d. Benzo(k) Fluoranthene	✓		1	Grab	8270C	50				
e. Chrysene	✓		1	Grab	8270C	50				

[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	✓		1	Grab	8270C	50				
g. Indeno(1,2,3-cd) Pyrene	✓		1	Grab	8270C	50				
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	Grab	8270C					
h. Acenaphthene	✓		1	Grab	8270C	50				
i. Acenaphthylene	✓		1	Grab	8270C	50				
j. Anthracene	✓		1	Grab	8270C	50				
k. Benzo(ghi) Perylene	✓		1	Grab	8270C	50				
l. Fluoranthene	✓		1	Grab	8270C	50				
m. Fluorene	✓		1	Grab	8270C	50				
n. Naphthalene-	✓		1	Grab	8270C	50				
o. Phenanthrene	✓		1	Grab	8270C	50				
p. Pyrene	✓		1	Grab	8270C	50				
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	Grab	E608	0.21				
38. Antimony	✓		1	Grab	7041	6				
39. Arsenic	✓		1	Grab	7060A	5				
40. Cadmium	✓		1	Grab	6010B	5				
41. Chromium III	✓		1	Grab	6010B	10				
42. Chromium VI	✓		1	Grab	M3500	200				

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	✓		1	Grab	6010B	25				
44. Lead	✓		1	Grab	7421	5				
45. Mercury	✓		1	Grab	7470A	0.2				
46. Nickel	✓		1	Grab	6010B	40				
47. Selenium	✓		1	Grab	7740	5				
48. Silver	✓		1	Grab	6010B	7				
49. Zinc		✓	1	Grab	6010B	20			63.7	0.034
50. Iron		✓	1	Grab	6010B	100			405	0.314
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: N/A 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:

SEE ATTACHED SCHEMATIC

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 20 Maximum flow rate of treatment system 50 Design flow rate of treatment system 50

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

N/A

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 discharge is to a BWSC Stormwater Catch Basin located on Guest Street on the south side of the building. According to BWSC, the stormdrain system in this area discharges to the Charles River at Outfall DO037.

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 14.3 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)?
Metals, priority organics, nutrients, pathogens, oil and grease, noxious aquatic plants. Documented as Category 5 Waters "Waters Requiring TMDL"

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.

1. The 7Q10 value for the receiving water body (Charles River) was obtained from the USGS Water Resources Investigations Report 88-4173. The 7Q10 value provided was 14.3 cfs is for the Charles River in Waltham, MA. The value is considered to be conservative since the Waltham Gage Station is located approximately 5 miles upstream of the Outfall location.

2. Determination that no listed species or critical habitats are in proximity to the property site and discharge location was made by reviewing the following:
- Reviewing the Natural Heritage and Endangered Species Programs (www.mass.gov/dfwele/dfw/nhesp/nhtown.htm)
- Reviwing the List of Areas of Critical Environmental Concern (ACEC) at www.epa.gov/region/npdes/remediation/appendix-I-list-n-map.pdf
- MADEP Priority Resources Map at www.maps.massgis.state.ma.us
- Reviewing the Natural Heritage and Endangered Species Program Priorty and Estimated Habitats 2006 at //maps.massgis.state.ma.us/PRI_EST_HAB/viewer.htm

3. Laboratory data information provided to ENPRO by Mr. Andy Robinson of Arcadis Engineering. Please note detection limit for some parameters do not meet the effluent limits in Appendix III.

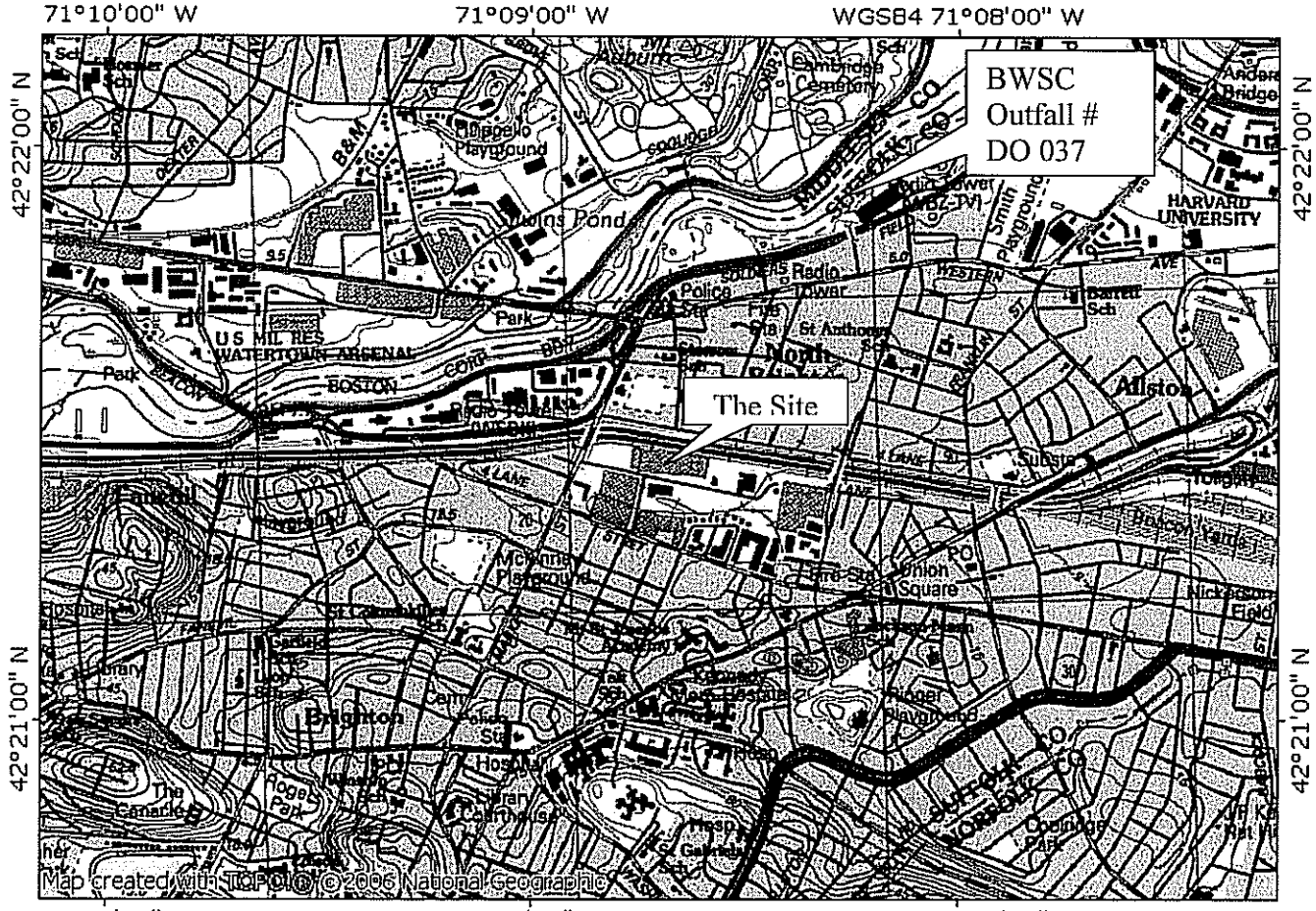
List of Attachments:
Site Locus Map Depicting Site Location and Discharge Outfall
BWSC System Map depicting Discharge Location
System Schematic

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:	Former Barry Controls Site, 40 Guest Street, Boston, MA MADEP RTN 3-24285
Operator signature:	Jeffrey Dawson - ENPRO Services, Inc.
Title:	wastewater treatment Plant Operator - Project Manager
Date:	1/10/2007

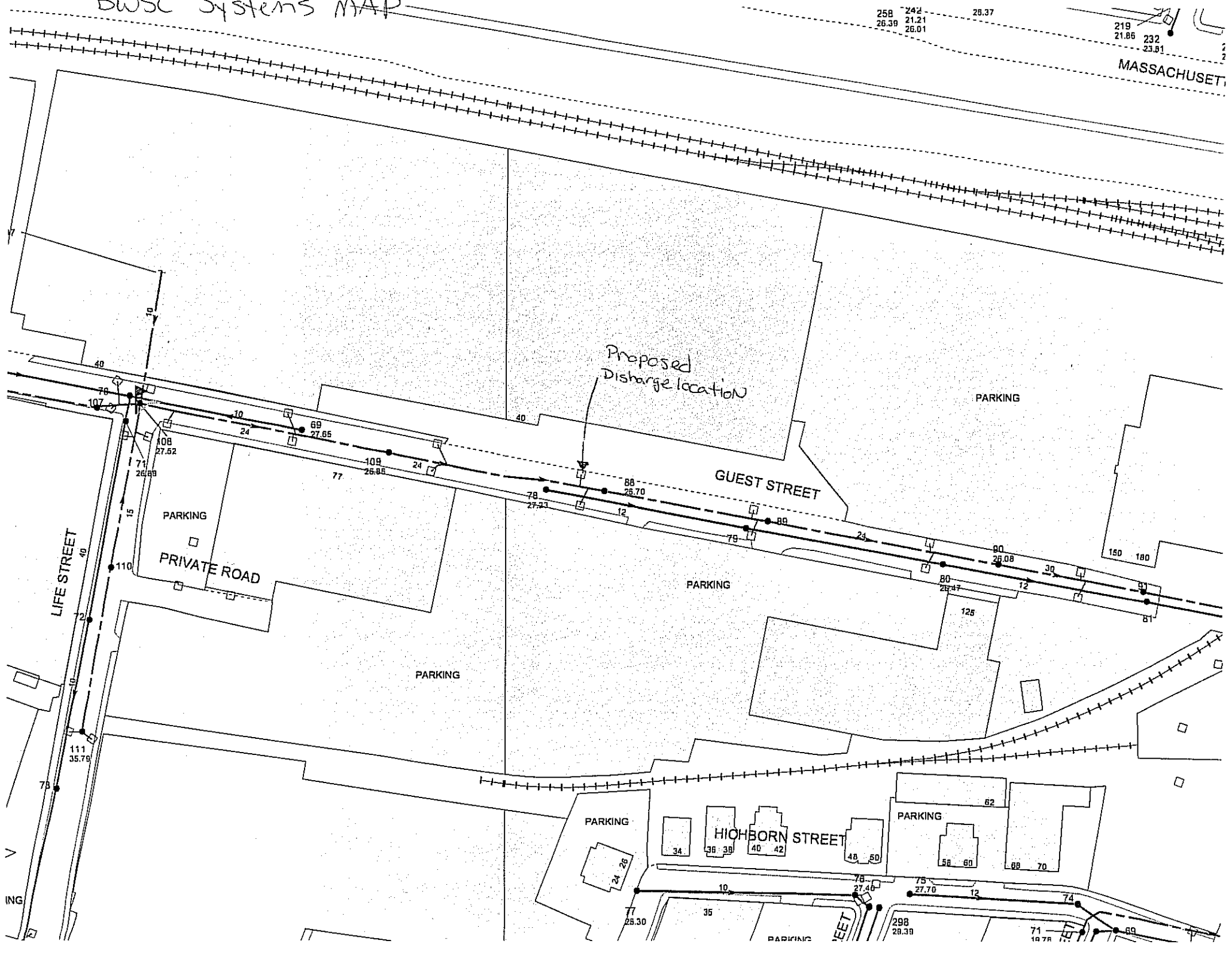
Figure 1 - Site Locus Map

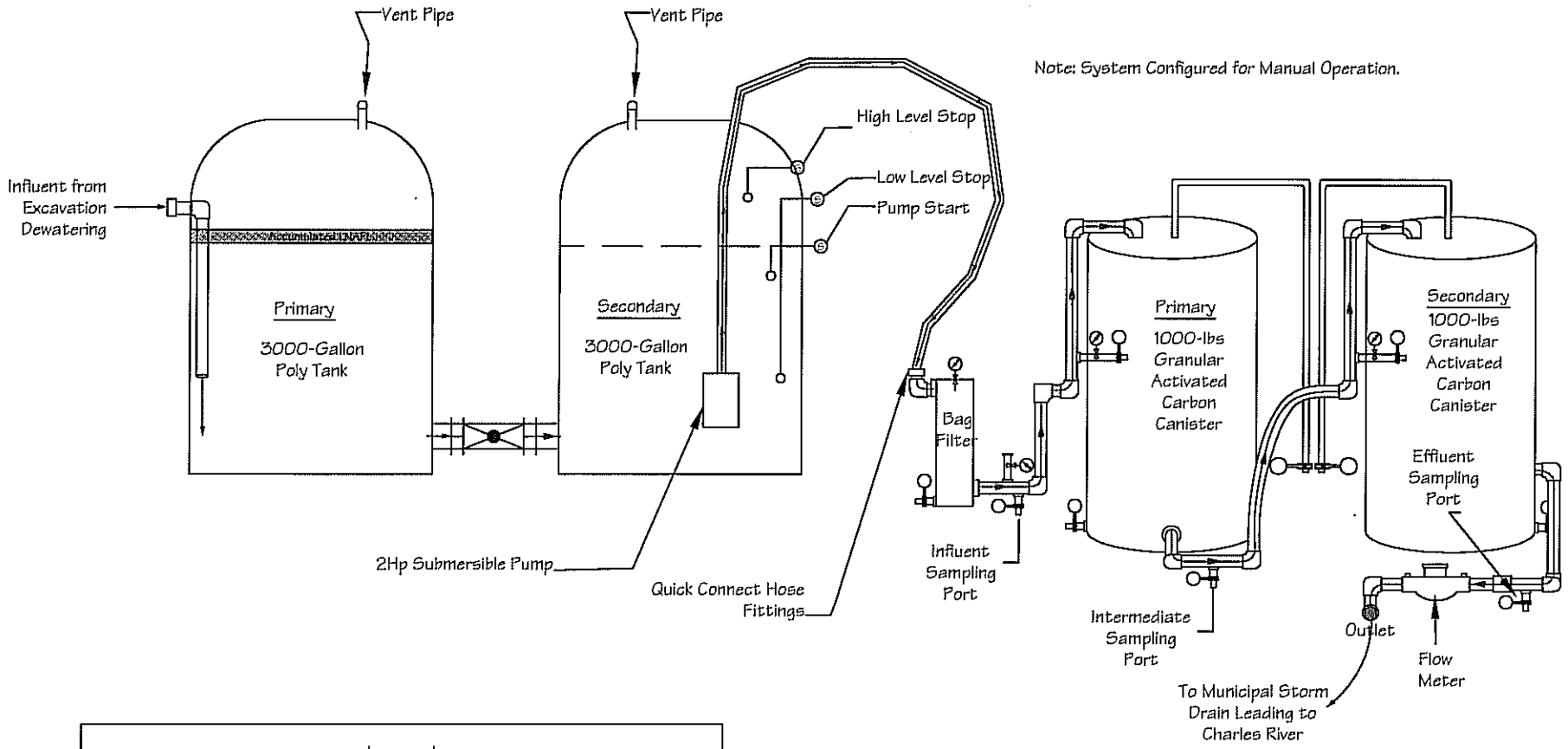


NATIONAL GEOGRAPHIC

0.0 0.5 1.0 miles
0.0 0.5 1.0 1.5 km

MN TN
15½°
01/08/07


BWSC Systems MAP
Proposed
Discharge location
GUEST STREET
HIGHBORN STREET
LIFE STREET
PRIVATE ROAD
PARKING
MASSACHUSET



Legend

- Drain Valve
- Pressure Guage
- Float Switch
- Valve
- Red Indicates the Flow Through the Treatment System
- Globe Valve

Note: Tanks and Carbon Vessels to be Located inside Facility Building.

ENPRO Services, Inc.

MADEP RTN 3-24285
40 Guest Street
Boston, MA

Proposed Groundwater Treatment System Schematic

Not To Scale	Date: Jan. 10, 2007
N:\EPF\1341.dwg	Drawn By: GEJ

Boston Water and Sewer Commission's Dewatering Discharge Permit Application

Facility/Business Name: former Barry Controls

Mailing Address: 40 Guest Street, Boston, MA 02135

Authorized Representative concerning information provided herein:

Name: Jeff Garretson - ENPRO Services Inc Title: Project Manager - Technical Services -

Phone #: 978-465-1595 Beeper #: _____ Fax #: 978-465-2050

Owner of property being dewatered: Boston Supermarket Associates

Location of Discharge:

Street 40 Guest Street Neighborhood _____ Phone # _____

Discharge is to a: Sanitary Sewer Combined Sewer (Storm Drain) (Circle One)

BWSC Outfall #: DO 037 Receiving Waters: Charles River

Temporary Discharges: 1/30/07 To 9/1/07 (Provide anticipated dates of discharge)

X Groundwater Remediation __ Tank Removal/Installation __ Foundation Excavation

__ Utility/Manhole Pumping __ Test Pit __ Trench Excavation

__ Accum. Surface Water __ Hydrogeologic Testing X Other Excavation Dewatering

Permanent Discharges:

__ Foundation Drainage __ Crawl Space/Footing Drain.

__ Accumulated Surface Water __ Non-contact/Uncontaminated Cooling

__ Non-contact/Uncontaminated Process __ Other _____

1. Attach a Site Plan showing the source of the discharge and the location of the point of discharge (i.e. the sewer pipe or catch basin). Include meter type, meter number, size, make and start reading. All discharges are assessed current sewer charges.

2. If discharging to a sanitary or combined sewer, attach a copy of MWRA's Sewer Use Discharge permit or application.

3. If discharging to a separate storm drain attached a copy of EPA's NPDES Permit or NOI application, or NPDES Permit exclusion letter for the discharge, as well as other relevant information.

4. Dewatering Drainage Permit will be denied or revoked if applicant fails to obtain the necessary permits from MWRA or EPA.

Submit to: Mr. Francis M. McLaughlin Phone: 617-989-7000
Manager, Engineering Customer Services Fax: 617-989-7716
Boston Water and Sewer Commission
980 Harrison Ave.
Boston, MA 02119

BWSC Use Only

Date Received: _____ Comments: