MAG910315

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**: Sanitary Sewer Installation West Main Street Millbury MA			**Facility/site** address: West Main Street Millbury MA	
Location of **facility/site**: (See Figures 1 and 2) Longitude 071°46' 41.6" Latitude 042° 10'06.3"	Facility SIC code (s):		Street: West Main Street	
b) Name of facility/site **owner**: Town of Millbury MA- Brad Lange, Sewer Superintendent			Town: Millbury	
Email address of owner: None			State: MA	Zip: 01527	County: Worcester
Telephone no. of facility/site **owner**: (508) 865-4710					
Fax no. of facility/site **owner**: (508) 865 0843			**Owner** is (check one) 1. Federal ☐ 2. State/Tribal ☒ 3. Private ☐ 4. other, ☐ if so, describe:	
Address of **owner** (if different from site):				
Street: 127 Elm Street				
Town: Millbury	State: MA	Zip: 01527	County: Worcester	
c.) Legal name of **operator**: Corporate Environmental Advisors	**Operator** telephone no.: (508) 835-8822			
	Operator fax no.: (508) 835-8812		**Operator** email: JAlandyn@CEA-Inc.com	
Operator contact name and title: Joseph Landyn, Vice President				

Address of **operator** (if different from owner):	Street: 127 Hartwell Street		
Town: West Boylston	State: MA	Zip: 01583	County: Worcester

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? Yes ☐ No ☑, if Y, number: 2. phase I or II construction storm water general permit? Yes ☐ No ☑, if Y, number: 3. individual NPDES permit? Yes ☐ No ☑, if Y, number: 4. any other water quality related permit? Yes ☐ No ☑, 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 treatment system for Excavation and Installation of Sanitary Sewer System. Refer to cover letter also.		
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, W/s)? Max. flow 0.0223 ft^3/sec Average flow 0.0022 ft^3/sec Is maximum flow a **design value**? Yes ☑ No ☐, For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. Max Flow Rate 0.0223 ft3/sec = 10 gpm based on historical operation Average Flow Rate 0.0022 ft3/sec = 1.01 gpm based on historical operation
3) Latitude and longitude of each discharge within 100 feet: pt.1 :long. .71°46'41.6" lat. 42°10'06.3" ; 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 6/22/07 End Unknown (~ 1 month)	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: See Attached Figures 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)~~ (kg/day)**	**concentration (ug/l)**	**mass ~~(kg)~~ (kg/day)**
1. Total Suspended Solids		✓	1	GRAB	160.2	4000	806,000			
2. Total Residual Chlorine	✓		1	GRAB	330.4	50	<50			
3. Total Petroleum Hydrocarbons		✓	1	GRAB	1664	4100	7900			
4. Cyanide	✓		1	GRAB	335.4	10	<10			
5. Benzene		✓	1	GRAB	8260B	0.5	<0.5			
6. Toluene		✓	1	GRAB	8260B	1.0	<1.0			
7. Ethylbenzene		✓	1	GRAB	8260B	1.0	<1.0			
8. (m,p,o) Xylenes		✓	1	GRAB	8260B	1.0	<1.0			
9. Total BTEX[4]		✓	1	GRAB	8260B	----	<1.0			

[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 (ug/l)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (~~kg~~) (kg/day)	concentration (ug/l)	mass (~~kg~~) (kg/day)
10. Ethylene Dibromide (1,2- Dibromo-methane)		✓	1	GRAB	504.1	0.015	<0.015			
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	GRAB	8260B	1.0	<1.0			
12. tert-Butyl Alcohol (TBA)	✓		1	GRAB	8260B	100	<100			
13. tert-Amyl Methyl Ether (TAME)	✓		1	GRAB	8260B	2	<2			
14. Naphthalene		✓	1	GRAB	8260B	5.0	25.3			
15. Carbon Tetra-chloride	✓		1	GRAB	8260B	1.0	<1.0			
16. 1,4 Dichlorobenzene	✓		1	GRAB	8260B	1.0	<1.0			
17.1,2 Dichlorobenzene	✓		1	GRAB	8260B	1.0	<1.0			
18. 1,3 Dichlorobenzene	✓		1	GRAB	8260B	1.0	<1.0			
19. 1,1 Dichloroethane	✓		1	GRAB	8260B	1.0	<1.0			
20. 1,2 Dichloroethane	✓		1	GRAB	8260B	1.0	<1.0			
21. 1,1 Dichloroethylene	✓		1	GRAB	8260B	1.0	<1.0			
22. cis-l,2 Dichloro-ethylene	✓		1	GRAB	8260B	1.0	<1.0			
23. Dichloromethane (Methylene Chloride)	✓		1	GRAB	8260B	2.0	<2.0			
24. Tetrachloroethylene	✓		1	GRAB	8260B	1.0	<1.0			

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)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
25. 1,1,1 Trichloroethane	✓		1	GRAB	8260B	1.0	<1.0			
26. 1,1,2 Trichloroethane	✓		1	GRAB	8260B	1.0	<1.0			
27. Trichloroethylene	✓		1	GRAB	8260B	1.0	<1.0			
28. Vinyl Chloride	✓		1	GRAB	8260B	1.0	<1.0			
29. Acetone		✓	1	GRAB	8260B	5.0	27			
30. 1,4 Dioxane	✓		1	GRAB	8260B	25.0	<25.0			
31. Total Phenols	✓		1	GRAB	8270C	See Lab Data	See Lab Data (Not Detected)			
32. Pentachlorophenol	✓		1	GRAB	8270C	1.1	<1.1			
33. Total Phthalates [6] (phthalate esthers)	✓		1	GRAB	8270C	5.6	<5.6			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	GRAB	8270C	5.6	<5.6			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)			1	GRAB	8270C	0.11	<0.11			
a. Benzo(a) Anthracene	✓		1	GRAB	8270C	0.056	<0.056			
b. Benzo(a) Pyrene	✓		1	GRAB	8270C	0.11	<0.11			
c. Benzo(b)Fluoranthene	✓		1	GRAB	8270C	0.056	<0.056			
d. Benzo(k) Fluoranthene	✓		1	GRAB	8270C	0.11	<0.11			
e. Chrysene	✓		1	GRAB	8270C	0.11	<0.11			

[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 (ug/l)	Maximum daily value		Average daily value	
							concentration (ug/l)	mass ~~(kg)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
f. Dibenzo(a,h) anthracene	✓		1	GRAB	8270C	0.11	<0.11			
g. Indeno(1,2,3-cd) Pyrene	✓		1	GRAB	8270C	0.11	<0.11			
36. Total Group II Polycyclic Aromatic Hydrocarbons (pAR)		✓	1	GRAB	8270C	0.11	38.57			
h. Acenaphthene		✓	1	GRAB	8270C	0.11	2.6			
i. Acenaphthylene		✓	1	GRAB	8270C	0.11	1.3			
j. Anthracene	✓		1	GRAB	8270C	0.11	<0.11			
k. Benzo(ghi) Perylene	✓		1	GRAB	8270C	0.11	<0.11			
I. Fluoranthene		✓	1	GRAB	8270C	0.11	0.16			
m. Fluorene		✓	1	GRAB	8270C	0.11	8.5			
n. Naphthalene-		✓	1	GRAB	8270C	0.11	22.5			
o. Phenanthrene		✓	1	GRAB	8270C	0.056	3.3			
p. Pyrene		✓	1	GRAB	8270C	0.11	0.21			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	GRAB	608	0.50	<0.50			
38. Antimony	✓		1	GRAB	200.7	6.0	<6.0			
39. Arsenic		✓	1	GRAB	200.7	10.0	41.8			
40. Cadmium	✓		1	GRAB	200.7	4.0	<4.0			
41. Chromium III (1)		✓	1	GRAB	200.7	10.0	173			
42. Chromium VI	✓		1	GRAB	6010/7196A	10.0	<10.0			

NOTES: (1) Chromium III = Total Chromium – Hexavalent Chromium

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)~~ (kg/day)	concentration (ug/l)	mass ~~(kg)~~ (kg/day)
43. Copper		✓	1	GRAB	200.7	25.0	438.0			
44. Lead		✓	1	GRAB	200.7	5.0	39.8			
45. Mercury	✓		1	GRAB	200.7	0.2	<0.2			
46. Nickel		✓	1	GRAB	200.7	40.0	157			
47. Selenium	✓		1	GRAB	200.7	10.0	<10.0			
48. Silver	✓		1	GRAB	200.7	5.0	<5.0			
49. Zinc		✓	1	GRAB	200.7	20.0	235			
50. Iron		✓	1	GRAB	200.7	100.0	107,000			
Other (describe): Iron (Lab Filtered)		✓	1	GRAB	200.7	100.0	40.9			
Other (describe): Copper (Lab Filtered)		✓	1	GRAB	200.7	25	0.81			
Other (describe): Nickel (Lab Filtered)		✓	1	GRAB	200.7	40	5.5			
Other (describe): Zinc (Lab Filtered)		✓	1	GRAB	200.7	20	20.8			
Other (describe): Chromium III (Lab Filtered)		✓	1	GRAB	200.7	10	0.3			
Other (describe): Arsenic (Lab Filtered)		✓	1	GRAB	200.7	10	3.3			

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? Arsenic and Iron
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: Arsenic and Iron. DF: 1.23cfs .	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: Arsenic and Iron. However, treatment system filtration components (bags filters and granular activated carbon vessels) will be in place to minimize the likelihood of iron discharge in effluent water. Groundwater sample collected for analysis was laboratory filtered to demonstrate expected effluent concentrations.

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 Extracted from one submersible pump, treated by bag filters and filtered through two 2,000-lb Granular Activated Carbon Units. Refer to Figure 3 also.

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 1 gpm Maximum flow rate of treatment system 10 gpm Design flow rate of treatment system 25 gpm

d) A description of chemical additives being used or planned to be used (attach MSDS sheets): Not Applicable

5. Receiving surface water(s). Please provide information about the receiving water (s) using separate sheets as necessary, including:

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:

Discharge to a storm water catch basin, which discharges to an un-named brook which discharges to Singletary Pond.

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

d) Provide the state water quality classification of the receiving water Class B Freshwater

e) Provide the reported or calculated seven day-ten year low flow (7QlO) of the receiving water: 0.0519 ft3/s

Please attach any calculation sheets used to support stream flow and dilution calculations. See Attached

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): Not applicable

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.

Refer to attachments.

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

Facility/Site Name: : Sanitary Sewer Installation West Main Street Millbury MA

Operator signature: J Bradford Lange

Title: DPW Superintendent

Date: 5.31.07