MAG910324

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:
Thayer Academy Center for the Arts</td><td colspan="4">Facility/site address:
745 Washington Street, Braintree, MA 02184</td></tr>
<tr><td>Location of facility/site:
longitude: 71.01 latitude: 42.21</td><td>Facility SIC code(s):
8222</td><td colspan="4">Street:
745 Washington Street</td></tr>
<tr><td colspan="2">b) Name of facility/site owner: Thayer Academy</td><td colspan="4">Town: Braintree</td></tr>
<tr><td colspan="2" rowspan="2">Email address of owner:
thewyattgroup@comcast.net
Telephone no.of facility/site owner: (617) 548-5005</td><td>State:
MA</td><td>Zip:
02184</td><td colspan="2">County:
Norfolk</td></tr>
<tr><td colspan="2">Fax no. of facility/site owner: (617) 698-7200
Address of owner (if different from site):</td><td colspan="2">Owner is (check one): 1. Federal____ 2. State/Tribal____
3. Private ✓ 4. other, if so, describe:</td></tr>
<tr><td colspan="6">Street: 19 Hobart Avenue</td></tr>
<tr><td colspan="2">Town: Braintree</td><td>State: MA</td><td>Zip: 02184</td><td colspan="2">County: Norfolk</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:
Thayer Academy</td><td colspan="4">Operator telephone no: (617) 548-5005</td></tr>
<tr><td colspan="2">Operator fax no.: (617) 698-7200</td><td colspan="2">Operator email:
thewyattgroup@comcast.net</td></tr>
<tr><td colspan="6">Operator contact name and title: Mr. Steve Ceglarski, Project Manager</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: MAG070295 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:
Construction dewatering 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 0.22 Average flow 0.08 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. Estimate in cfs

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 71.01 lat. 42.21 ; 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 08/15/07 end 05/01/08	
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).	

See figures in attached permit application.

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	2540D	5.0	56000	107	28850	55.12
2. Total Residual Chlorine	✓		1	GRAB	4500CL-D	20	ND	ND	ND	ND
3. Total Petroleum Hydrocarbons	✓		5	GRAB	1664A/EPH	105	ND	ND	ND	ND
4. Cyanide	✓		1	GRAB	4500CN-CE	5.0	ND	ND	ND	ND
5. Benzene	✓		2	GRAB	624	1.0	ND	ND	ND	ND
6. Toluene	✓		2	GRAB	624	1.0	ND	ND	ND	ND
7. Ethylbenzene	✓		2	GRAB	624	1.0	ND	ND	ND	ND
8. (m,p,o) Xylenes	✓		2	GRAB	624	2.0	ND	ND	ND	ND
9. Total BTEX[4]	✓		2	GRAB	624	2.0	ND	ND	ND	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)	✓		1	GRAB	504.1	0.02	ND	ND	ND	ND
11. Methyl-tert-Butyl Ether (MtBE)	✓		2	GRAB	8260	1.0	ND	ND	ND	ND
12. tert-Butyl Alcohol (TBA)	✓		1	GRAB	624	100	ND	ND	ND	ND
13. tert-Amyl Methyl Ether (TAME)	✓		1	GRAB	624	20	ND	ND	ND	ND
14. Naphthalene	✓		1	GRAB	8260B	2.5	ND	ND	ND	ND
15. Carbon Tetra-chloride	✓		2	GRAB	8260B	0.5	ND	ND	ND	ND
16. 1,4 Dichlorobenzene	✓		2	GRAB	8260B	2.5	ND	ND	ND	ND
17. 1,2 Dichlorobenzene	✓		2	GRAB	8260B	2.5	ND	ND	ND	ND
18. 1,3 Dichlorobenzene	✓		2	GRAB	8260B	2.5	ND	ND	ND	ND
19. 1,1 Dichloroethane	✓		2	GRAB	8260B	0.75	ND	ND	ND	ND
20. 1,2 Dichloroethane	✓		2	GRAB	8260B	0.50	ND	ND	ND	ND
21. 1,1 Dichloroethylene	✓		2	GRAB	8260B	0.50	ND	ND	ND	ND
22. cis-1,2 Dichloro-ethylene	✓		2	GRAB	8260B	0.50	ND	ND	ND	ND
23. Dichloromethane (Methylene Chloride)	✓		2	GRAB	8260B	5.0	ND	ND	ND	ND
24. Tetrachloroethylene	✓		2	GRAB	8260B	0.50	ND	ND	ND	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	8260B	0.50	ND	ND	ND	ND
26. 1,1,2 Trichloroethane	✓		2	GRAB	8260B	0.75	ND	ND	ND	ND
27. Trichloroethylene	✓		2	GRAB	8260B	0.50	ND	ND	ND	ND
28. Vinyl Chloride	✓		2	GRAB	8260B	0.75	ND	ND	ND	ND
29. Acetone	✓		2	GRAB	8260B	5.0	ND	ND	ND	ND
30. 1,4 Dioxane	✓		1	GRAB	624	2000	ND	ND	ND	ND
31. Total Phenols	✓		1	GRAB	420.1	30	ND	ND	ND	ND
32. Pentachlorophenol	✓		2	GRAB	8270C/8270M	0.77	ND	ND	ND	ND
33. Total Phthalates [5] (Phthalate esthers)	✓		2	GRAB	8270C	4.8	ND	ND	ND	ND
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		2	GRAB	8270C	4.8	ND	ND	ND	ND
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		3	GRAB	8270C/8270M	0.19	ND	ND	ND	ND
a. Benzo(a) Anthracene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
b. Benzo(a) Pyrene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
c. Benzo(b)Fluoranthene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
d. Benzo(k) Fluoranthene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
e. Chrysene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND

[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	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
g. Indeno(1,2,3-cd) Pyrene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
h. Acenaphthene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
i. Acenaphthylene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
j. Anthracene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
k. Benzo(ghi) Perylene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
l. Fluoranthene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
m. Fluorene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
n. Naphthalene-	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
o. Phenanthrene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
p. Pyrene	✓		3	GRAB	8270	0.19	ND	ND	ND	ND
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	GRAB	608	0.25	ND	ND	ND	ND
38. Antimony	✓		1	GRAB	6020	0.5	ND	ND	ND	ND
39. Arsenic	✓		1	GRAB	6020	0.5	ND	ND	ND	ND
40. Cadmium		✓	1	GRAB	6020	0.2	0.2	0.00004	0.2	0.00004
41. Chromium III		✓	1	GRAB	6020	0.5	1.7	0.0003	1.7	0.0003
42. Chromium VI	✓		1	GRAB	3500CR-D	10	ND	ND	ND	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		✓	1	GRAB	6020	0.5	14.9	0.0028	14.9	0.0028
44. Lead		✓	1	GRAB	6020	0.5	1.6	0.0003	1.6	0.0003
45. Mercury	✓		1	GRAB	245.2	0.2	ND	ND	ND	ND
46. Nickel		✓	1	GRAB	6020	0.5	2.0	0.0004	2.0	0.0004
47. Selenium		✓	1	GRAB	6020	1	2	0.0004	2	0.0004
48. Silver	✓		1	GRAB	6020	0.4	ND	ND	ND	ND
49. Zinc		✓	1	GRAB	6020	5.0	46.8	0.0089	46.8	O.0089
50. Iron		✓	1	GRAB	200.7	500	2900	0.5541	2900	0.5541
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? Copper, Lead 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: Copper, Lead and Iron DF: 5-10	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:

The construction dewatering system is shown in Figure 6 of the attached Permit Application Report. At a minimim, the water will be passed through 2 settling tanks with baffles. Bag and/or carbon filters will be added as required.

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): 2 settling tanks with baffles, in series			

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 35 Maximum flow rate of treatment system 100 Design flow rate of treatment system 100

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

At this time, no chemical additives are proposed.

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 will enter a catch basin on the site that is connected to a storm drain flowing beneath Union Street to the Monatiquot 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 2.1* cfs
Please attach any calculation sheets used to support stream flow and dilution calculations. * Lowest flow from 2-years of USGS/State data

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes ✓ No____ If yes, for which pollutant(s)?
Pesticides, organic enrichment/low dissolved oxygen & pathogents

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): N/A
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 report, Notice of Intent for Construction Dewatering Discharge Under Remediation General Permit No. MAG910000.

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: THAMES DREDGING CDF

Operator signature: STEPHEN PIELOUSEK

Title: PROJECT MANAGER

Date: 8/6/07