B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

MA6910357

1. General site information. Please provide the following information about the site:

a) Name of **facility/site**: Bosfuel Fuel Distribution System		**Facility/site** address: Logan International Airport		
Location of **facility/site**: longitude: 71°01'56"W latitude: 42°21'56"N	Facility SIC code(s): 4580	Street: Terminals B & C		
b) Name of **facility/site owner:** Bosfuel C/O Swissport Fueling, Inc.		Town: East Boston		
Email address of owner: bruce.hover@swissport.com		State: MA	Zip: 02128-2909	County: Suffolk
Telephone no.of facility/site **owner**: (617) 561-9700				
Fax no. of facility/site **owner**: (617) 561-0578		**Owner** is (check one): 1. Federal____ 2. State/Tribal_____ 3. Private__✓___ 4. other, if so, describe:		
Address of **owner** (if different from site): Bosfuel/Swissport Fueling				
Street: 196 Prescott Street				
Town: East Boston	State: MA	Zip: 02128-1821	County: Suffolk	
c) Legal name of **operator**: Swissport Fueling, Inc.		**Operator** telephone no: (703) 742-4338		
		Operator fax no.:	**Operator** email: tucker.cornwell@swissport.com	
Operator contact name and title: Tucker Cornwell, Manager Environmental Compliance				
Address of **operator** (if different from owner):		Street: 45025 Aviation Drive, Suite 350		
Town: Dulles	State: VA	Zip: 20166	County: Loudoun	

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: RTN 2-1287 3. state agency contact information: name, location, and telephone number: MassDEP, BWSC, 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: MA0000787 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 of excavations during construction of new fuel distribution pipeline at Terminals B and C.

b) Provide the following information about each discharge:	1) Number of discharge points: various	2) What is the **maximum** and **average flow rate** of discharge (in cubic feet per second, ft3/s)? Max. flow 0.089 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.

3) Latitude and longitude of each discharge within 100 feet: pt.1:long. 71°01.6'W lat. 42°21.5'N; pt.2: long. 71°0.6'W lat. 42°20.9'N; 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 05/01/08 end 12/31/08

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	comp	2540D	5000	150,000	32.71	104,000	11.37
2. Total Residual Chlorine	✓		2	grab	330.5	20	ND	0	ND	0
3. Total Petroleum Hydrocarbons		✓	2	grab	1664A	4000	ND	0	ND	0
4. Cyanide	✓		2	grab	4500CN-CE	5	ND	0	ND	0
5. Benzene		✓	5	grab	8260B	0.5	80	0.017	14.2	0.0016
6. Toluene		✓	3	grab	8260B	0.75	390	0.085	49.3	0.0054
7. Ethylbenzene		✓	6	grab	8260B	0.5	200	0.044	33.2	0.0036
8. (m,p,o) Xylenes		✓	5	grab	8260B	1	700	0.15	93.3	0.01
9. Total BTEX[4]		✓	10	grab	8260B	-	1,870	0.41	237	0.026

[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)	✓		10	grab	504.1	0.019	ND	0	ND	0
11. Methyl-tert-Butyl Ether (MtBE)		✓	6	grab	8260B	1	110	0.024	40	.0044
12. tert-Butyl Alcohol (TBA)	✓		10	grab	8260B	50	ND	0	ND	0
13. tert-Amyl Methyl Ether (TAME)	✓		10	grab	8260B	2	3.4	0.00074	27.8	0.003
14. Naphthalene		✓	6	grab	8260B	2.5	410	0.089	78.8	0.0086
15. Carbon Tetra-chloride	✓		10	grab	8260B	0.5	ND	0	ND	0
16. 1,4 Dichlorobenzene	✓		10	grab	8260B	2.5	ND	0	ND	0
17. 1,2 Dichlorobenzene	✓		10	grab	8260B	2.5	ND	0	ND	0
18. 1,3 Dichlorobenzene	✓		10	grab	8260B	2.5	ND	0	ND	0
19. 1,1 Dichloroethane		✓	1	grab	8260B	0.75	100	0.022	16.6	0.0018
20. 1,2 Dichloroethane	✓		10	grab	8260B	0.5	ND	0	ND	0
21. 1,1 Dichloroethylene	✓		10	grab	8260B	0.5	ND	0	ND	0
22. cis-1,2 Dichloro-ethylene	✓		10	grab	8260B	0.5	ND	0	ND	0
23. Dichloromethane (Methylene Chloride)	✓		10	grab	8260B	4.6	ND	0	ND	0
24. Tetrachloroethylene	✓		10	grab	8260B	0.5	ND	0	ND	0

[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		✓	1	grab	8260B	0.5	0.36	0.000078	69.1	0.0076
26. 1,1,2 Trichloroethane		✓	2	grab	8260B	0.5	38	0.0083	10.9	0.0012
27. Trichloroethylene	✓		10	grab	8260B	0.5	ND	0	ND	0
28. Vinyl Chloride	✓		10	grab	8260B	1	ND	0	ND	0
29. Acetone		✓	9	grab	8260B	5	15,000	3.28	2,740	0.3
30. 1,4 Dioxane	✓		10	grab	8260B	250	ND	0	ND	0
31. Total Phenols		✓	2	comp	8270C	30	270	0.059	215	0.023
32. Pentachlorophenol	✓		2	grab	8270C-SIM	0.78	ND	0	ND	0
33. Total Phthalates [6] (Phthalate esthers)		✓	2	grab	8270C	-	0	0	0	0
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		2	grab	8270C	4.9	ND	0	ND	0
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)		✓	2	comp	8270C-SIM	-	0.71	0.00016	0.355	0.000039
a. Benzo(a) Anthracene		✓	1	comp	8270C-SIM	0.2	0.4	0.000087	0.250	0.000027
b. Benzo(a) Pyrene	✓		2	comp	8270C-SIM	0.2	ND	0	ND	0
c. Benzo(b)Fluoranthene	✓		2	comp	8270C-SIM	0.2	ND	0	ND	0
d. Benzo(k) Fluoranthene	✓		2	comp	8270C-SIM	0.2	ND	0	ND	0
e. Chrysene		✓	1	comp	8270C-SIM	0.2	0.31	0.000068	0.205	0.000022

[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	comp	8270C-SIM	0.2	ND	0	ND	0
g. Indeno(1,2,3-cd) Pyrene	✓		2	comp	8270C-SIM	0.2	ND	0	ND	0
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	2	comp	8270C-SIM	-	4.57	0.001	3.85	0.00042
h. Acenaphthene		✓	2	comp	8270C-SIM	0.2	1.3	0.00028	1.13	0.00012
i. Acenaphthylene	✓		2	comp	8270C-SIM	0.2	ND	0	ND	0
j. Anthracene		✓	2	comp	8270C-SIM	0.2	0.27	0.000059	0.245	0.000027
k. Benzo(ghi) Perylene	✓		2	comp	8270C-SIM	0.2	ND	0	ND	
l. Fluoranthene		✓	2	comp	8270C-SIM	0.2	1.2	0.00026	0.710	0.000078
m. Fluorene		✓	2	comp	8270C-SIM	0.2	0.88	0.00019	0.715	0.000078
n. Naphthalene-		✓	2	comp	8270C	0.2	49	0.011	34.5	0.0038
o. Phenanthrene		✓	2	comp	8270C-SIM	0.2	0.51	0.00011	0.495	0.000054
p. Pyrene		✓	1	comp	8270C-SIM	0.2	1.1	0.00024	0.600	0.000066
37. Total Polychlorinated Biphenyls (PCBs)	✓		2	comp	608	0.258	ND	0	ND	0
38. Antimony		✓	1	comp	6020	0.5	0.9	0.0002	0.575	0.000063
39. Arsenic		✓	2	comp	6020	0.5	17.4	0.0038	15.9	0.0017
40. Cadmium		✓	1	comp	6020	0.2	0.7	0.00015	0.400	0.000044
41. Chromium III		✓	2	grab	6020	10	257.3	0.056	87.9	0.0096
42. Chromium VI	✓		2	grab	6020	10	ND	0	ND	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	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper		✓	2	grab	6020	0.5	310.7	0.068	86.2	0.0094
44. Lead		✓	2	comp	6020	0.5	5.2	0.0011	2.95	0.00032
45. Mercury	✓		2	comp	245.1	1	ND	0	ND	0
46. Nickel		✓	2	grab	6020	0.5	172.2	0.038	87.0	0.0095
47. Selenium		✓	2	comp	6020	1	6	0.0013	5.50	0.0006
48. Silver	✓		2	comp	6020	0.4	ND	0	ND	0
49. Zinc		✓	2	grab	6020	5	1123	0.25	322	0.035
50. Iron		✓	2	grab	200.7	50	280000	61.21	129000	14.1
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, Nickel, Zinc, 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:_____ DF: 0	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: Copper, Nickel, Zinc, Iron

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, O/W separator, Filters, GAC						
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): See attached diagram of proposed treatment system			
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 40 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: Discharge to storm drains and gravity flow to Boston Harbor (Atlantic Ocean) via West Outfall 002 and Perimeter outfalls A1 - A6						
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 SB						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water_____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)? Pathogens, Priority Organics, Toxic Organics 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_____

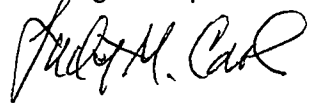
7. Supplemental information. :

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: Bosfuel Fuel Distribution System at Logan Airport

Operator signature: TUCKER M. CORNWELL 

Title: MGR, ENVIRONMENTAL COMPLIANCE SWISSPORT FUELING, INC.

Date: 4/14/08