## 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**: ExxonMobil Everett Terminal | | **Facility/site** address: | | |
| Location of **facility/site**: longitude: 71°03'38" latitude: 42°23'48" | Facility SIC code(s): 5171 | Street: 52 Beacham Street | | |
| b) Name of **facility/site owner:** Exxon Mobil Corporation | | Town: Everett | | |
| Email address of owner: arthur.f.powers@exxonmobil.com | | State: MA | Zip: 02149 | County: Middlesex |
| Telephone no.of facility/site **owner**: 617-381-2976 | | | | |
| Fax no. of facility/site **owner**: 617-381-2954 | | **Owner** is (check one): 1. Federal____ 2. State/Tribal____ 3. Private__✓__ 4. other, if so, describe: | | |
| Address of **owner** (if different from site): | | | | |
| Street: 52 Beacham Street | | | | |
| Town: Everett | State: MA | Zip: 02149 | County: Middlesex | |
| c) Legal name of **operator**: Shaw E&I | **Operator** telephone no: 508-497-6105 | | | |
| | **Operator** fax no.: 508-435-9641 | **Operator** email: brian.cote@shawgrp.com | | |
| **Operator** contact name and title: Brian Cote, Project Manager | | | | |
| Address of **operator** (if different from owner): | Street: 88C Elm Street | | | |
| Town: Hopkinton | State: MA | Zip: 01748 | County: Middlesex | |

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 ___<br>If "yes," please list:<br>1. site identification # assigned by the state of NH or MA: RTN 3-0310<br>2. permit or license # assigned: 83095<br>3. state agency contact information: name, location, and telephone number:<br>Mass DEP, Northeast Region, 205B Lowell Street, Wilmington, MA 01887 | f) Is the site/facility covered by any other EPA permit, including:<br>1. multi-sector storm water general permit? Y___ N ✓, if Y, number:<br>2. phase I or II construction storm water general permit? Y___ N ✓,<br>if Y, number:<br>3. individual NPDES permit? Y ✓ N___, if Y, number: MA0000833<br>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:

Discharge treated groundwater to the on-site stormwater system which in turn discharges to the Island End River under an NPDES permit

| 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 0.0669<br>Average flow 0.0446 Is maximum flow a **design value**? Y___ N ✓<br>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.70°02'59" lat.40°23'40"; 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_____?<br>Is discharge ongoing Yes____ No ✓ ?__ |
|---|---|

c) Expected dates of discharge (mm/dd/yy): start 03/01/08 end 12/30/08

d) Please attach a line drawing or flow schematic showing water flow through the facility including: NA
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** | | ✓ | 3 | Grab | 2540D | 4.0 mg/L | 20,000 | 109.18 | 12666.667 | 69.1462 |
| **2. Total Residual Chlorine** | ✓ | | 3 | Grab | 4500 CLF | 0.050mg/L | ND | NA | NA | NA |
| **3. Total Petroleum Hydrocarbons** | | ✓ | 3 | Grab | 418.1 | 0.061 mf/L | 2,300 | 12.555 | 766.667 | 4.18516 |
| **4. Cyanide** | ✓ | | 3 | Grab | 335.4 | 0.010 mg/L | ND | NA | NA | NA |
| **5. Benzene** | | ✓ | 3 | Grab | 8260B | 0.23 ug/L | 28.6 | 0.1561 | 10.000 | 0.05459 |
| **6. Toluene** | | ✓ | 3 | Grab | 8260B | 0.24 | 6.4 | 0.0349 | 2.800 | 0.01528 |
| **7. Ethylbenzene** | | ✓ | 3 | Grab | 8260B | 0.21 | 10.3 | 0.0562 | 3.503 | 0.01912 |
| **8. (m,p,o) Xylenes** | | ✓ | 3 | Grab | 8260B | 0.37 | 16.2 | 0.0884 | 5.933 | 0.03239 |
| **9. Total BTEX[4]** | | ✓ | 3 | Grab | 8260B | NA | 61.5 | 0.3357 | 20.500 | 0.11191 |

[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) | ✓ | | 3 | Grab | 8260B | 0.40 ug/L | ND | NA | NA | NA |
| 11. Methyl-tert-Butyl Ether (MtBE) | ✓ | | 3 | Grab | 8260B | 0.14 ug/L | ND | NA | NA | NA |
| 12. tert-Butyl Alcohol (TBA) | ✓ | | 3 | Grab | 8260B | 13.0 ug/L | ND | NA | NA | NA |
| 13. tert-Amyl Methyl Ether (TAME) | ✓ | | 3 | Grab | 8270B | 0.12 ug/L | ND | NA | NA | NA |
| 14. Naphthalene | | ✓ | 3 | Grab | 8260B | 0.68 ug/L | 4.0 | 0.0218 | 2.058 | 0.01124 |
| 15. Carbon Tetra-chloride | ✓ | | 3 | Grab | 8260B | 0.21 ug/L | ND | NA | NA | NA |
| 16. 1,4 Dichlorobenzene | ✓ | | 3 | Grab | 8260B | 0.20 ug/L | ND | NA | NA | NA |
| 17. 1,2 Dichlorobenzene | ✓ | | 3 | Grab | 8260B | 0.29 ug/L | ND | NA | NA | NA |
| 18. 1,3 Dichlorobenzene | ✓ | | 3 | Grab | 8260B | 0.18 ug/L | ND | NA | NA | NA |
| 19. 1,1 Dichloroethane | ✓ | | 3 | Grab | 8260B | 0.18 ug/L | ND | NA | NA | NA |
| 20. 1,2 Dichloroethane | ✓ | | 3 | Grab | 8260B | 0.20 ug/L | ND | NA | NA | NA |
| 21. 1,1 Dichloroethylene | ✓ | | 3 | Grab | 8260B | 0.35 ug/L | ND | NA | NA | NA |
| 22. cis-1,2 Dichloro-ethylene | ✓ | | 3 | Grab | 8260B | 0.36 ug/L | ND | NA | NA | NA |
| 23. Dichloromethane (Methylene Chloride) | ✓ | | 3 | Grab | 8260B | 0.27 ug/L | ND | NA | NA | NA |
| 24. Tetrachloroethylene | ✓ | | 3 | Grab | 8260B | 0.34 ug/L | ND | NA | NA | NA |

[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** | ✓ | | 3 | Grab | 8260B | 0.21 ug/L | ND | NA | NA | NA |
| **26. 1,1,2 Trichloroethane** | ✓ | | 3 | Grab | 8260B | 0.32 ug/L | ND | NA | NA | NA |
| **27. Trichloroethylene** | ✓ | | 3 | Grab | 8260B | 0.30 ug/L | ND | NA | NA | NA |
| **28. Vinyl Chloride** | ✓ | | 3 | Grab | 8260B | 0.24 ug/L | ND | NA | NA | NA |
| **29. Acetone** | | ✓ | 3 | Grab | 8260B | 2.8 ug/L | 5.9 | 0.0322 | 1.967 | 0.01074 |
| **30. 1,4 Dioxane** | ✓ | | 3 | Grab | 8260B | 13 ug/L | ND | NA | NA | NA |
| **31. Total Phenols** | ✓ | | 3 | Grab | | | ND | NA | NA | NA |
| **32. Pentachlorophenol** | ✓ | | 3 | Grab | 8270SIM | 0.20 ug/L | ND | NA | NA | NA |
| **33. Total Phthalates [6] (Phthalate esthers)** | | ✓ | 3 | Grab | 8270C | 2.2 ug/L | ND | NA | NA | NA |
| **34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]** | | ✓ | 3 | Grab | 8270C | 2.2 ug/L | 3.9 | 0.0213 | 2.300 | 0.01256 |
| **35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)** | | ✓ | 3 | Grab | 8270C | NA | ND | NA | NA | NA |
| **a. Benzo(a) Anthracene** | ✓ | | 3 | Grab | 8260C | 0.31 ug/L | ND | NA | NA | NA |
| **b. Benzo(a) Pyrene** | | ✓ | 3 | Grab | 8260C | 0.33 ug/L | 0.063 | 0.0003 | 0.021 | 0.00011 |
| **c. Benzo(b)Fluoranthene** | | ✓ | 3 | Grab | 8260C | 0.37 ug/L | 0.064 | 0.0003 | 0.021 | 0.00012 |
| **d. Benzo(k) Fluoranthene** | ✓ | | 3 | Grab | 8260C | 0.49 ug/L | ND | NA | NA | NA |
| **e. Chrysene** | | ✓ | 3 | Grab | 8260C | 0.34 ug/L | 0.14 | 0.0008 | 0.047 | 0.00025 |

[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 | ✓ | | 3 | Grab | 8270C | 0.73 ug/L | ND | NA | NA | NA |
| g. Indeno(1,2,3-cd) Pyrene | | ✓ | 3 | Grab | 8270SIM | 0.48 ug/L | 0.065 | 0.0004 | 0.022 | 0.00012 |
| 36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH) | | | 3 | Grab | 8270C | NA | ND | NA | NA | NA |
| h. Acenaphthene | | ✓ | 3 | Grab | 8270C | 0.24 ug/L | 1.7 | 0.0093 | 0.913 | 0.00499 |
| i. Acenaphthylene | | ✓ | 3 | Grab | 8270C | 0.21 ug/L | 0.17 | 0.0009 | 0.057 | 0.00031 |
| j. Anthracene | | ✓ | 3 | Grab | 8270C | 0.24 ug/L | 0.11 | 0.0006 | 0.070 | 0.00038 |
| k. Benzo(ghi) Perylene | | ✓ | 3 | Grab | 8270C | 0.84 ug/L | 0.085 | 0.0005 | 0.028 | 0.00015 |
| l. Fluoranthene | | ✓ | 3 | Grab | 8270C | 0.20 ug/L | 0.1 | 0.0005 | 0.049 | 0.00027 |
| m. Fluorene | | ✓ | 3 | Grab | 8270C | 0.22 ug/L | 0.86 | 0.0047 | 0.620 | 0.00338 |
| n. Naphthalene- | | ✓ | 3 | Grab | 8270C | 0.37 ug/L | 4 | 0.0218 | 2.058 | 0.01124 |
| o. Phenanthrene | | ✓ | 3 | Grab | 8270C | 0.96 ug/L | 0.28 | 0.0015 | 0.160 | 0.00087 |
| p. Pyrene | | ✓ | 3 | Grab | 8270C | 0.36 ug/L | 0.65 | 0.0035 | 0.264 | 0.00144 |
| 37. Total Polychlorinated Biphenyls (PCBs) | ✓ | | 3 | Grab | 8282 | NA | ND | NA | NA | NA |
| 38. Antimony | ✓ | | 3 | Grab | 6010B | 1.4 ug/L | ND | NA | NA | NA |
| 39. Arsenic | | ✓ | 3 | Grab | 6010B | 0.74 ug/L | 2.4 | 0.0131 | 1.267 | 0.00691 |
| 40. Cadmium | ✓ | | 3 | Grab | 6010B | 0.22 ug/L | ND | NA | NA | NA |
| 41. Chromium III | ✓ | | 3 | Grab | 7196A | | ND | NA | NA | NA |
| 42. Chromium VI | ✓ | | 3 | Grab | 7196A | | ND | NA | NA | NA |

| 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** | | ✓ | 3 | Grab | 6010B | 0.81 ug/L | 0.92 | 0.005 | 0.307 | 0.00167 |
| **44. Lead** | | ✓ | 3 | Grab | 6010B | 0.92 ug/L | 4.4 | 0.024 | 1.833 | 0.01001 |
| **45. Mercury** | ✓ | | 3 | Grab | 7470A | 0.018 ug/L | ND | NA | NA | NA |
| **46. Nickel** | | ✓ | 3 | Grab | 6010B | 0.47 ug/L | 1.9 | 0.0104 | 1.100 | 0.006 |
| **47. Selenium** | | ✓ | 3 | Grab | 6010B | 1.0 ug/L | 1.3 | 0.0071 | 0.433 | 0.00237 |
| **48. Silver** | ✓ | | 3 | Grab | 6010B | 0.31 ug/L | ND | NA | NA | NA |
| **49. Zinc** | | ✓ | 3 | Grab | 6010B | 0.36 ug/L | 26.4 | 0.1441 | 12.733 | 0.06951 |
| **50. Iron** | | ✓ | 3 | Grab | 6010B | 6.3 ug/L | 15800 | 86.251 | 7366.667 | 40.214 |
| **Other (describe):** | ✓ | | | Grab | | | | | | |

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?<br>NA |
| *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.<br>What is the dilution factor for applicable metals?<br>Metals:_____<br>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)?<br>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 60 gpm Maximum flow rate of treatment system 100 gpm Design flow rate of treatment system 100 | | | | | | |
| d) A description of chemical additives being used or planned to be used (attach MSDS sheets): None | | | | | | |

**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: After treatment, water will be pumped to a structure of the on-site stormwater system which flows through an oil/water separator, large stilling tank and to a culvert that discharges to the Island End 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 SB , | | | | | | |
| e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water NA tidally influenced 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 Is there a TMDL? Yes ✓ No____ If yes, for which pollutant(s)? Priority organics, Metals, Unionized Ammonia, Other Inorganics, Organic Enrichment/Low DO, Pathogens, Oil and Grease, Taste, Odor and Color | | | | | | |

**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: ExxonMobil Everett Terminal

Operator signature:

Title:

Date: