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 Sunoco Station</td><td colspan="4">Facility/site address:
1041 Main Street</td></tr>
<tr><td colspan="2">Location of facility/site:
longitude: -71.3 latitude: 42.14</td><td>Facility SIC code(s):
5541</td><td colspan="3">Street:
Main Street</td></tr>
<tr><td colspan="3">b) Name of facility/site owner: Sunoco, Inc. (R&M)</td><td colspan="3">Town: Walpole</td></tr>
<tr><td colspan="3" rowspan="2">Email address of owner:</td><td>State:
MA</td><td>Zip:
02081</td><td>County:
Norfolk</td></tr>
<tr><td colspan="3">Telephone no.of facility/site owner: (800) 777-6444</td></tr>
<tr><td colspan="3">Fax no. of facility/site owner:</td><td colspan="3" rowspan="2">Owner is (check one): 1. Federal____ 2. State/Tribal____
3. Private ✓ 4. other, if so, describe:</td></tr>
<tr><td colspan="3">Address of owner (if different from site):</td></tr>
<tr><td colspan="6">Street: 4 Bellows Road, P.O. Box 1262</td></tr>
<tr><td colspan="2">Town: Westborough</td><td>State: MA</td><td>Zip: 01581</td><td colspan="2">County: Worcester</td></tr>
<tr><td colspan="2" rowspan="2">c) Legal name of operator:
Corporate Environmental Advisors, Inc.</td><td colspan="4">Operator telephone no: (508) 835-8822</td></tr>
<tr><td colspan="2">Operator fax no.: (508) 835-8812</td><td colspan="2">Operator email:</td></tr>
<tr><td colspan="6">Operator contact name and title: Scott E. VanderSea, Principal Hydrogeologist, LSP</td></tr>
</table>

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

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: MA 2. permit or license # assigned: Release Tracking Number # 4-3004452 3. state agency contact information: name, location, and telephone number: MADEP Bureau of Waste Site Clean-up, 20 Riverside Drive, Lakeville, MA	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:

Dewatering, treatment and discharge of water encountered during the excavation and removal of gasoline underground storage tanks and petroleum impacted soil performed in accordance with 310 CMR 40.00 of the Massachusetts Contingency Plan (MCP).

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 0.2 Average flow 0.02 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. 71.25 lat. 42.14 ; 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 ____? Is discharge ongoing Yes ____ No ✓ ?
c) Expected dates of discharge (mm/dd/yy): start 04/01/09 end 12/30/09	
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		✓	1	GRAB	160.2	4 mg/l		74		
2. Total Residual Chlorine	✓		1	GRAB	330.4	.05mg/l	<50			
3. Total Petroleum Hydrocarbons	✓		1	GRAB	1664	4.3mgl	<4.2			
4. Cyanide	✓		1	GRAB	335.3	.01mg/l	<10			
5. Benzene		✓	12	GRAB	8260B	.5 ug/l	<0.5			
6. Toluene		✓	12	GRAB	8260B	25 ug/l	5.2			
7. Ethylbenzene		✓	12	GRAB	8260B	25 ug/l	13.2			
8. (m,p,o) Xylenes		✓	12	GRAB	8260B	25 ug/l	89.6			
9. Total BTEX[4]		✓	12	GRAB	8260B	25 ug/l	108			

[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	8260B	2 ug/l	<0.16			
11. Methyl-tert-Butyl Ether (MtBE)		✓	12	GRAB	8260B	25 ug/l	7.9			
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓									
14. Naphthalene		✓	12	GRAB	8260B	5.2 ugl	12.5			
15. Carbon Tetra-chloride	✓									
16. 1,4 Dichlorobenzene	✓		1	GRAB	8260B	5.2 ugl	<5.2			
17. 1,2 Dichlorobenzene	✓		1	GRAB	8260B	5.2 ugl	<5.2			
18. 1,3 Dichlorobenzene	✓		1	GRAB	8260B	5.2 ugl	<5.2			
19. 1,1 Dichloroethane	✓									
20. 1,2 Dichloroethane	✓									
21. 1,1 Dichloroethylene	✓									
22. cis-1,2 Dichloro-ethylene	✓									
23. Dichloromethane (Methylene Chloride)	✓									
24. Tetrachloroethylene	✓									

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	✓									
26. 1,1,2 Trichloroethane	✓									
27. Trichloroethylene	✓									
28. Vinyl Chloride	✓									
29. Acetone	✓									
30. 1,4 Dioxane	✓									
31. Total Phenols	✓									
32. Pentachlorophenol	✓		1	GRAB	8270C	10 ug/l	<10			
33. Total Phthalates [5] (Phthalate esthers)	✓		1	GRAB	8270C	50 ug/l	<50			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	GRAB	8270C	10 ug/l	<10			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	GRAB	8270C	35 ug/l	<35			
a. Benzo(a) Anthracene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
b. Benzo(a) Pyrene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
c. Benzo(b)Fluoranthene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
d. Benzo(k) Fluoranthene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
e. Chrysene	✓		1	GRAB	8270C	5.2 ugl	<5.2			

[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	5.2 ugl	<5.2			
g. Indeno(1,2,3-cd) Pyrene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	1	GRAB	8270C	5.2 ugl	<5.2			
h. Acenaphthene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
i. Acenaphthylene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
j. Anthracene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
k. Benzo(ghi) Perylene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
l. Fluoranthene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
m. Fluorene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
n. Naphthalene-		✓	12	GRAB	8270C	5.2 ugl	12.5			
o. Phenanthrene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
p. Pyrene	✓		1	GRAB	8270C	5.2 ugl	<5.2			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	GRAB	608	.5 ug/l	<0.5			
38. Antimony	✓		1	GRAB	200.7	6 ug/l	<6.0			
39. Arsenic		✓	1	GRAB	200.7	10 ug/l	12.9			
40. Cadmium	✓		1	GRAB	200.7	4 ug/l	<4.0			
41. Chromium III	✓		1	GRAB	200.7	10 ug/l	<10			
42. Chromium VI	✓		1	GRAB	200.7	10 ug/l	<10			

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	200.7	25 ug/l	<25			
44. Lead		✓	1	GRAB	200.7	5 ug/l	8.6	.		
45. Mercury	✓		1	GRAB	245.1	.2 ug/l	<0.2			
46. Nickel	✓		1	GRAB	200.7	40 ug/l	<40			
47. Selenium	✓		1	GRAB	200.7	10 ug/l	<10			
48. Silver	✓		1	GRAB	200.7	5 ug/l	<5.0			
49. Zinc		✓	1	GRAB	200.7	20 ug/l	124			
50. Iron		✓	1	GRAB	200.7	100ug/l	4,190			
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? Arsenic, Lead, Iron and Zinc
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 = 0.009 ug/l, Lead = 0.006 ug/l, Iron = 3.12 ug/l, Zinc = 0.09 ug/l DF: 1341	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

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 100 Design flow rate of treatment system _____

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:

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 catch basin which flows to the Neponset River. Please see attached.

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 17 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)?
Cause unknown, nutrients and pH

Is there a TMDL? Yes ✓ No____ If yes, for which pollutant(s)?
Cause unknown, nutrients and pH

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.

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 Sunoco Station, 1041 Main Street, Walpole, MA
Operator signature:
Title:
Date:

APPENDIX IV
TOTAL RECOVERABLE METALS LIMITATIONS (ug/L) AT SELECTED DILUTION RANGES AND TECHNOLOGY BASED CEILING LIMITATIONS FOR FACILITIES LOCATED IN MASSACHUSETTS
(for discharges to freshwater at H = 50 mg/L CaCO3)[1]

PARAMETER	DILUTION RANGE CONCENTRATION					
	0 - 5	5 -10	10 - 50	50 - 100	>100	CEILING VALUE
1. Antimony	5.6	30	60	141	141	141 [2]
2. Arsenic	10	50	100	500	540	540 [3]
3. Cadmium	0.2	1.0	2.0	10.0	20.0	260
4. Chromium^{III} (Trivalent)	48.8	244	489	1,710	1,710	1,710
5. Chromium^{VI} (Hexavalent)	11.4	57	114	570	1,140	1,710 [4]
6. Copper	5.2	26	52	260	520	2,070
7. Lead	1.3	6.5	13	66	132	430
8. Mercury	0.9	2.3	2.3	2.3	2.3	2.3 [5]
9. Nickel	29.0	145	290	1,451	2,380	2,380
10. Selenium	5.0	25	50	250	408	408 [6]
11. Silver	1.2	6	12	57	115	240
12. Zinc	66.6	333	666	1,480	1,480	1,480
13. Iron	1,000	5,000	5,000	5,000	5,000	5,000

1. *Based on 7Q10 Flow.*

2. *Based on 40 CFR 437.42, "The Centralized Waste Treatment Point Source Category - Subpart D - Multiple Wastestreams - Best Practicable Control Technology" (BPT) daily maximum for Antimony*

3. *Based on 40 CFR 445.11, "RCRA Subtitle C Landfill Best Practicable Control Technology" (BPT) for Arsenic.*

4. *Assumes Hexavalent Chromium reduced to Tri-valent Chromium in treatment.*

5. *Based on 40 CFR 437.42, "The Centralized Waste Treatment Point Source Category - Subpart D - Multiple Wastestreams - Best Practicable Control Technology" (BPT) daily maximum for Mercury*

6. *Based on 40 CFR 437.42, "The Centralized Waste Treatment Point Source Category - Subpart D - Multiple Wastestreams - Best Practicable Control Technology" (BPT) daily maximum for Selenium*