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**: Riverside Mart		**Facility/site** address:		
Location of **facility/site**: longitude: 71452 latitude: 42113	Facility SIC code(s): 5541	Street: 54 Canal Street		
b) Name of **facility/site owner:** Fadi El-Massih		Town: Millbury		
Email address of owner: NA		State: MA	Zip: 01527	County: Worcester
Telephone no.of facility/site **owner**: (508) 865-5625				
Fax no. of facility/site **owner**: NA		**Owner** is (check one): 1. Federal____ 2. State/Tribal____ 3. Private__✔___ 4. other, if so, describe:		
Address of **owner** (if different from site):				
Street: same				
Town:	State:	Zip:	County:	
c) Legal name of **operator**: EnTact Solutions, Inc.	**Operator** telephone no: (508) 798-5084			
	Operator fax no.: (508) 798-5085		**Operator** email: achillesrh@ETS-Enviromgt.com	
Operator contact name and title: Reginald H. Achilles, P.E. - President				
Address of **operator** (if different from owner):	Street: One Dix Street			
Town: Worcester	State: MA	Zip: 01609	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: 2-1018 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: MADEP-BWSC, 627 Main Street, Worcester, MA 01608 (508) 792-7653	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: An environmental remediation system comprising groundwater extraction from three (3) GW recovery wells has been installed to remove petroleum impact in subsurface soil and groundwater.		
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_0.024 ft3/s__ Average flow_0.009 ft3/s_ 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._71451_ lat._42113_; 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_06/01/08____ end_12/31/09_____		
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	SM 2540D	5,000	70,000			
2. Total Residual Chlorine	✔		1	grab	SM 4500	20	<20			
3. Total Petroleum Hydrocarbons		✔	1	grab	1664	1,600	<1,600			
4. Cyanide		✔	1	grab	SM 4500	10	<10			
5. Benzene		✔	1	grab	8260	1.0	10			
6. Toluene		✔	1	grab	8260	1.0	1.7			
7. Ethylbenzene		✔	1	grab	8260	1.0	1.6			
8. (m,p,o) Xylenes		✔	1	grab	8260	1.0	15.9			
9. Total BTEX[4]		✔	1	grab	8260	1.0	29.2			

[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)	✔		1	grab	8260	0.5	<0.50			
11. Methyl-tert-Butyl Ether (MtBE)		✔	1	grab	8260	1.0	9			
12. tert-Butyl Alcohol (TBA)		✔	1	grab	8260	20	84.1			
13. tert-Amyl Methyl Ether (TAME)	✔		1	grab	8260	0.5	<0.50			
14. Naphthalene	✔		1	grab	8260	2.0	<2.0			
15. Carbon Tetra-chloride	✔		1	grab	8260	1.0	<1.0			
16. 1,4 Dichlorobenzene	✔		1	grab	8260	1.0	<1.0			
17. 1,2 Dichlorobenzene	✔		1	grab	8260	1.0	<1.0			
18. 1,3 Dichlorobenzene	✔		1	grab	8260	1.0	<1.0			
19. 1,1 Dichloroethane	✔		1	grab	8260	1.0	<1.0			
20. 1,2 Dichloroethane	✔		1	grab	8260	1.0	<1.0			
21. 1,1 Dichloroethylene	✔		1	grab	8260	1.0	<1.0			
22. cis-1,2 Dichloro-ethylene	✔		1	grab	8260	1.0	<1.0			
23. Dichloromethane (Methylene Chloride)	✔		1	grab	8260	5.0	<5.0			
24. Tetrachloroethylene	✔		1	grab	8260	1.0	<1.0			

[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	8260	1.0	<1.0			
26. 1,1,2 Trichloroethane	✔		1	grab	8260	1.0	<1.0			
27. Trichloroethylene	✔		1	grab	8260	1.0	<1.0			
28. Vinyl Chloride	✔		1	grab	8260	2.0	<2.0			
29. Acetone	✔		1	grab	8260	50	<50			
30. 1,4 Dioxane	✔		1	grab	8260	50	<50			
31. Total Phenols	✔		1	grab	8270	10	<10			
32. Pentachlorophenol	✔		1	grab	8270	10	<10			
33. Total Phthalates [6] (Phthalate esthers)	✔		1	grab	8270	10	<10			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✔		1	grab	8270	10	<10			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)										
a. Benzo(a) Anthracene	✔		1	grab	625	0.05	<0.05			
b. Benzo(a) Pyrene	✔		1	grab	625	0.10	<0.10			
c. Benzo(b)Fluoranthene	✔		1	grab	625	0.05	<0.05			
d. Benzo(k) Fluoranthene	✔		1	grab	625	0.20	<0.20			
e. Chrysene	✔		1	grab	625	0.20	<0.20			

[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	✔		1	grab	625	0.50	<0.50			
g. Indeno(1,2,3-cd) Pyrene	✔		1	grab	625	0.50	<0.50			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)										
h. Acenaphthene	✔		1	grab	625	0.30	<0.30			
i. Acenaphthylene	✔		1	grab	625	0.30	<0.30			
j. Anthracene	✔		1	grab	625	0.20	<0.20			
k. Benzo(ghi) Perylene	✔		1	grab	625	0.50	<0.50			
l. Fluoranthene	✔		1	grab	625	0.50	<0.50			
m. Fluorene	✔		1	grab	625	1.00	<1.00			
n. Naphthalene-	✔		1	grab	625	1.00	<1.00			
o. Phenanthrene	✔		1	grab	625	0.05	<0.05			
p. Pyrene	✔		1	grab	625	1.00	<1.00			
37. Total Polychlorinated Biphenyls (PCBs)	✔		1	grab	608	0.20	<0.20			
38. Antimony	✔		1	grab	200.7	50	<50			
39. Arsenic		✔	1	grab	200.7	10	78			
40. Cadmium	✔		1	grab	200.7	1.0	<1.0			
41. Chromium III	✔		1	grab	SM 3500	10	<10			
42. Chromium VI	✔		1	grab	SM 3500	4	<4			

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	5	13.5			
44. Lead	✔		1	grab	200.7	5	<5			
45. Mercury	✔		1	grab	245.1	0.1	<0.1			
46. Nickel	✔		1	grab	200.7	5	<5			
47. Selenium	✔		1	grab	200.7	50	<50			
48. Silver	✔		1	grab	200.7	10	<10			
49. Zinc		✔	1	grab	200.7	10	48			
50. Iron		✔	1	grab	200.7	50	6,340			
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? 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: Iron DF: 119.3	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: 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: See attached description						
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 4 gpm Maximum flow rate of treatment system 12 gpm Design flow rate of treatment system 20 gpm						
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: Discharge is directed underground to a storm drain located in Canal Street. The flow is then conveyed underground to an outfall location beneath the bridge over the Blackstone River on Providence St. into the Blackstone 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 Class B,						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 3.55 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)? 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: Riverside Mart - 54 Canal Street, Millbury, MA 01527

Operator signature:

Title: President - EnTact Solutions, Inc.

Date: 10/21/08