

MAG 910363

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: Assembly Square		Facility/site address:	
Location of facility/site: longitude: 71.078 latitude: 42.390	Facility SIC code(s): N/A	Street: 100 Sturtevant Street	
b) Name of facility/site owner: FR Sturtevant Street, LLC		Town: Somerville	
Email address of owner:		State: MA	County: Middlesex
Telephone no. of facility/site owner: 301-998-8100		Zip: 02145	
Fax no. of facility/site owner: 301-998-3722	Owner is (check one): 1. Federal ___ 2. State/Tribal ___		
Address of owner (if different from site):	3. Private <input checked="" type="checkbox"/> 4. other, if so, describe: ___		
Street: 1626 East Jefferson Street			
Town: Rockville	State: MD	Zip: 20852	County: Montgomery
c) Legal name of operator:		Operator telephone no.:	
FR Sturtevant Street, LLC		Operator fax no.:	
Operator contact name and title: Dawn Becker			
Address of operator (if different from owner):		Operator email:	
Town:		County:	
d) Check "yes" or "no" for the following:			
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ___ No <input checked="" type="checkbox"/> , if "yes," number: ___			
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ___ No <input checked="" type="checkbox"/> , if "yes," date and tracking #: ___			
3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No ___			
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input checked="" type="checkbox"/> No ___			

<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <u> </u> No <input checked="" type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA:</p> <p>2. permit or license # assigned:</p> <p>3. state agency contact information: name, location, and telephone number:</p>	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <u> </u> N <input checked="" type="checkbox"/>, if Y, number: <u> </u></p> <p>2. phase I or II construction storm water general permit? Y <u> </u> N <input checked="" type="checkbox"/>, if Y, number: <u> </u></p> <p>3. individual NPDES permit? Y <u> </u> N <input checked="" type="checkbox"/>, if Y, number: <u> </u></p> <p>4. any other water quality related permit? Y <u> </u> N <input checked="" type="checkbox"/>, if Y, number: <u> </u></p>
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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:

Temporary construction dewatering in support of utility work and soil excavation & treatment

<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points: <u>1</u></p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>0.10</u> Average flow <u>0.02</u> Is maximum flow a design value? Y <u> </u> N <input checked="" type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71.076</u> lat. <u>42.393</u> ; pt.2: long. <u> </u> lat. <u> </u> ; pt.3: long. <u> </u> lat. <u> </u> ; pt.4: long. <u> </u> lat. <u> </u> ; pt.5: long. <u> </u> lat. <u> </u> ; pt.6: long. <u> </u> lat. <u> </u> ; pt.7: long. <u> </u> lat. <u> </u> ; pt.8: long. <u> </u> lat. <u> </u> ; etc.</p>		
<p>4) If hydrostatic testing, total volume of the discharge (gals): Is discharge intermittent <input checked="" type="checkbox"/> or seasonal <u> </u>? Is discharge ongoing Yes <u> </u> No <input checked="" type="checkbox"/>?</p>		
<p>c) Expected dates of discharge (mm/dd/yy): start <u>08/01/08</u> end <u>02/28/09</u></p>		
<p>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).</p>		

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 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method (ug/L)	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		✓	4	Grab	160.2	----	790,000			
2. Total Residual Chlorine	✓		4	Grab	4500	50	ND			
3. Total Petroleum Hydrocarbons	✓		4	Grab	1664	4000	ND			
4. Cyanide	✓		4	Grab	335.2	5	ND			
5. Benzene		✓	4	Grab	8260B	0.5	25			
6. Toluene	✓		4	Grab	8260B	0.75	ND			
7. Ethylbenzene	✓		4	Grab	8260B	0.5	ND			
8. (m,p,o) Xylenes	✓		4	Grab	8260B	1.0	ND			
9. Total BTEX ⁴		✓	4	Grab	8260B	1.0	25			

⁴ BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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)	✓		4	Grab	8260B	2	ND			
11. Methyl-tert-Butyl Ether (MtBE)	✓		4	Grab	8260B	1	ND			
12. tert-Butyl Alcohol (TBA)	✓		0	----	----	----	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		4	Grab	8260B	2	ND			
14. Naphthalene	✓		4	Grab	8260B	2.5	ND			
15. Carbon Tetra-chloride	✓		4	Grab	8260B	0.5	ND			
16. 1,4 Dichlorobenzene	✓		4	Grab	8260B	2.5	ND			
17. 1,2 Dichlorobenzene	✓		4	Grab	8260B	2.5	ND			
18. 1,3 Dichlorobenzene	✓		4	Grab	8260B	2.5	ND			
19. 1,1 Dichloroethane	✓		4	Grab	8260B	0.75	ND			
20. 1,2 Dichloroethane	✓		4	Grab	8260B	0.5	ND			
21. 1,1 Dichloroethylene	✓		4	Grab	8260B	0.5	ND			
22. cis-1,2 Dichloro-ethylene	✓		4	Grab	8260B	0.5	ND			
23. Dichloromethane (Methylene Chloride)	✓		4	Grab	8260B	5	ND			
24. Tetrachloroethylene	✓		4	Grab	8260B	0.5	ND			

⁵EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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	✓		4	Grab	8260B	0.5	ND			
26. 1,1,2 Trichloroethane	✓		4	Grab	8260B	0.75	ND			
27. Trichloroethylene	✓		4	Grab	8260B	0.5	ND			
28. Vinyl Chloride	✓		4	Grab	8260B	1.0	ND			
29. Acetone	✓		4	Grab	8260B	5	ND			
30. 1,4 Dioxane	✓		4	Grab	8260B	250	ND			
31. Total Phenols	✓		4	Grab	8270C	6.7	ND			
32. Pentachlorophenol	✓		4	Grab	8270C	9.5	ND			
33. Total Phthalates ⁶ (Phthalate esters)	✓		4	Grab	8270C	4.8	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		4	Grab	8270C	4.8	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		4	Grab	8270C-SIM	0.19	ND			
a. Benzo(a) Anthracene	✓		4	Grab	8270C-SIM	0.19	ND			
b. Benzo(a) Pyrene	✓		4	Grab	8270C-SIM	0.19	ND			
c. Benzo(b) Fluoranthene	✓		4	Grab	8270C-SIM	0.19	ND			
d. Benzo(k) Fluoranthene	✓		4	Grab	8270C-SIM	0.19	ND			
e. Chrysene	✓		4	Grab	8270C-SIM	0.19	ND			

⁶The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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	✓		4	Grab	8270C-SIM	0.19	ND			
g. Indeno(1,2,3-cd)Pyrene	✓		4	Grab	8270C-SIM	0.19	ND			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	4	Grab	8270C-SIM	0.19	15.0			
h. Acenaphthene		✓	4	Grab	8270C-SIM	0.19	4.4			
i. Acenaphthylene	✓		4	Grab	8270C-SIM	0.19	ND			
j. Anthracene	✓		4	Grab	8270C-SIM	0.19	ND			
k. Benzo(ghi) Perylene	✓		4	Grab	8270C-SIM	0.19	ND			
l. Fluoranthene	✓		4	Grab	8270C-SIM	0.19	ND			
m. Fluorene		✓	4	Grab	8270C-SIM	0.19	5.8			
n. Naphthalene-		✓	4	Grab	8270C-SIM	0.19	2.5			
o. Phenanthrene		✓	4	Grab	8270C-SIM	0.19	2.3			
p. Pyrene	✓		4	Grab	8270C-SIM	0.19	ND			
37. Total Polychlorinated Biphenyls (PCBs)	✓		4	Grab	8082	0.25	ND			
38. Antimony	✓		4	Grab	MCP-6000/7000	50	ND			
39. Arsenic		✓	4	Grab	MCP-6000/7000	5	35			
40. Cadmium	✓		4	Grab	MCP-6000/7000	4	ND			
41. Chromium III		✓	4	Grab	3500	10	20			
42. Chromium VI	✓		4	Grab	7196A	10	ND			

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	Grab	MCP-6000/7000	10	42			
44. Lead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	Grab	MCP-6000/7000	10	36			
45. Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	Grab	MCP-6000/7000	0.2	ND			
46. Nickel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	Grab	MCP-6000/7000	25	28			
47. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	Grab	MCP-6000/7000	10	ND			
48. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	Grab	MCP-6000/7000	7	ND			
49. Zinc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	Grab	MCP-6000/7000	50	208			
50. Iron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	Grab	MCP-6000/7000	50	24000			
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>								

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, copper, lead, 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: iron, copper, lead, zinc

DF: 167

Y N

If "Yes," list which metals: iron

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

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 figure attached						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank <input checked="" type="checkbox"/>	Air stripper	Oil/water separator	Equalization tanks	Bag filter <input checked="" type="checkbox"/>	GAC filter <input checked="" type="checkbox"/>
	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 <u>8</u> Maximum flow rate of treatment system <u>45</u> Design flow rate of treatment system _____						
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 <input checked="" type="checkbox"/>	Storm drain <input checked="" type="checkbox"/>	River/brook _____	Wetlands _____	Other (describe): _____
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Dewatering effluent is scheduled to discharge any existing storm drains onsite. All storm drains lead to the Somerville Marginal Conduit, with discharge to the Mystic River below the Amelia Earhart Dam.						
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 discharges, 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. <u>There are no drinking water supply or wetland areas near the discharge.</u>						
d) Provide the state water quality classification of the receiving water <u>B</u> ,						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>18.43</u> _____ 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 <input checked="" type="checkbox"/> No _____ If yes, for which pollutant(s)? Is there a TMDL? Yes _____ No <input checked="" type="checkbox"/> 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.

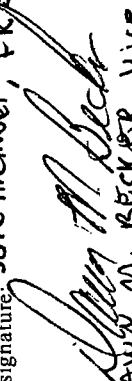
Facility/Site Name: Assembly Square
FR Sturtevant Street, LLC, a Delaware limited liability company, by its
Operator signature: Sole member, FR Sturtevant Street, Inc., a Delaware corporation
Title:  Dawn M. Becker, Vice President - General Counsel & Secretary
Date: 6-02-2006

Table 1 - Groundwater Analytical Data
Remediation General Permit Application - 100 Sturtevant Street, Somerville, Massachusetts

ANALYSIS	MDL	B-215	B-216	B-218	EN-4
		5/12/08	5/12/08	5/12/08	5/12/08
Solids, Total Suspended		66,000	790,000	620,000	50,000
Cyanide, Total	5	ND	ND	ND	ND
Chlorine, Total Residual	50	ND	ND	ND	ND
TPH	4000	ND	ND	ND	ND
Chromium, Hexavalent	10	ND	ND	ND	ND
Total Metals by MCP 6000/7000 series					
Antimony, Total	50	ND	ND	ND	ND
Arsenic, Total	5	6	17	35	14
Cadmium, Total	4	ND	ND	ND	ND
Chromium, Total	10	ND	20	ND	ND
Chromium, Trivalent	10	ND	20	ND	ND
Copper, Total	10	14	42	ND	ND
Iron, Total	50	13,000	24,000	18,000	9,100
Lead, Total	10	ND	36	ND	ND
Mercury, Total	0.2	ND	ND	ND	ND
Nickel, Total	25	ND	28	ND	ND
Selenium, Total	10	ND	ND	ND	ND
Silver, Total	7	ND	ND	ND	ND
Zinc, Total	50	ND	208	ND	ND
Volatile Organics by MCP 8260B					
1,1,1,2-Tetrachloroethane	0.5	ND	ND	ND	ND
1,1,1-Trichloroethane	0.5	ND	ND	ND	ND
1,1,2,2-Tetrachloroethane	0.5	ND	ND	ND	ND
1,1,2-Trichloroethane	0.75	ND	ND	ND	ND
1,1-Dichloroethane	0.75	ND	ND	ND	ND
1,1-Dichloroethene	0.5	ND	ND	ND	ND
1,1-Dichloropropene	2.5	ND	ND	ND	ND
1,2,3-Trichlorobenzene	2.5	ND	ND	ND	ND
1,2,3-Trichloropropane	5	ND	ND	ND	ND
1,2,4-Trichlorobenzene	2.5	ND	ND	ND	ND
1,2,4-Trimethylbenzene	2.5	ND	ND	ND	ND
1,2-Dibromo-3-chloropropane	2.5	ND	ND	ND	ND
1,2-Dibromoethane	2	ND	ND	ND	ND
1,2-Dichlorobenzene	2.5	ND	ND	ND	ND
1,2-Dichloroethane	0.5	ND	ND	ND	ND
1,2-Dichloropropane	1.8	ND	ND	ND	ND
1,3,5-Trimethylbenzene	2.5	ND	ND	ND	ND
1,3-Dichlorobenzene	2.5	ND	ND	ND	ND
1,3-Dichloropropane	2.5	ND	ND	ND	ND
1,4-Dichlorobenzene	2.5	ND	ND	ND	ND
1,4-Dioxane	250	ND	ND	ND	ND
2,2-Dichloropropane	2.5	ND	ND	ND	ND
2-Butanone	5	ND	ND	ND	ND
2-Hexanone	5	ND	ND	ND	ND
4-Methyl-2-pentanone	5	ND	ND	ND	ND
Acetone	5	ND	ND	ND	ND
Benzene	0.5	ND	ND	ND	25
Bromobenzene	2.5	ND	ND	ND	ND
Bromochloromethane	2.5	ND	ND	ND	ND

