



**NORTH COUNTRY ENVIRONMENTAL SERVICES, INC.
A VERIDIUM COMPANY**

31 Granite Street, Suite 8
Milford, MA 01757
Phone: (508) 634 9800
Fax: (508) 634 8259
info@nces-ne.com

MAG 910171

FAX TRANSMITTAL

To: George Papadopoulos
Fax: (617)918-1505
Phone: (617)918-1579
Re: Wayside Commons
2 Wayside Road, Burlington, MA

From: Richard Carmosino
Pages: 33 (including cover sheet)
Date: December 5, 2005
cc:
Job #: C4579

Urgent For Review Please Comment

George,

Could you please review the enclosed submission and let me know if there is anything missing or anything that does not need to be included? Please call the office should you have any questions/comments/concerns.

Thank You,

*LM Secretary 12/6/05 that
NOI is complete adequate.*

Richard Carmosino
North Country Environmental Services, Inc.

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: Former Raytheon Facility Wayside Commons Development		Facility/site address: 2 Wayside Road, Burlington, MA 01803		
Location of facility/site: longitude: <u>47° 29' 09"</u> latitude: <u>71° 11' 29"</u>		Facility SIC code(s): 5311 5399		Street: 2 Wayside Road
b) Name of facility/site owner: PM Atlantic Burlington LLC		Town: Burlington		
Email address of owner: joe@atlanticmanagement.com		State: MA	Zip: 01803	Country: USA
Telephone no. of facility/site owner: (508) 626-0025		Owner is (check one): 1. Federal <input type="checkbox"/> 2. State/Tribal <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Fax no. of facility/site owner: (508) 626-0106				
Address of owner (if different from site): Street: 205 Newbury Street				
Town: Framingham		State: MA	Zip: 01701	County: USA
c) Legal name of operator: North Country Environmental Services		Operator telephone no.: (508) 634-9800		
		Operator fax no.: (508) 634-8259		Operator email: rcarmosino@nces-ne.com
Operator contact name and title: Richard Carmosino, Environmental Engineer				

Address of operator (if different from owner):		Street: 31 Granite Street	
Town: Milford	State: MA	Zip: 01757	County: USA
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 122.22? 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 ___			
e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <input checked="" type="checkbox"/> No ___ If "yes," please list: 1. site identification # assigned by the state of NJ or MA. RTN J-12243 2. permit or license # assigned: DEP FILE # 122-348, File # 13432 MA Exec. Office 3. state agency contact information: name, location, and telephone number: DEP, 1 Winter Street, Boston, MA		f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y ___ N <input checked="" type="checkbox"/> if Y, number: 2. phase I or II construction storm water general permit? Y ___ N <input checked="" type="checkbox"/> if Y, number: 3. individual NPDES permit? Y ___ N <input checked="" type="checkbox"/> if Y, number: 4. any other water quality related permit? Y ___ N <input checked="" type="checkbox"/> 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 for excavation activities for building construction.

b) Provide the following information about each discharge:	1) Number of discharge points:	2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft ³ /s)? Max. flow .025 Average flow .02 Is maximum flow a design value? Y ___ 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. maximum flow and average flow units are in cubic feet per second
	2	

3) Latitude and longitude of each discharge within 100 feet: pt.1: long. ___ lat. ___; 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.

3) STORM DRAIN # 1: 042° 29' 6.86" N
071° 11' 34.64" W

STORM DRAIN # 2: 042° 29' 5.74" N
071° 11' 36.32" W

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes _____ No <input checked="" type="checkbox"/>
c) Expected dates of discharge (mm/dd/yy); start <u>12/05/05</u> end <u>01/31/06</u>	
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 30 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 <input checked="" type="checkbox"/>	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants <input checked="" type="checkbox"/>	Listed Contaminated Sites <input checked="" type="checkbox"/>	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	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		<input checked="" type="checkbox"/>	1	grab	1607	4 mg/L	4,126		0	
2. Total Residual Chlorine	<input checked="" type="checkbox"/>		1	grab	8167	1.62	ND		ND	
3. Total Petroleum Hydrocarbons	<input checked="" type="checkbox"/>		1	grab	8100M	40 mg/L	1		3	
4. Cyanide	<input checked="" type="checkbox"/>		1	grab	3352	020 mc	ND		ND	
5. Benzene	<input checked="" type="checkbox"/>		1	grab	8260B	5 ug/L	ND		ND	
6. Toluene	<input checked="" type="checkbox"/>		1	grab	8260B	5 ug/L	ND		ND	
7. Ethylbenzene	<input checked="" type="checkbox"/>		1	grab	8260B	5 ug/L	ND		ND	
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>		1	grab	8260B	5 ug/L	ND		ND	
9. Total BTEX ⁴	<input checked="" type="checkbox"/>		1	grab	8260D	5 ug/L	ND		ND	

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

