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S E A

S E A CONSULTANTS INC.

March 28, 2012

Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street, 2nd floor
Worcester, MA 01608

RE: Boston College Chestnut Hill Lower Campus, near Corcoran Commons
NPDES Dewatering General Permit

Dear Sir or Madam,

Please find attached the EPA's NOI Dewatering General Permit Application (and supporting documentation), the Mass DEP Transmittal Form for Permit Application and Payment, and copy of the check (\$385) for the filing of a BRP WM 10 Permit. This permit is required for a small Boston College project that will provide a support system for ductbank settlement at Chestnut Hill Lower Campus, near Corcoran Commons.

The work associated with the project will include installing mini piles to support approximately seventy (70) linear feet of existing underground ductbank. During the performance of this work, construction dewatering activities may be required.

If there are any questions or additional information needed, please do not hesitate to contact me at (617) 498-4689.

Respectfully yours,
Kleinfelder/SEA

Joseph J. Maliawco, PE, Project Engineer

cc: Paul Scarnici, Project Manager, Boston College
Carol Dennison, Project Manager Kleinfelder/SEA

G:\clients\Boston College\2009074.01A - Corcoran Hall\2.5 Documents\NPDES\BRP WM 10 _Cover_Letter.doc



Enter your transmittal number

X250951

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml>**Massachusetts Department of Environmental Protection****Transmittal Form for Permit Application and Payment**

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

BRP WM 10

1. Permit Code: 7 or 8 character code from permit instructions

Construction Dewatering

3. Type of Project or Activity

Surface Water Discharge (NPDES General)

2. Name of Permit Category

B. Applicant Information – Firm or Individual

Boston College - St Clement's Hall

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

Scarnici

Paul

2. Last Name of Individual

3. First Name of Individual

4. MI

140 Commonwealth Avenue

5. Street Address

Chestnut Hill

MA

02467

(617) 552-0314

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Paul Scarnici, Project Manager

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Boston College Lower Campus- Corcoran Dining Hall

1. Name of Facility, Site Or Individual

60 St. Thomas More Road

2. Street Address

Chestnut Hill

MA

02467

(617) 552-6067

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

Joseph Maliawco - Kleinfelder/SEA

1. Name of Firm Or Individual

215 First Street, Suite 320

2. Address

Cambridge

MA

02142

(617) 498-7800

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Joseph Maliawco

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due**Special Provisions:**

1. ☒ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

144276

Check Number

\$385.00

Dollar Amount

March 26, 2012

Date

II. Suggested Notice of Intent (NOI) Form

1. General facility information. Please provide the following information about the facility.

a) Name of facility: Boston College Chestnut Hill Lower Campus		Mailing Address for the Facility: St. Clement's Hall - 140 Commonwealth Avenue Chestnut Hill, MA 02467	
b) Location Address of the Facility (if different from mailing address): <i>60 St. Thomas More Road, Boston</i>	Facility Location longitude: 42.337593 latitude: -71.167561		Type of Business: University Facility SIC codes: 8221
	c) Name of facility owner: <i>Daniel Bourque</i> Owner's Tel #: <i>617-552-6067</i> Address of owner (if different from facility address): Owner's email: <i>daniel.bourque@bc.edu</i> Owner's Fax #: <i>617-552-0366</i>		
Owner is (check one): 1. Federal _____ 2. State _____ 3. Tribal _____ 4. Private ☒ 4. Other _____ (Describe)			
Legal name of Operator, if not owner: <i>Paul Scarnici, Project Manager - Capital Projects Management</i>			
Operator Contact Name: <i>Paul Scarnici</i>			
Operator Tel Number: <i>(617) 552-0314</i> Fax Number: <i>(617) 552-0360</i>			
Operator's email: <i>scarnici@bc.edu</i>			
Operator Address (if different from owner) St. Clement's Hall - 140 Commonwealth Avenue Chestnut Hill, MA 02467			
d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? ☒			
e) Check Yes or No for the following:			
1. Has a prior NPDES permit been granted for the discharge? Yes _____ No ☒ If Yes, Permit Number: _____			
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes ☒ No _____			
3. Is the facility covered by an individual NPDES permit? Yes _____ No ☒ If Yes, Permit Number _____			
4. Is there a pending application on file with EPA for this discharge? Yes _____ No ☒ If Yes, date of submittal: _____			

2. Discharge information. Please provide information about the discharge. (attaching additional sheets as needed)

- a) Name of receiving water into which discharge will occur: Chestnut Hill Reservoir
State Water Quality Classification: C Freshwater: Y Marine Water: _____
- b) Describe the discharge activities for which the owner/applicant is seeking coverage:
1. Construction dewatering of groundwater intrusion and/or storm water accumulation.
2. Short-term or long-term dewatering of foundation sumps.
3. Other.
- c) Number of outfalls 1
- For each outfall:
- d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow 30,000 GPD
Average Monthly Flow 20,000 GPD
- e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 6.5 Min pH 6
- f) Identify the source of the discharge (i.e. potable water, surface water, or groundwater). If groundwater, the facility shall submit effluent test results, as required in Section 4.4.5 of the General Permit.
- g) What treatment does the wastewater receive prior to discharge? Frac tank (or similar) & silt sac or fabric
- h) Is the discharge continuous? Yes _____ No ☒ If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) P
If (P), number of days or months per year of the discharge 35 and the specific months of discharge 2 months;
If (I), number of days/year there is a discharge _____
Is the discharge temporary? Yes ☒ No _____
If yes, approximate start date of dewatering May 22, 2012 approximate end date of dewatering July 20, 2012
- i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. 42.337593 lat. -71.167561;
Outfall 2: long. _____ lat. _____; Outfall 3: long. _____ lat. _____.
- j) If the source of the discharge is potable water, please provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water and attach any calculation sheets used to support stream flow and dilution calculations _____ cfs
(See Appendix VII for equations and additional information)

MASSACHUSETTS FACILITIES: See Section 3.4 and Appendix 1 of the General Permit for more information on Areas of Critical Environmental Concern (ACEC):

- k) Does the discharge occur in an ACEC? Yes _____ No ✓
If yes, provide the name of the ACEC:

3. Contaminant Information

- a) Are any pH neutralization and/or dechlorination chemicals used in the discharge? If so, include the chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)).
b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge.

4. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendices III and IV. In addition, respond to the following questions.

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes _____ No ✓
b) Has any consultation with the federal services been completed? Yes _____ No ✓
c) Is consultation underway? Yes _____ No ✓
d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA 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.
e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D, or E) have you met? A
f) Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website.

5. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes _____ No ✓
b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No ✓ If yes, attach the results of the consultation(s).
c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 or 3) have you met? 1

6. 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

7. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signature requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the dewatering system; (2) the discharge consists solely of dewatering and authorized pH adjustment and/or

dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product or finished product; (4) if the discharge of dewatering subsequently mixes with other permitted wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for dewatering discharge; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) 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 Name: Boston College Chestnut Hill Lower Campus

Operator signature:

Paul Scarnici

Title: Project Manager - Capital Projects Management

Date: 3/26/12

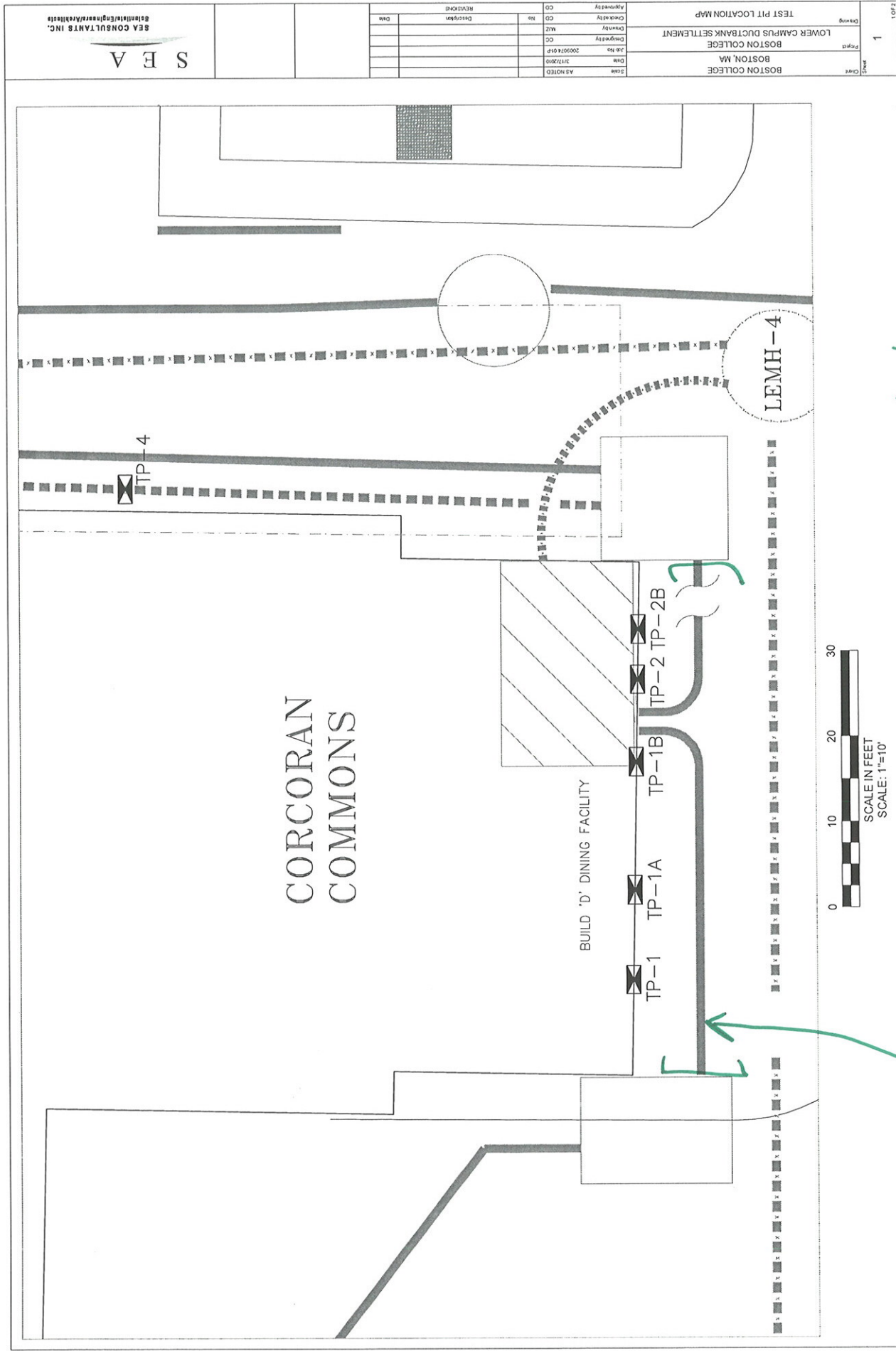
Federal regulations require this application to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

NPDES ADDITIONAL INFORMATION

2. Discharge Information:

- a. Name of Receiving Water: Chestnut Hill Reservoir
State Water Quality Classification: Class C – Freshwater
- b. Describe the discharge activities: Construction dewatering of groundwater and/or storm water accumulation. We are installing mini piles (6) with brackets to support an existing underground duct bank system for approximately seventy (70) feet. It is anticipated that groundwater will be encountered. Groundwater and or stormwater accumulation will be pumped to a “frac” tank or similar prior to being discharged to an existing catch basin.
- c. Number of outfalls: 1
- d. Estimate the max. daily and average monthly flow of the discharge (GPD):
30,000 GPD max & 20,000 GPD average.
- e. Maximum and minimum monthly pH of discharge (in s.u.): Estimate Max 6.5 Min 6.0
- f. Source of discharge: groundwater/stormwater accumulation
- g. Treatment prior to discharge: frac tank (or similar) and silt sack at basin
- h. See application
- i. See application
- j. See application
- k. See applicaiton



project will support this existing ductbank system w/micro-piles (70 LF ±)

*De-water to basin "Grac" turn
this catch "Grac"*



GENERAL NOTES:

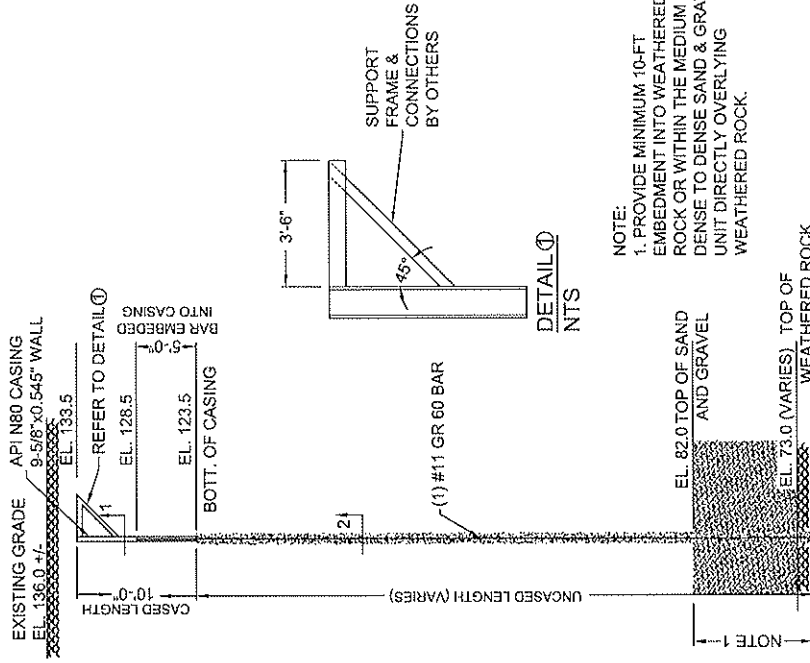
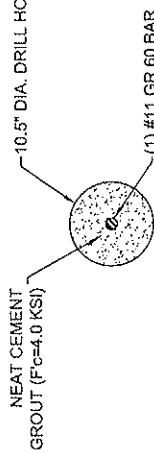
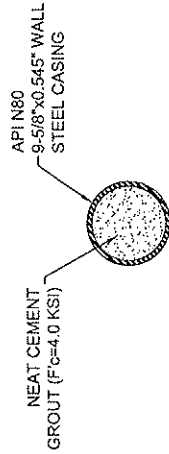
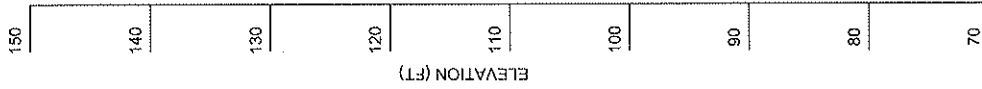
1. CONFORM TO THIS DESIGN SUBMITTAL UNLESS OTHERWISE APPROVED BY BRIERLEY ASSOCIATES.
2. REPORT CHANGES IN SUBSURFACE CONDITIONS SO THAT THE EFFECTS ON THE MICROPILES CAN BE EVALUATED.
3. THE MICROPILE BOND ZONE WAS DESIGNED FOR AN ULTIMATE BOND STRESS OF 60 PSI AND A SAFETY FACTOR OF 2.0.
4. PROVIDE BAR CENTRALIZERS EVERY 10-FT (3.0m) MINIMUM.
5. MICROPILES WERE DESIGNED FOR WORKING LOADS OF 110 KIPS IN COMPRESSION AND A MOMENT OF 65 KIPS-FT APPLIED AT THE TOP OF THE MICROPILE.

MATERIALS:

1. STEEL CASING SHALL BE ONE CONTINUOUS SECTION OF API N80 9-5/8" x 0.545" WALL STEEL PIPE WITH MINIMUM 80 KSI YIELD STRENGTH.
2. CENTER BAR SHALL BE ONE #11GR 60 DEFORMED BAR.
3. MICROPILE GROUT SHALL BE A NEAT-CEMENT MIX WITH A MINIMUM 28-DAY UNCONFINED COMPRESSIVE STRENGTH OF 4.0 KSI.

SPECIAL PROVISIONS:

1. BRIERLEY ASSOCIATES IS NOT RESPONSIBLE FOR THE HANDLING, DISPOSAL, OR TREATMENT OF CONTAMINATED GROUND WATER.
2. OTHERS ARE RESPONSIBLE FOR FIELD LOCATING ALL NEARBY UTILITIES AND ADJACENT BURIED STRUCTURES. CONFLICTING UTILITIES MAY REQUIRE REDESIGN, AT THE DISCRETION OF BRIERLEY. LIKEWISE, IT IS THE RESPONSIBILITY OF OTHERS TO OBTAIN ANY NECESSARY PERMITS OR EASEMENTS.
3. BRIERLEY IS NOT RESPONSIBLE FOR QUALITY CONTROL, QUALITY ASSURANCE, CHANGED CONDITIONS OR PROBLEMS RESULTING FROM IMPROPER CONSTRUCTION TECHNIQUES.
4. BRIERLEY IS NOT RESPONSIBLE FOR CONSTRUCTION SITE SAFETY.
5. BRIERLEY IS NOT RESPONSIBLE FOR LAYOUT, SURVEYING, OR ENVIRONMENTAL CONSIDERATIONS AT THIS SITE.



MICROPILE SECTION
SCALE: 1"=10'-0"

DATE	NO.	REVISION	ISSUED	REVIEWED	DESIGNED	CHECKED
07/20/11	0					

BRIERLEY ASSOCIATES
Limited Liability Company
6223 Fry Road, Suite 200
East Syracuse, NY 13057
www.brierleyassoc.com
Covering Special Underpinning

ISSUED FOR REVIEW
JUNE 22, 2011

DESIGNED FOR
PROJECT

KLEINFELDER SEA
DUCT BANK UNDERPINNING
BOSTON COLLEGE
NEWTON, MA

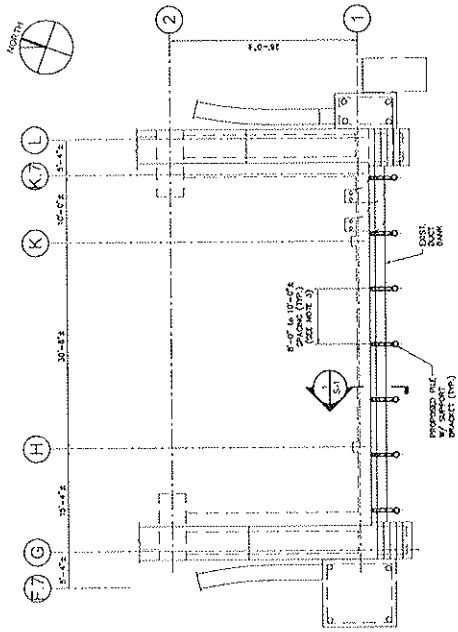
MICROPILE SECTION, DETAILS, AND NOTES

SHEET TITLE
1 OF 1
FIGURE
MP1

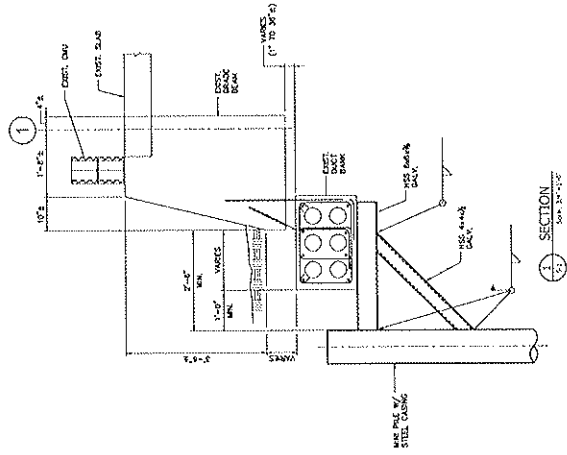
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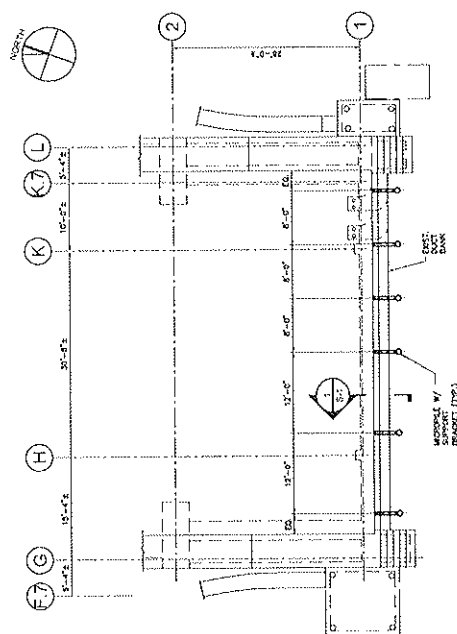
S E A

302533
1. DETAILS ARE CONCEPT IN NATURE AND NOT FOR CONSTRUCTION.
2. INFORMATION SHOWN HAS BEEN OBTAINED FROM RECORDS AND DRAWING INFORMATION PROVIDED BY DESIGN COLLEGE AND FROM EXPLORATORY TEST RUNS DONE ON JUL 12, 2010.
3. MAX. PILE TO EXTEND TO A DEPTH OF 30'-0" TO 40'-0" WITH AN ASSUMED PILE SPACING OF 5'-0" TO 10'-0". EXACT FINAL PILE DEPTH AND SPACING TO BE DETERMINED.

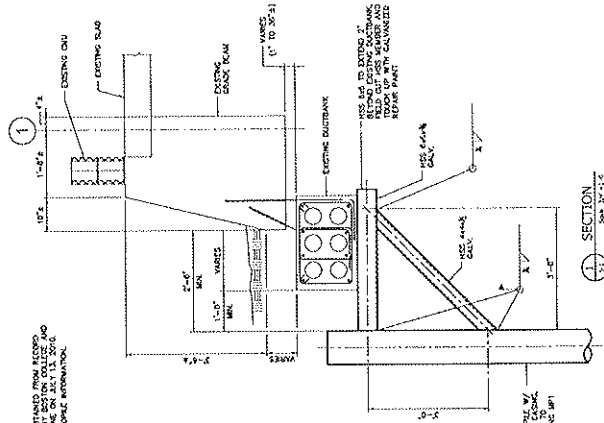


PART PLAN - 1ST FLOOR (DINING HALL)



[illegible]

PART PLAN - 1ST FLOOR (DINING HALL)



NOTES: 1. INFORMATION SHOWN HAS BEEN OBTAINED FROM RECORDS DRAWING INFORMATION PROVIDED BY BOSTON COLLEGE AND FROM LABORATORY TESTS DONE ON JULY 13, 2010.



Available

Search for a location

- Stat
- Mas
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- Con
- Cult
- Env
- Imag
- Inde
- Infra
- MEP
- Phy
- Polit
- Reg
- Stat

Active D

Check all

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Legend

- NavTeq M
- Major Mas
- Inters
- US Ro
- State
- Massachu
- NHESP Es
- NHESP Pr

100 m
200 ft
Scale = 1:8,531
227,420.83m 898,888.13m



LOCUS



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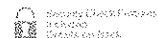
S E A

S E A CONSULTANTS INC.
215 First Street, Suite 320
Cambridge, MA 02142

Eastern Bank
63-179/113

CHECK DATE

March 26, 2012



Security Deposit required
to cashing
Details on back.

PAY

Three Hundred Eighty Five and 00/100

AMOUNT

\$385.00

TO

Commonwealth of Massachusetts
Department of Environmental Protection
Box 4062
Boston MA 02211

Anthony J. Jones

AUTHORIZED SIGNATURE

⑈ 144276 ⑈ ⑆ 0113017981 ⑆ 60 0031967 ⑈

KLEINFELDER
Bright People. Right Solutions.

S E A

S E A CONSULTANTS INC.

215 First Street, Suite 320 Cambridge, MA 02142

MAINE BUSINESS FORMS 800 392 6018 DIVISION

144276

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
032312	3/23/12	014387907	385.00	0.00	0.00	385.00
Commonwealth of Massachusetts 001 39 7700066		Totals	385.00	0.00	0.00	385.00

CHECK REQUEST FORM

kwiktag®

014 387 907



DATE: 3/23/2012

REQUESTED BY: Joseph Maliawco

ISSUE TO: Mass DEP

ADDRESS: Department of Environmental Protection

P.O. Box 4062

Boston, MA 02211

TOTAL AMOUNT: \$385.00

AS INDICATED ON TI bo

☐ LETTER

☒ OTHER: NPDES Dewatering Permit

NEEDED BY (DATE): 3/26/2012

☐ MAIL DIRECTLY

☒ WILL BE PICKED UP

JOB NUMBER: 2009074.01-A

DESCRIPTION/PURPOSE OF PAYMENT:

NPDES WM Construction Site Dewatering Permit Application

OTHER INSTRUCTIONS:

AUTHORIZED BY:

Carol Dennison

(Insert Name Here)