

MAG 070351



Enter your transmittal number

X233223

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

1. Permit Code: 7 or 8 character code from permit instructions
Water Main Replacement - Dewatering of Groundwater in Excavations

2. Name of Permit Category
NPDES Dewatering Permit

3. Type of Project or Activity

B. Applicant Information - Firm or Individual

C.J. Mabardy, Inc. / City of Cambridge

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

2. Last Name of Individual
50 Mooney St

3. First Name of Individual

4. MI

5. Street Address

Cambridge

MA

02138

617-354-7580

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Rob Dewar

RobDewar@CJMabardy.com

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Concord Avenue Between Blanchard Road & The Alewife Brook Rotary

1. Name of Facility, Site Or Individual

Concord Ave

2. Street Address

Cambridge

MA

02138

617-354-7580

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)*

1. Name of Firm Or Individual

2. Address

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

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:

- ☒ 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.
- ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
- ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
- ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number

Dollar Amount

Date

II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: Concord Ave (Blanchard Rd to Alewife Brook Rotary)	Mailing Address for the Facility: 50 Mooney St Cambridge, MA 02138	
b) Location Address of the Facility (if different from mailing address):	Facility Location longitude: 42-23-25.11 latitude: -71-9-7.8	Type of Business: Roadway Construction Site Facility SIC codes:
c) Name of facility owner: City of Cambridge, MA Owner's Tel #: 617-349-4800 Address of owner (if different from facility address) 795 Massachusetts Ave Cambridge, MA 02139 Owner is (check one): 1. Federal 2. State 3. Tribal 4. Private 4. Other ☒ (Describe) Legal name of Operator, if not owner: C.J. Mabardy Operator Contact Name: Hal Andrews Operator Tel Number: (617) 438-8373 Fax Number: (617) 864-9057 Operator's email: N/A Operator Address (if different from owner)	Owner's email: dvallee@cambridgema.gov Owner's Fax #: Owner is a municipality ☒	
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: N/A Freshwater: Marine Water:
State Water Quality Classification:
- b) Describe the discharge activities for which the owner/applicant is seeking coverage:
1. Construction dewatering of groundwater intrusion and/or storm water accumulations
2. Short-term or long-term dewatering of foundation sumps.
3. Other.
- c) Number of outfalls 3
- For each outfall:
- d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow 2400 GPD
Average Monthly Flow 2200 GPD
- e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.0 Min pH 6.5
- 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? Filtering through filter bags for removal of TSS
- 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) Intermittent
If (P), number of days or months per year of the discharge and the specific months of discharge ;
If (I), number of days/year there is a discharge 100
Is the discharge temporary? Yes ✓ No
If yes, approximate start date of dewatering 5-10-2010 approximate end date of dewatering 9-30-2011
- i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. 42.390547 lat. -71.153319;
Outfall 2: long. 42.388646 lat. -71.149565; Outfall 3: long. 42.388648 lat. -71.141250.
- 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)). N/A
- b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge. N/A

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 signatory 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: CONCORD AVENUE BETWEEN ALEWIFE BROOK ROTARY & BLANCHARD ROAD

Operator signature: [Signature]

CHARLES J. MAGNAN

Title: President

Date: 4/29/10

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.

