

II. Suggested Notice of Intent (NOI) Format

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

a) Name of facility: Prompto 10 Minute Oil Change		Mailing Address for the Facility: 280-282 Washington Street, Claremont, NH 03743	
b) Location Address of the Facility (if different from mailing address):	Facility Location	Type of Business: Oil Change Business	
	longitude: 72 degrees 19' 24" West latitude: 43 degrees 22' 5" North	Facility SIC codes: SIC #7549	
c) Name of facility owner: TK Properties, Inc.		Owner's email: kevink@promptoil.com	
Owner's Tel #: (207) 775-4016		Owner's Fax #: (207) 775-4018	
Address of owner (if different from facility address)			
Owner is (check one): 1. Federal _____ 2. State _____ 3. Private ☒ 4. Other _____ (Describe) _____			
Legal name of Operator, if not owner: EIC, Inc., dba Prompto 10 Minute Oil Change Operator Contact Name: Kevin King or Paul Kapothanasis Operator Tel Number: (207) 775-4016 Fax Number: (207) 775-4018 Operator's email: kevink@promptoil.com Operator Address (if different from owner)			
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: NHG070039 2. Is the discharge a "new discharger" as defined by 40 CFR Section 122.2? 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: 07/01/2015			

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

- a) Name of receiving water into which discharge will occur: Sugar River via Drainage unnaled tributary
State Water Quality Classification: General Freshwater: Yes 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 500 GPD
Average Monthly Flow 160 GPD
- e.) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.0 Min pH 6.2
- 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? None
- 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) Both
If (P), number of days or months per year of the discharge 10 and the specific months of discharge September to June;
If (I), number of days/year there is a discharge 305
Is the discharge temporary? Yes _____ No ✓
If yes, approximate start date of dewatering _____ approximate end date of dewatering _____
- i.) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. W72,19',24" lat. N43,22',5"; 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 I 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 Appendix IV. In addition, respond to the following questions.

- a) Which of the three eligibility criteria listed in Appendix IV, Criterion (A, B, or C) have you met? A _____
b) Please attach documentation with your NOI supporting your response. Please see Appendix IV for acceptable documentation

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

- a) See Screening Process in Appendix III and respond to questions regarding your site and any historic properties listed or eligible for listing on the National Register of Historic Places. Question 1: Yes _____ No ☒ ; Question 2: No ☒ Yes _____
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 eligibility criterion listed in Appendix III, Criterion (A, B, or C) have you met? A _____
d) Is the project located on property of religious or cultural significance to an Indian Tribe? Yes _____ or No ☒ If yes, provide that name of the Indian Tribe associated with the property. _____

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: EIC, INC., dba/Prompto 10 Minute Oil Change

Operator signature:

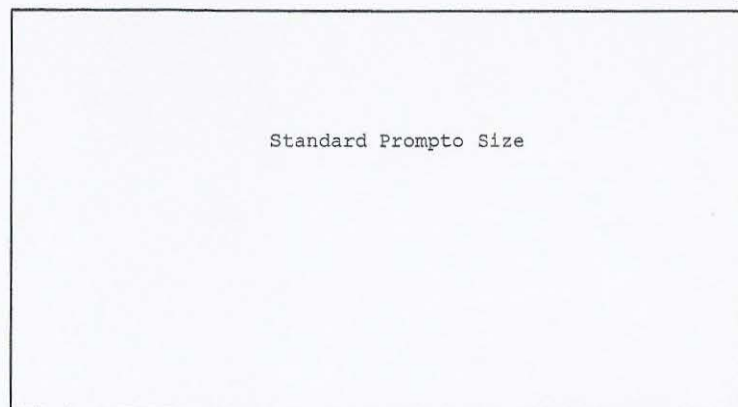
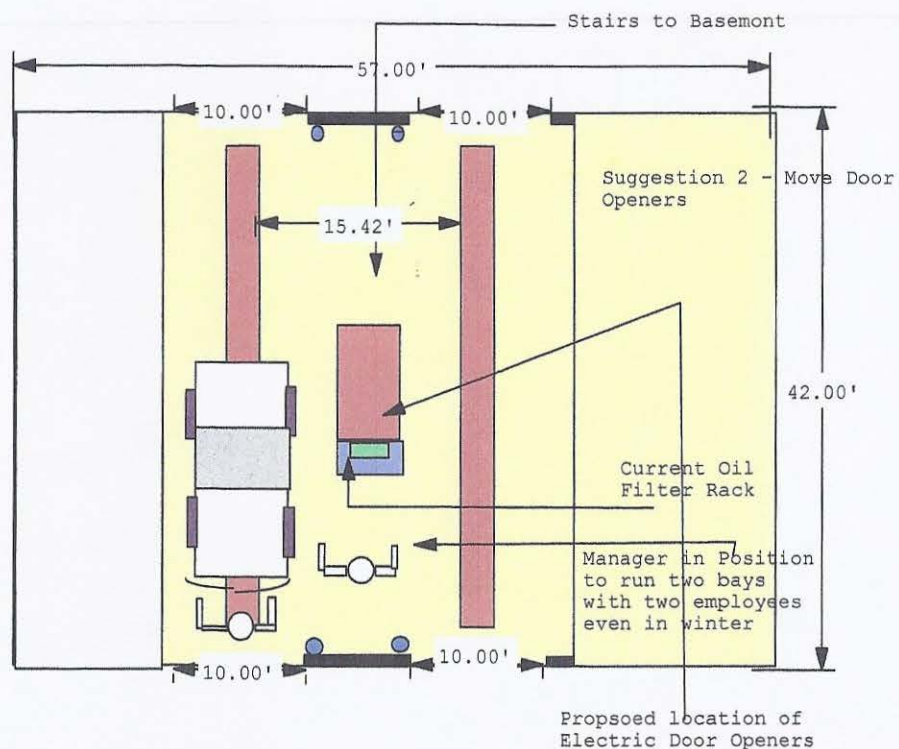


Print Full Name and Title: Kevin King, Operations Manager

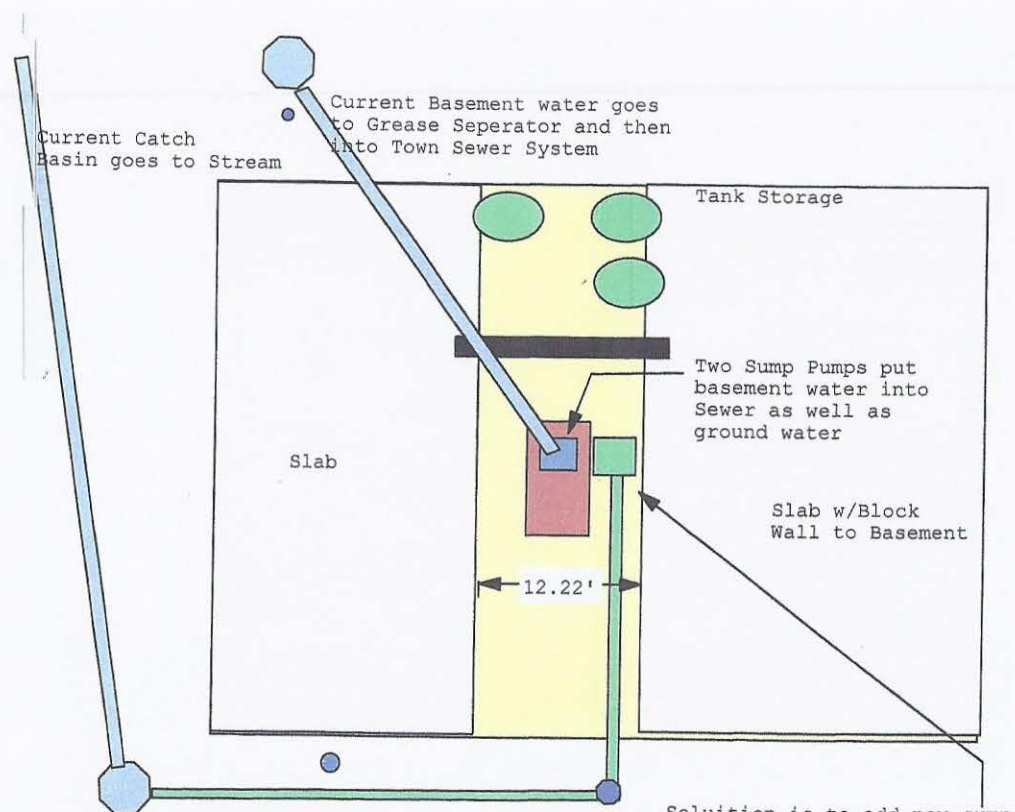
Date: 07/01/2015

Federal regulations require this application to be signed as follows:

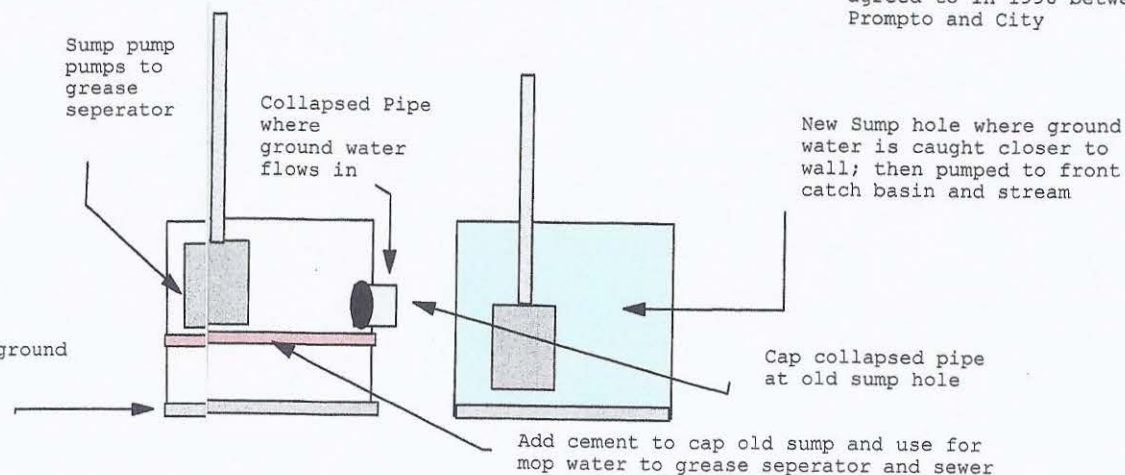
1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer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

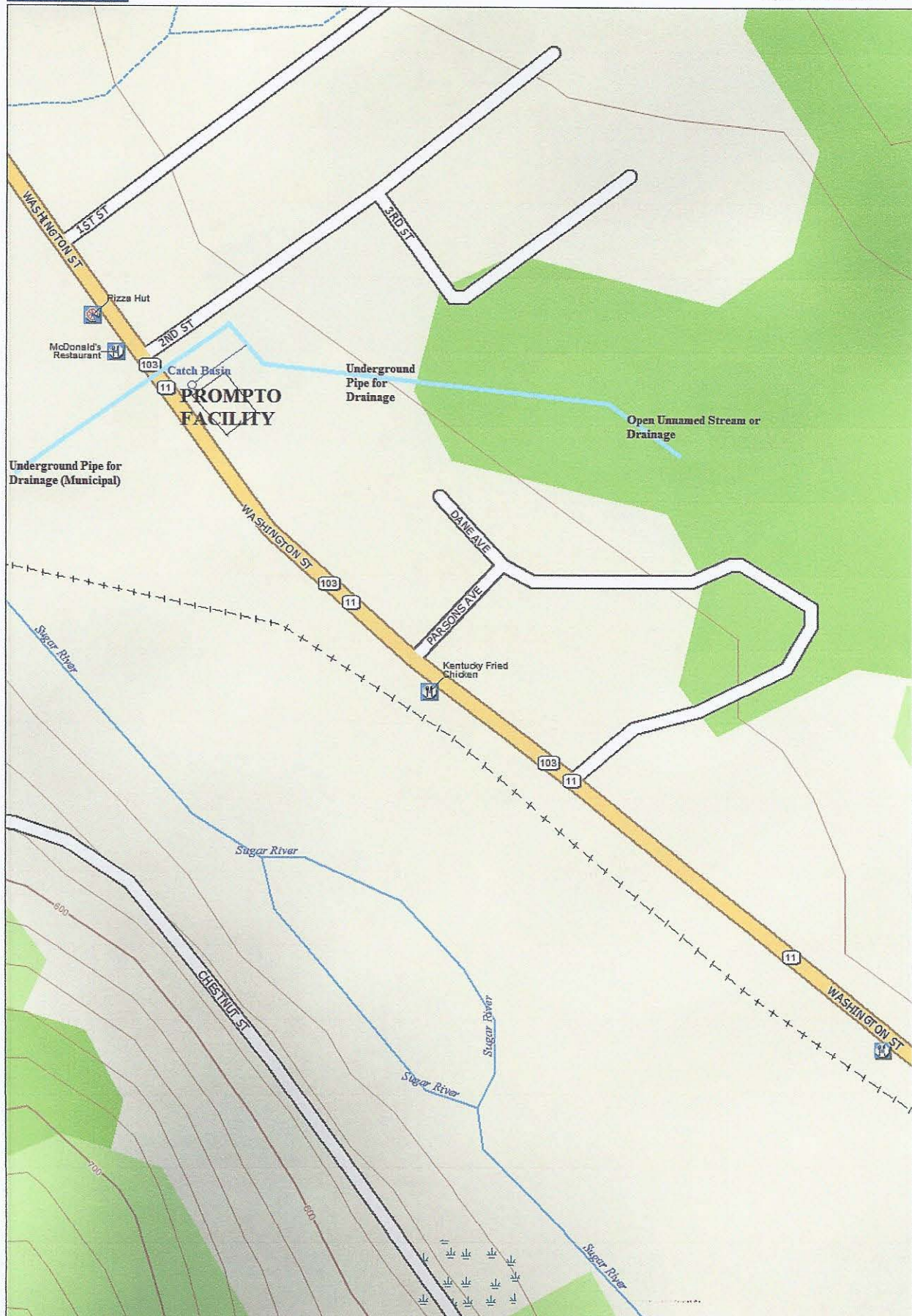


Gravel base where ground water flows in



Solution is to add new sump hole in front of current sump hole and pump sheeting ground water to front catch basin. Note: This was agreed to in 1996 between Prompto and City





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www.delorme.com





Google earth

Imagery Date: 9/18/2014 4392205.51" N 7291028.02" W elev. 536 ft eye alt. 1457 ft

© 2015 Google

1998

Kevin King

From: "Lauricella, Rob" <Rob.Lauricella@UnitedWater.com>
To: "Kevin King" <kevink@promptool.com>
Cc: "Wayne Leonard" <wleonard@claremonthnh.com>
Sent: Thursday, July 02, 2009 1:42 PM
Subject: RE: pH Readings

Kevin,

The pH of the water was 6.20 today, and neutral pH is 7.0. The levels look fine to me.

Rob Lauricella
Project Manager
United Water
338 Plains Road
Claremont, NH 03743
Phone: 603-543-0680
Fax: 603-542-3276

From: Kevin King [mailto:kevink@promptool.com]
Sent: Thursday, July 02, 2009 8:51 AM
To: Lauricella, Rob
Subject: Re: pH Readings

Is that good?

— Original Message —

From: Lauricella, Rob
To: Kevin King
Cc: Wayne Leonard
Sent: Wednesday, July 01, 2009 2:14 PM
Subject: RE: pH Readings

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Project Manager
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Thanks. This is an ideal time to do this since the recent weather will more represent the water quality rather

7/9/2009

CITY OF CLAREMONT

58 OPERA HOUSE SQ CLAREMONT, NH 03743-4935

WATER AND SEWER BILL

Bill#	Bill Date	Due Date	Map/Lot
00042923	2/16/2009	3/18/2009	133-31

Reading Date	Prev Reading	Cur Reading	Usage
1/06/2009	63400	67300	3,900

Service Location	Account#
280 WASHINGTON ST PRONTO	0000290

Bill To

Description	Charges
Water 5/8"	\$108.30
Sewer	\$176.00
Industrial Pretreatment	\$250.00

Total Current Charges:

\$534.30

TK PROPERTIES INC
70 SCOTT DR
WESTBROOK, ME 04092

7.48

cubic feet
cubic feet to Gall

Gallon
Per
Day

Billing Period

Non Usage: 1/01/2009 through 6/30/2009

Usage 7/07/2008 through 1/06/2009

UNPAID BALANCES ARE SUBJECT TO TAX LIEN.
BILLING INQUIRIES: 542-7026 X1017

BILLS ARE DUE WITHIN 30 DAYS OF THE BILL DATE. AFTER 30 DAYS THERE IS 12% INTEREST ADDED.

YOU HAVE 30 DAYS TO APPEAL THE BILL OR THE READINGS.

THE READING OFF YOUR METER HOLDS PRECEDENT OVER YOUR READOUT. THE READOUT READING IS JUST
A MATTER OF CONVENIENCE. PLEASE BE AWARE OF YOUR METER READING.

RETURN MAILING ADDRESS: CITY OF CLAREMONT
CITY HALL CENTRAL COLLECTIONS
58 OPERA HOUSE SQ
CLAREMONT, NH 03743-4935

PLEASE RETURN THE BOTTOM PORTION OF THIS BILL WITH YOUR PAYMENT. THANK YOU.

ENTERED FEB 17 P.M.

6
29,172 Gall

Kevin King

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