II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: University of Massachusetts - Lowell North Campus	**Mailing Address for the Facility:** One University Avenue (Cumnock Hall C-3 Facilities) Lowell, MA	
b) Location Address of the Facility (if different from mailing address):	**Facility Location** **longitude:** -71.324368 **latitude:** 42.653719	**Type of Business:** University / Education **Facility SIC codes:**

c) Name of facility owner: UMass-Lowell (Richard Lemoine) **Owner's email:** richard_lemoine@uml.edu

Owner's Tel #: 978-934-4892 **Owner's Fax #:** 978-934-4042

Address of owner (if different from facility address)

Owner is (check one): 1. Federal____ 2. State ✔ 3.Tribal_____ 4. Private_____ 4. Other _____(Describe)

Legal name of Operator, if not owner: Triumvirate Environmental

Operator Contact Name: Jason Atwood, Field Service Manager

Operator Tel Number: (617) 715-8997 **Fax Number:** _____

Operator's email: jatwood@triumvirate.com

Operator Address (if different from owner)

61 Inner Belt Road, Somerville MA 02143

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:** Merrimack River
State Water Quality Classification: B **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** 99,000 **GPD**
Average Monthly Flow 50,000 **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?** Bag Filter

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)** _____
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 _____
Is the discharge temporary? Yes ✔ **No** _____
If yes, approximate start date of dewatering March 1, 2010 **approximate end date of dewatering** March 15, 2010

i) **Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long.** -71.324 **lat.** 42.653 ;
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** n/a **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 LC_{50} 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 o3) have you met? 2**

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: University of Massachusetts - Lowell (North Campus)

Operator signature: JASON ATWOOD

Title: Field Service Manager

Date: 2/8/10

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.

Enter your transmittal number → X231915 (Transmittal Number)

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

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
NPDES — 2. Name of Permit Category
temporary construction dewatering — 3. Type of Project or Activity

B. Applicant Information – Firm or Individual

University of Massachusetts-Lowell — 1. Name of Firm - Or, if party needing this approval is an individual enter name below:
2. **Last Name** of Individual
3. **First Name** of Individual
4. MI
One University Ave. — 5. Street Address
Lowell — 6. City/Town
MA — 7. State
01854 — 8. Zip Code
9. Telephone #
10. Ext. #
Richard Lemoine — 11. Contact Person
richardlemoine@uml.edu — 12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

University of Massachusetts-Lowell (North Campus) — 1. Name of Facility, Site Or Individual
One University Ave — 2. Street Address
Lowell — 3. City/Town
MA — 4. State
01854 — 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)*

Resource Control Associates, Inc. — 1. Name of Firm Or Individual
474 Broadway — 2. Address
Pawtucket — 3. City/Town
RI — 4. State
02860 — 5. Zip Code
401-728-6860 — 6. Telephone #
212 — 7. Ext. #
Roy Messier — 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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:
EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

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).

27800 — Check Number
385.00 — Dollar Amount
2-9-10 — Date

FIGURE 1

Locus Map

Source: Office of Geographic and Environmental Information (MassGIS), Commonwealth of Massachusetts Executive Office of Environmental Affairs
1987 USGS Topographic Map - Lowell, Massachusetts Quadrangle

Resource Controls
Proven Environmental & Engineering Solutions

LOCUS MAP

UNIVERSITY OF MASSACHUSETTS - NORTH CAMPUS
VFW HIGHWAY NEAR UNIVESITY AVENUE
LOWELL, MASSACHUSETTS

DRAWN BY	PROJECT	PRINT DATE	FIGURE
JVF	A6914	12/03/2009	1

P:\6000\6914.00 Triumvirate, UMass Lowell\Graphics\GIS\A6914_USGS_Topo_Map.mxd

FIGURE 2

Site Plan

LOCATION MAP

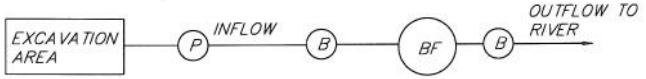
NOT TO SCALE

EXISTING HEADWALL

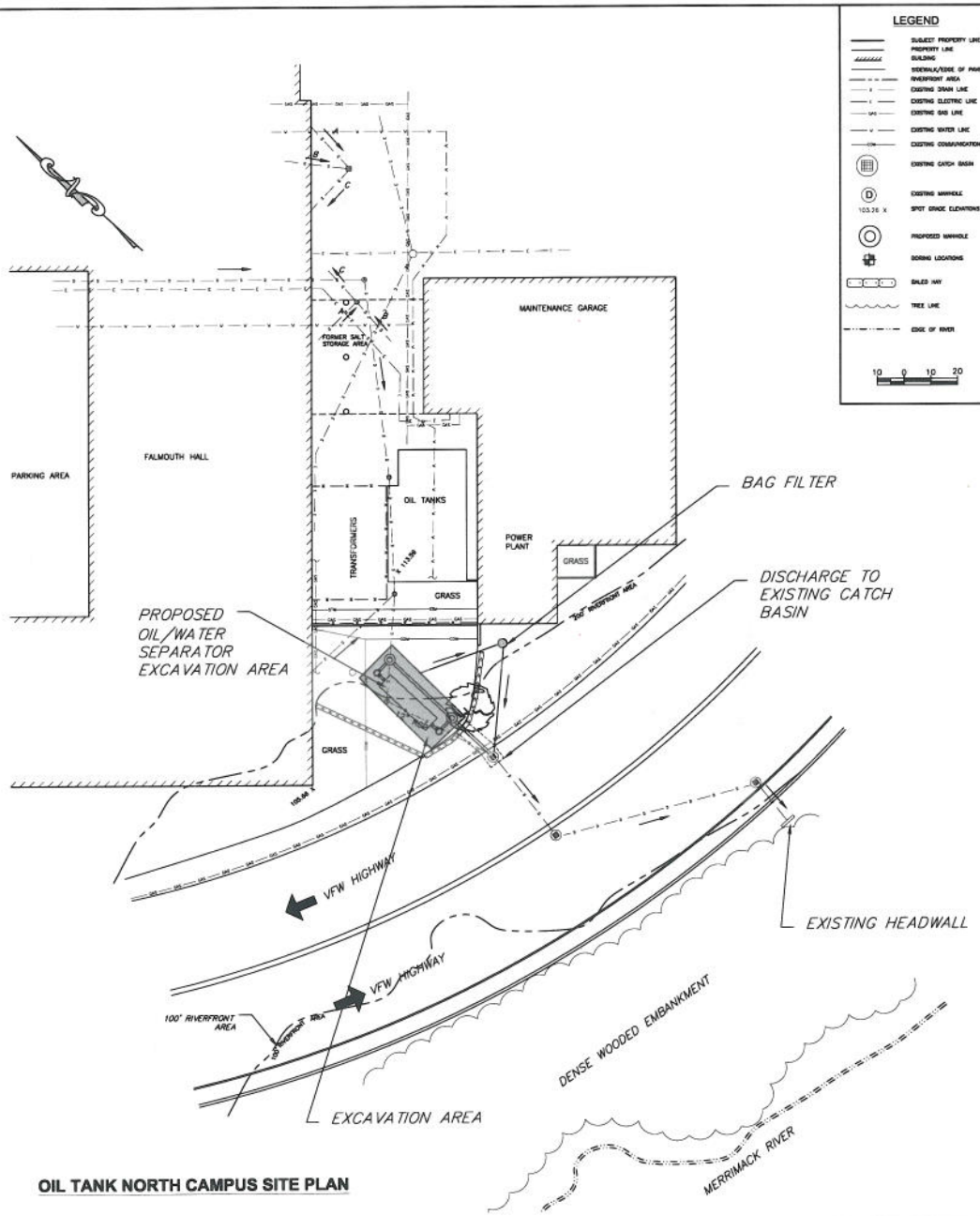
P PUMP

B BALL VALVE

BF 25mm BAG FILTER



DEWATERING SYSTEM SCHEMATIC



OIL TANK NORTH CAMPUS SITE PLAN

NO. REVISION DESCRIPTION DRN. BY: CHK. BY: DATE

PREPARED FOR: TRIUMVIRATE ENVIRONMENTAL 61 INNERBELT RD SOMERVILLE, MA 02143

PROJECT INFORMATION: DRAINAGE IMPROVEMENTS UMASS, LOWELL NORTH CAMPUS

PROFESSIONAL APPROVAL:

DRAWN BY: RM
DESIGNED BY: RM
CHECKED BY: RA
APPROVED BY: RA
PROJECT MANAGER: RM

PREPARED BY: Resource Controls

DRAWING TITLE: SITE PLAN

DATE: 12/09/2009
PROJECT NUMBER: A8914
SHEET NUMBER: SHEET 1 OF 1
DRAWING NUMBER: FIGURE # 2