

SVE Associates

Engineering * Surveying * Landscape Architecture * Planning

April 15, 2010

US Environmental Protection Agency
Dewatering GP Processing
Municipal Assistance Unit (CMU),
1 Congress Street, Suite 1100
Boston, MA 02114-2023

New Hampshire Department of Environmental Services
Water Division, Wastewater Engineering Bureau
29 Hazen Drive, P.O. Box 95
Concord, New Hampshire 03302-0095

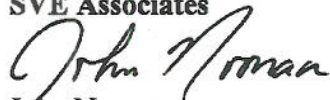
**Re: Dewatering Permit (DGP) NOI Submission
Winchester Wastewater Treatment Plant Expansion**

EPA and NHDES Reviewer(s):

Attached is a Notice of Intent form for the temporary groundwater discharge associated with the expansion of the Winchester Wastewater Treatment Plant in Winchester, NH. The Town of Winchester is upgrading its existing wastewater treatment facility by adding two new clarifiers. This work will require a 35' deep excavation to be dewatered during the construction process. The groundwater has been tested and results have come back clean. The anticipated start of construction will be as soon as possible this month and will take approximately 3 months to complete.

If there are any questions regarding the NOI or related materials attached herewith, please do not hesitate to contact me at 603-355-1532 or via email at jnoonan@sveassoc.com.

Sincerely,
SVE Associates


John Noonan

APR 28 2010

47 Marlboro St., Keene, NH 03431 Phone: (603) 355-1532 Fax (603) 355-2969 E-mail svek@sveassoc.com
P.O. Box 1818, Brattleboro, VT 05302-1818 Phone: (802) 257-0561 Fax (802) 257-0721

Project: 062501, Lawrence / Surveying / New / Permit / App / NOI / 15-Dewatering / Civil / Utilities

II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: Winchester Wastewater Treatment Plant - Dewatering		Mailing Address for the Facility:	
b) Location Address of the Facility (if different from mailing address): 38 Duso Road Winchester, NH 03470		Facility Location longitude: 72d 23'31"W latitude: 42d 46' 09.5"N	Type of Business: Municipal Wastewater Treatment Plant Facility SIC codes:
c) Name of facility owner: Town of Winchester		Owner's email: sewerdept@winchester.nh.gov	
Owner's Tel #: 603-239-4951		Owner's Fax #: _____	
Address of owner (if different from facility address) Town of Winchester - Sewer Department ; 1 Richmond Road, Winchester, NH 03470			
Owner is (check one): 1. Federal _____ 2. State _____ 3. Tribal _____ 4. Private _____ 4. Other ☒ (Describe) Township _____			
Legal name of Operator, if not owner: Griffin Dewatering - New England, Inc.			
Operator Contact Name: Donald T. McQuilkin			
Operator Tel Number: (860) 643-9585		Fax Number: (860) 646-0192	
Operator's email: Don.McQuilkin@griffindewatering.com			
Operator Address (if different from owner) 299 Hop Fiver Road, Rt. 6, PO Box 9187, Bolton, CT 06043			
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 _____ If Yes, Permit Number _____			
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: Ashuelot River and/or unnamed wetland
State Water Quality Classification: Freshwater: 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 432,000 GPD
Average Monthly Flow n/a GPD

e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 6.64 Min pH 6.64

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, groundwater sample was clean. Overland flow into woodlands.

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 April 2010 ☐ approximate end date of dewatering July 2010 ☐

i) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/define_100d/): Outfall 1: long. 72d2331" lat. 42d46'08"
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 Not Potable Water 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 signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that (1) no blockades 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: Winchester Wastewater Treatment Plant - Temporary Construction Dewatering

Operator signature:

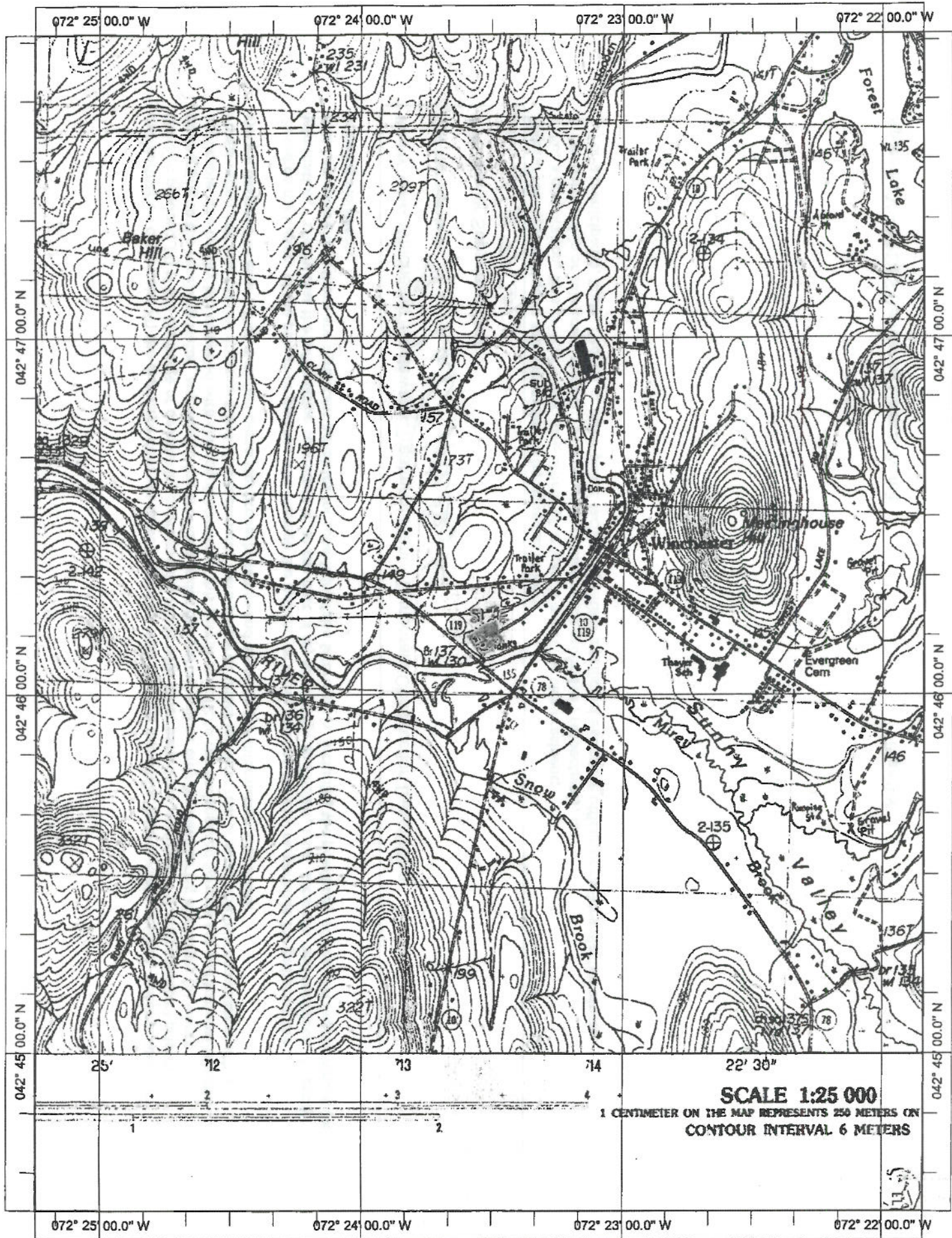
Richard Melick

Title: Sewer Superintendent

Date: 4/27/2010

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.





NEW HAMPSHIRE NATURAL HERITAGE BUREAU

To: John Noonan
SVE Associates - Engineering firm
47 Marlboro Street
Keene, NH 03447

Date: 3/22/2010

From: NH Natural Heritage Bureau

Re: Review by NH Natural Heritage Bureau of request dated 3/22/2010

NHB File ID: NHB10-0683

Applicant: Charlie Lawrence

Address: 10 Duso Road
Winchester

Project Categories:
Water/Wastewater: Wastewater facility

The NH Natural Heritage database has been checked for records of rare species and exemplary natural communities near the area mapped below. The species considered include those listed as Threatened or Endangered by either the state of New Hampshire or the federal government. We currently have no recorded occurrences for sensitive species near this project area.

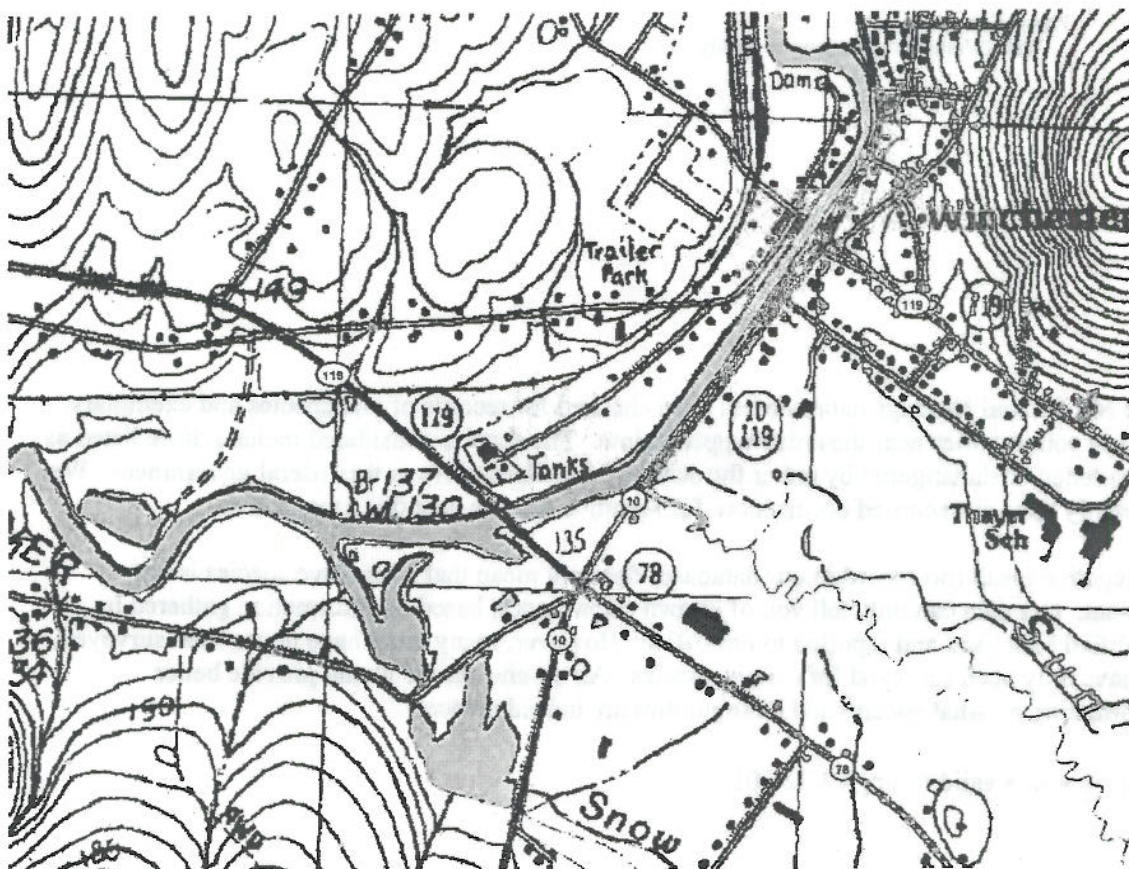
A negative result (no record in our database) does not mean that a sensitive species is not present. Our data can only tell you of known occurrences, based on information gathered by qualified biologists and reported to our office. However, many areas have never been surveyed, or have only been surveyed for certain species. An on-site survey would provide better information on what species and communities are indeed present.

This review is valid through 3/22/2011.



NEW HAMPSHIRE NATURAL HERITAGE BUREAU

MAP OF PROJECT BOUNDARIES FOR: NHB ID# NHB10-0683



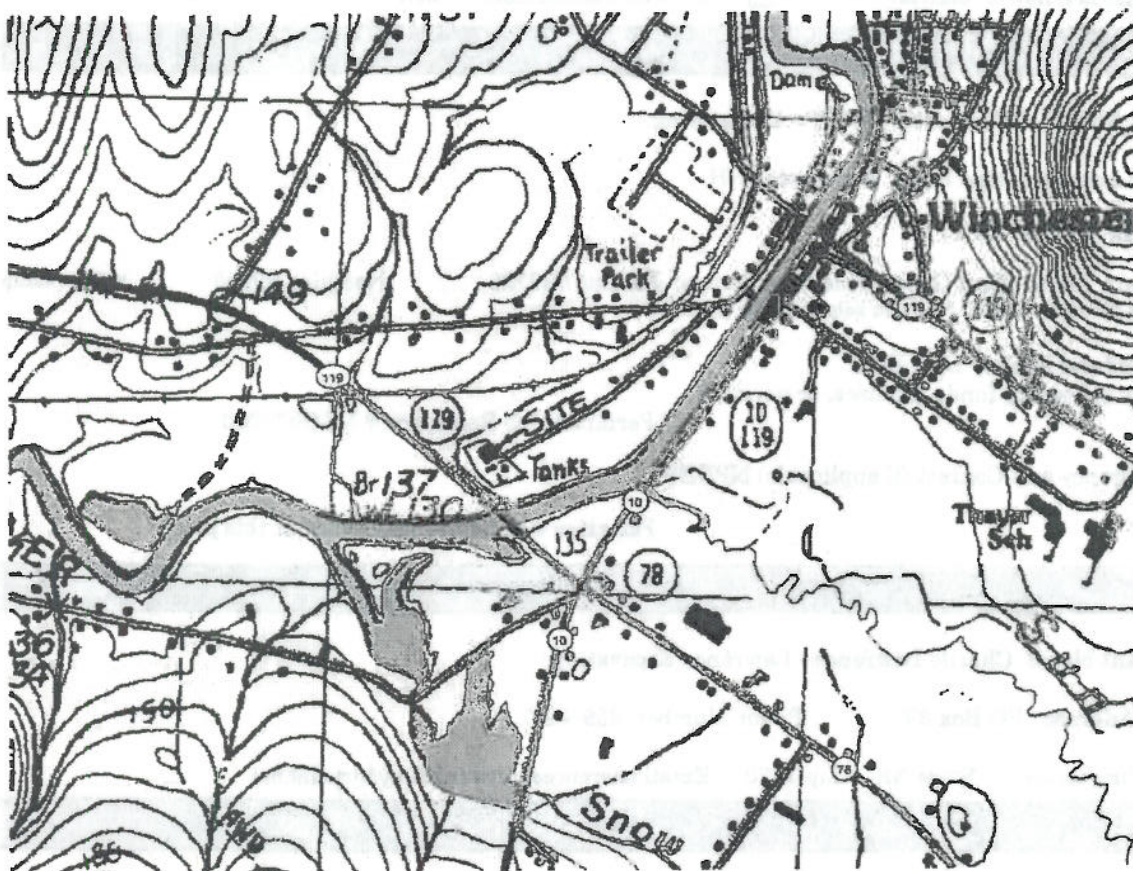
Department of Resources and Economic Development
Division of Forests and Lands
(603) 271-2214 fax: 271-6488

DRED/NHB
PO Box 1856
Concord NH 03302-1856



NEW HAMPSHIRE NATURAL HERITAGE BUREAU

MAP OF PROJECT BOUNDARIES FOR: NHB ID# NHB10-0683

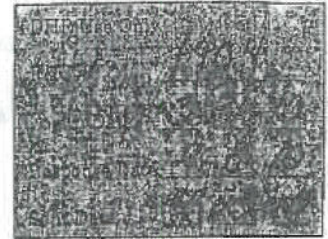


Department of Resources and Economic Development
Division of Forests and Lands
(603) 271-2214 fax: 271-6488

DRED/NHB
PO Box 1856
Concord NH 03302-1856

Please mail the completed form and required material to:

New Hampshire Division of Historical Resources
State Historic Preservation Office
Attention: Review & Compliance
19 Pillsbury Street, Concord, NH 03301-3570



Request for Project Review by the New Hampshire Division of Historical Resources

- ☐ This Project is funded by Federal Stimulus
☒ This is a new submittal ☐ This is additional information relating to DHR Review #:

PROJECT INFORMATION			
Project Title Winchester WWTP - Dewatering.			
Project Location Duso Road, Winchester NH			
Tax Map & Lot # 25-11.			
NH State Plane - Feet Geographic Coordinates: Easting 789723		Northing 99053	WGS84 datum
(see RPR Manual and R&C FAQ's for help accessing this data)			
Lead Federal Agency US - EPA			
(Agency providing funds, licenses, or permits)			
Permit or Job Reference # NHG070000			
State Agency and Contact (if applicable) NPDES			
Permit or Job Reference # None at this point			
APPLICANT INFORMATION			
Applicant Name Charlie Lawrence - Lawrence Excavating			
Street Address PO Box 39.		Phone Number 239-4367	
City Winchester	State NH	Zip 3470	Email lawrenceexcavating@myfairpoint.net
CONTACT PERSON FOR REVIEW RESPONSE			
Name/Company John Noonan / SVE Associates			
Street Address 47 Marlboro Street		Phone Number 355-1532	
City Keene	State NH	Zip 03431	Email jnoonan@sveassoc.com

Please refer to the Request for Project Review manual for direction on completing this form. Submit one copy of this project review form for each project for which review is requested. ~~Provide a self-addressed stamped envelope to expedite review response.~~ Project submissions will not be accepted via facsimile or e-mail. This form is required. Review request form must be complete for review to begin. Incomplete forms will be sent back to the applicant without comment. Please be aware that this form may only initiate consultation. For some projects, the Division of Historical Resources (DHR) may require additional information to complete our review. All items and supporting documentation submitted with a review request, including photographs and publications, must be retained by the DHR as part of its review records. Items to be kept confidential should be clearly identified. For questions regarding the DHR review process, please visit our website at: <http://www.nh.gov/nhdhr/review> or contact the R&C Specialist at 603.271.3558.

RECEIVED MAR 31 2010

PROJECT BOUNDARIES AND DESCRIPTION

PROJECTS CANNOT BE PROCESSED WITHOUT THIS INFORMATION

REQUIRED

- ☒ Attach the relevant portion of a 7.5' USGS Map (photocopied or computer-generated) *indicating the defined project boundary.*
- ☒ Attach a detailed written description of the proposed project. Include: (1) a narrative description of the proposed project; (2) site plan; (3) photos and description of the proposed work if the project involves rehabilitation, demolition, additions, or alterations to existing buildings or structures; and (4) a photocopy of the relevant portion of a soils map (if accessible) for ground-disturbing projects.

Architecture

Are there any buildings or structures within the project area? ☒ Yes ☐ No

If yes, submit all of the following information:

Approximate age(s): 1970s

- ☒ Photographs of *each* building located within the project area along with a photo key. Include streetscape images if applicable. (Digital photographs are accepted. All photographs must be clear, crisp and focused)
- ☐ DHR file review conducted on

Please note that as part of the review process, the DHR may request an architectural survey or other additional information.

Archaeology

Does the proposed undertaking involve ground-disturbing activity? ☒ Yes ☐ No

If yes, submit all of the following information:

- ☒ Project specific map and/or preliminary site plan that fully describes the project boundaries and areas of proposed excavation.
- ☒ Description of current and previous land use and disturbances.
- ☐ Any available information concerning known or suspected archaeological resources within the project area.

Please note that as part of the review process, the DHR may request an archaeological survey or other additional information.

DHR COMMENT

This Space for Division of Historical Resources Use Only

- ☒ No Potential to cause Effects ☐ Additional information is needed in order to complete our review
- ☒ No Adverse Effect ☒ No Historic Properties Affected ☐ Adverse Effect

Comments:

If plans change or resources are discovered in the course of this project, you must contact the Division of Historical Resources as required by federal law and regulation.

Authorized Signature

Wanda Ray Williams DSHPO

Date

4/8/2010

APPENDIX VIII
MINIMUM LEVELS AND TEST METHODS FOR GROUNDWATER SOURCES

Inorganic Parameters	Minimum Levels (ug/l) and Test Methods					Other
	Flame Atomic Absorption	Inductively Coupled Plasma	Inductively Coupled Plasma Mass Spectrometry	Furnace Atomic Absorption		
1. Antimony	200 ug/l	50 ug/l	2 ug/l	5 ug/l		
2. Arsenic		5 ug/l	2 ug/l	2 ug/l		
3. Cadmium	10ug/l	5 ug/l	0.5 ug/l	0.5 ug/l		
4. Chromium Total	50 ug/l	10ug/l	0.5 ug/l	5 ug/l		
5. Chromium VI					10 ug/l Method 218.4	
6. Copper	20 ug/l	5 ug/l	0.5 ug/l	3 ug/l		
7. Lead	100 ug/l	40 ug/l	0.5 ug/l	3 ug/l		
8. Mercury					0.2 ug/l Method 245.1	
9. Nickel	30 ug/l	10 ug/l	0.5 ug/l	5 ug/l		
10. Selenium		50 ug/l	2.5 ug/l.	5 ug/l		
11. Silver	50 ug/l	10 ug/l	1 ug/l	2 ug/l		
12. Zinc	30 ug/l	10 ug/l	5 ug/l			
13. Iron		Method 6010b and Method 200.7 ¹				
14. Hardness					Approved Part 136 Methods ²	
15. Chloride					Approved Part 136 Methods ²	
16. pH					Approved Part 136 Methods ²	

1. Methods 6010b and 200.7 for metals may only be used when sample prepared with SW-846 digestion method, Method 3010
2. Approved 40 CFR Part 136 test methods that will achieve the lowest available ML



Page 1 of 2

BAI Analytical Labs

640 Marlboro St

090465

Route 101

Keene, NH 03431

Atten: Dan Crosby

PROJECT: Leonard Lawrence Exc.

WORK ORDER: 1003-03524

DATE RECEIVED: March 25, 2010

DATE REPORTED: April 07, 2010

SAMPLER: B. Lawrence

Laboratory Report

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody. All required method quality control elements including instrument calibration were performed in accordance with method requirements and determined to be acceptable unless otherwise noted.

The column labeled Lab/Tech in the accompanying report denotes the laboratory facility where the testing was performed and the technician who conducted the assay. A "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037 and "N" the Plattsburgh, NY lab under certification ELAP 11892. "Sub" indicates the testing was performed by a subcontracted laboratory. The accreditation status of the subcontracted lab is referenced in the corresponding NELAC and Qual fields.

The NELAC column also denotes the accreditation status of each laboratory for each reported parameter. "A" indicates the referenced laboratory is NELAC accredited for the parameter reported. "N" indicates the laboratory is not accredited. "U" indicates that NELAC does not offer accreditation for that parameter in that specific matrix. Test results denoted with an "A" meet all National Environmental Laboratory Accreditation Program requirements except where denoted by pertinent data qualifiers. Test results are representative of the samples as they were received at the laboratory.

Endyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:

Harry B. Locker, Ph.D.
Laboratory Director

www.endynelabs.com

160 James Brown Dr., Williston, VT 05495
Ph 802-879-4333 Fax 802-879-7103

56 Etna Road, Lebanon, NH 03766
Ph 603-878-4881 Fax 603-878-4883



Page 2 of 2

Laboratory Report

DATE REPORTED: 04/07/2010

CLIENT: EAI Analytical Labs
PROJECT: Leonard Lawrence Exc.WORK ORDER: 1003-03524
DATE RECEIVED 03/25/2010

001 Site: #33639 Discharge Hose		Date Sampled: 3/24/10 Time: 12:08					
Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NEI AC	Qual.
Chloride	51	mg/L	EPA 300.0	3/26/10	W CM	A	
Hardness, Total as CaCO ₃	29	mg/L	EPA 200.7	3/30/10	W ATH	A	
pH	6.64	SU	SM18 4500-H B	3/25/10 15:26	W JSS	N	
Antimony, Total	<0.002	mg/L	SM19 3113B	4/6/10	W MGT	A	
Arsenic, Total	<0.001	mg/L	SM19 3113B	4/6/10	W MGT	A	
Cadmium, Total	<0.002	mg/L	EPA 200.7	3/30/10	W ATH	A	
Calcium, Total	8.0	mg/L	EPA 200.7	3/30/10	W ATH	A	
Chromium, Hexavalent	<0.010	mg/L	EPA 7196A	3/25/10 11:48	W MGT	N	
Chromium, Total	<0.005	mg/L	EPA 200.7	3/30/10	W ATH	A	
Copper, Total	<0.020	mg/L	EPA 200.7	3/30/10	W ATH	A	
Iron, Total	0.069	mg/L	EPA 200.7	3/30/10	W ATH	A	
Lead, Total	<0.001	mg/L	SM19 3113B	4/1/10	W MGT	A	
Magnesium, Total	2.2	mg/L	EPA 200.7	3/30/10	W ATH	A	
Mercury, Total	<0.0002	mg/L	EPA 245.1	4/1/10	W CM	A	
Nickel, Total	<0.005	mg/L	EPA 200.7	3/30/10	W ATH	A	
Selenium, Total	<0.002	mg/L	SM19 3113B	4/5/10	W MGT	A	
Silver, Total	<0.020	mg/L	EPA 200.7	3/30/10	W ATH	A	
Zinc, Total	0.026	mg/L	EPA 200.7	3/30/10	W ATH	A	

Ecodyne, Inc. 66 Eden Rd. Lebanon, NH 03783		Sample Logged in By: <u> </u> Analytical Sheet: <u>Y</u> <u>N</u>		1003-03524		Preservative Check: <u>4.2</u> Temperature Check: <u> </u>	
Phone: (603)678-4891 Fax: (603)678-4893		Client: EAI Analytical Labs		Contact: Kathy Crosby		Customer No: #33438	
Address: 640 Harbor Blvd Keene, NH 03451		Phone No (603) 357-2577		Project: Leonard Lawrence Exr.		Date requested: <u> </u>	
Fax No: (603) 352-3899		Job Template: <u> </u>		Date shipped: 3/24/10		Date scheduled: <u> </u>	

CHAIN OF CUSTODY																
Sampled by:	A. Lawrence		Date	Time		Print Name Here										
Relinquished by:	B. Lawrence		3/24/2010	1245		Accepted by:										
Relinquished by:	J Norton		3/24/2010	1730		<table border="1"> <tr> <td>U Norton</td> <td>Date</td> <td>Time</td> </tr> <tr> <td>Class Journey</td> <td>3/24/2010</td> <td>1245</td> </tr> <tr> <td></td> <td>3/24/10</td> <td>10:30</td> </tr> </table>		U Norton	Date	Time	Class Journey	3/24/2010	1245		3/24/10	10:30
U Norton	Date	Time														
Class Journey	3/24/2010	1245														
	3/24/10	10:30														

Sample No:	Sample Description	Sample Date	Time	Matrix	Preservative	Container Method	Container Volume	Containers per Sample	Personnel
#33438	Endampstan	3/24/10	1208	WW	HA	HROS	poly	1L	1
									Markham, G. pH, Chromium V Geo metals Int

ANALYST MUST REACH THE LAB within 24 hours of sampling time to meet all holding times.	Parameters are correct as listed Please fill in ALL cases marked with an asterisk (*). Thank you. Additional instruction if applicable are attached.	Client label: <u> </u> Order Work Order: <u> </u>
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