

MGH Institute Of Health Professions
36 First Avenue Charlestown Navy Yard
Boston, MA 02129

10/1/08
MAG-250019

September 29, 2008

US EPA, Region 1
NCCW GP Processing
Municipal Assistance Unit (CMU)
1 Congress Street, Suite 1100
Boston, MA 02114-2023

Re: Requesting to Continue Coverage under the NPDES Non-Contact Cooling Water
General Permit # MAG250019

To Whom It May Concern:

Please find the Transmittal Form for Permit Application number 224376 and Appendix 5, NOI for the Noncontact Cooling Water General Permit.. Also, please find a copy of the 2005 Transmittal Form W060731 as requested.

Should you have any questions please call (617-726-0529) .

Thank you,



Ronald J. Uliano | Facilities Manager
CB Richard Ellis | Healthcare Services
36 First Avenue, Suite 112 | Charlestown, MA 02129
T 617 726 0529 | F 617 726 0539
ruliano@partners.org www.cbre.com

rju/cc: Diane Nolan MGH IHP
Tom Molino CB Richard Ellis

APPENDIX 5

Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General Permit

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

a) Name of facility: <u>MGH INSTITUTE OF HEALTH PROFESSIONALS</u>		Type of Business: <u>College, Professional School</u>
Facility Location Address: <u>36 FIRST AVENUE, CHARLESTOWN MA 02129</u>	Facility SIC codes: <u>8221</u>	Facility Mailing Address (if not location address)
longitude: <u>71 Degrees 3min 40sec</u>	latitude: <u>42 Degrees 22min 33sec</u>	
b) Name of facility owner: <u>MGH INSTITUTE OF HEALTH PROFESSIONALS</u>		Email address of owner: <u>RULLIANO@PARTNERS.ORG</u>
Owner's Tel #: <u>617-726-0529</u>	Owner is (check one): 1. Federal ☐ 2. State ☐ 3. Tribal ☐	
Owner's Fax #: <u>617-726-0539</u>	4. Private ☒ 4. Other ☐ (Describe)	
Address of owner (if different from facility address)		
Legal name of Operator, if not owner: <u>C. B. RICHARD ELLIS</u>		
Operator Contact Name: <u>RONALD J. ULLIANO</u>		
Operator Tel Number: <u>617-726-0529</u> Fax Number: <u>617-726-0529</u>		
Operator's email: <u>RULLIANO@PARTNER.ORG</u>		
Operator Address (if different from owner)		
d) Attach topographic map indicating the locations of the facility and the receiving water; all NCCW discharge points; upstream and downstream monitoring points. Map attached? <u>Yes</u>		
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: <u>MAG 250019</u>		
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 <u> </u>		
4. Is there a pending application on file with EPA for this discharge? Yes ☐ No ☒ If Yes, date of submittal: <u> </u>		

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

- a) Name of receiving water into which discharge will occur: BOSTON HARBOR
State Water Quality Classification: _____ Freshwater: _____ Marine Water: ☒
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: WATER COOLED AIR CONDITIONING FOR NCCW HEAT EXCHANGER
- c) FOR MASSACHUSETTS FACILITIES ONLY: Engineering Calculations: Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment A of the General Permit. Check if attached: _____
- d) Number of outfalls 1

For each outfall:

- e) What is the maximum daily and average monthly flow of the discharge? Note that EPA will use the flow reported here as the facility's permitted effluent flow limit. Max Daily Flow 864,000 GPD Average Flow _____ GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 83° Average Temp. _____
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.3 Min pH 6.5
- h) FOR MASSACHUSETTS FACILITIES ONLY: Is the source water of the NCCW potable water? Yes _____ No ☒ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.
- i) 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 _____
- j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 71° lat. 42°; outfall 2: long. _____ lat. _____;
outfall 3: long. _____ lat. _____ (See http://www.epa.gov/tri/report/siting_tool)
- k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water MARINE cfs
Please attach any calculation sheets used to support stream flow and dilution calculations. See General Permit Attachment B for equations and additional information.

MASSACHUSETTS FACILITIES: See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.
Areas of Critical Environmental Concern (ACEC): Does the discharge occur in an ACEC? Yes _____ No ☒
If yes, provide the name of the ACEC: _____

3. NCCW Source Water Information. Please provide information about the NCCW source water, using separate sheets as necessary:

a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater): Source: <u>OCEAN</u> Name of Source Water: <u>BOSTON HARBOR</u> Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)? Yes ☐ No ☒ If yes, registration number: _____	b) If source water is surface water: i) Is it a freshwater river or stream Yes ☐ No ☒ ii) Is it a lake? <u>NO</u> reservoir? <u>NO</u> iii) Is it tidal river? <u>NO</u> estuary? <u>NO</u> ocean? <u>Yes</u> c) Is the source water groundwater? Yes ☐ No ☒ If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit. d) Does the facility use both a primary and backup source of noncontact cooling water? Yes ☐ No ☒ If yes, attach information that identifies and explains the primary and backup sources of noncontact cooling water for and how often the backup supply was used in last three years.
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4. Best Technology Available for CWIS

Are you subject to BTA requirements at Part 4.2 of the General Permit? (Facility's discharge is covered by this General Permit and the facility withdraws noncontact cooling water from surface source water). Yes ☐ No ☒ If No, explain: WATER IS DRAWN FROM THE OCEAN, BOSTON HARBOR.

If YES, attach the facility-specific BTA description as required in Part 4.3 of the General Permit. For additional information and guidance, see Questions 13-23 of the NCCW Fact Sheet, posted at <http://www.epa.gov/region1/npdes/nccwgp.html>. Provide a map showing the location of each CWIS intake structure; NCCW outfall(s) and any CWIS feature referred to in the BTA description.

Include in your description:

- _____ Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- _____ A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use
- _____ The attributes of the current CWIS
- _____ Design measures of the CWIS
- _____ Operation measures of the CWIS
- _____ Historical occurrence of impinged fish for the past five years
- _____ If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system
- _____ Other components to reduce impingement and/or entrainment of aquatic life

4. BTA FOR CWIS CONTINUED:

N/A

Provide the following information for each CWIS to support your attached facility-specific BTA description.

Design capacity of the of the CWIS _____ MGD

Maximum monthly average intake of the CWIS during the previous five years _____ MGD Month in which this flow occurred _____

Maximum through-screen design intake velocity _____ feet/second (fps)

For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

The source water's annual mean flow _____ cubic feet/second (cfs) as available from USGS or other appropriate source

The design intake flow as a % of the source water's annual mean flow _____ Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 _____ cfs. See Attachment B of the General Permit for more information on 7Q10 determinations.

The design intake flow as a percent of the source water's 7Q10 _____

5. Contaminant Information

If applicable, attach a listing of all non-toxic pH neutralization and/or dechlorination chemicals used, including chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)).

N/A

6. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix 2, Part C, Step 4, of the General Permit. 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 X
- b) Has any consultation with the federal services been completed? Yes ___ No X
- c) Is consultation underway? Yes ___ No X
- 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 X or written concurrence ___ on a finding that the discharges are not likely to adversely affect any endangered species or
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D or E) have you met? A
- f) Attach a copy of the most current federal listing of endangered and threatened species from the USF&W web site listed in Appendices 2, 2.1 and 4

7. 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 X
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes ___ or No X If yes, attach the results of the consultation(s). APPENDIX 3 SEC.
- c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 or 3) have you met? C. 1

FEDERALLY LISTED ENDANGERED AND THREATENED SPECIES IN MASSACHUSETTS

COUNTY	SPECIES	FEDERAL STATUS	GENERAL LOCATION/HABITAT	TOWNS
Barnstable	Piping Plover	Threatened	Coastal Beaches	All Towns
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	All Towns
	Northeastern beach tiger beetle	Threatened	Coastal Beaches	Chatham
	Sandplain gerardia	Endangered	Open areas with sandy soils.	Sandwich and Falmouth.
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Bourne (north of the Cape Cod Canal)
Berkshire	Bog Turtle	Threatened	Wetlands	Egremont and Sheffield
Bristol	Piping Plover	Threatened	Coastal Beaches	Fairhaven, Dartmouth, Westport
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Fairhaven, New Bedford, Dartmouth, Westport
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Raynham and Taunton
Dukes	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	All Towns
	Piping Plover	Threatened	Coastal Beaches	All Towns
	Northeastern beach tiger beetle	Threatened	Coastal Beaches	Aquinnah and Chilmark
	Sandplain gerardia	Endangered	Open areas with sandy soils.	West Tisbury
Essex	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Gloucester, Essex and Manchester
	Piping Plover	Threatened	Coastal Beaches	Glocester, Essex, Ipswich, Rowley, Revere, Newbury, Newburyport and Salisbury
Franklin	Northeastern bulrush	Endangered	Wetlands	Montague
	Dwarf wedgemussel	Endangered	Mill River	Whately
Hampshire	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Hadley
	Puritan tiger beetle	Threatened	Sandy beaches along the Connecticut River	Northampton and Hadley
	Dwarf wedgemussel	Endangered	Rivers and Streams.	Hadley, Hatfield, Amherst and Northampton
Hampden	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Southwick
Middlesex	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Groton
Nantucket	Piping Plover	Threatened	Coastal Beaches	Nantucket
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Nantucket
	American burying beetle	Endangered	Upland grassy meadows	Nantucket
Plymouth	Piping Plover	Threatened	Coastal Beaches	Scituate, Marshfield, Duxbury, Plymouth, Wareham and Mattapoisett
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Kingston, Middleborough, Carver, Plymouth, Bourne, and Wareham
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Plymouth, Marion, Warcham, and Mattapoisett.
Suffolk	Piping Plover	Threatened	Coastal Beaches	Winthrop
Worcester	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Leominster

- Eastern cougar and gray wolf are considered extirpated in Massachusetts.
- Endangered gray wolves are not known to be present in Massachusetts, but dispersing individuals from source populations in Canada may occur statewide.
- Critical habitat for the Northern Red-bellied cooter is present in Plymouth County.

7/31/2008

8. 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

9. 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 noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (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: MGH INSTITUTE OF HEALTH PROFESSIONS
Operator signature: *Attilio S. Evans*
Title: CHIEF FINANCIAL OFFICER
Date: 9/30/08

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 a 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

X 224376
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 11

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

WATER COOLED AIR CONDITIONING

3. Type of Project or Activity

SURFACE WATER Discharge
OF NON-CONTACT COOLING WATER

2. Name of Permit Category

B. Applicant Information - Firm or Individual

MGH INSTITUTE OF HEALTH PROFESSIONS

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

2. Last Name of Individual

36 FIRST AVENUE CHARLESTOWN NAVY YARD

3. First Name of Individual

4. MI

5. Street Address

CHARLESTOWN

MA

02129

617-726-0529 M/A

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

RONALD J. ULIANO

RUILLANO PARTNERS .ORG

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

MGH INSTITUTE OF HEALTH PROFESSIONS

1. Name of Facility, Site Or Individual

36 FIRST AVENUE CHARLESTOWN NAVY YARD

2. Street Address

CHARLESTOWN

MA

02129

617-726-0529 M/A

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:

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:

Check Number

Dollar Amount

Date



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
BRP WM 11
Request for General Permit Coverage
Surface Water Discharge Of Non-Contact Cooling Water

X224376
Transmittal Number
9-10-08
Date Received

A. Facility Information

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



1. Project owner:
MGH INSTITUTE OF HEALTH PROFESSIONS
Name
36 FIRST AVENUE
Street Address/PO Box
MA.
City
CHARLESTOWN
State
02129
Zip Code
RONALD J. ULIANO
Telephone Number
617-726-0529
Contact Person

2. Project operator (if different from above):

Name
Street/PO Box
City
State
Zip Code
Contact Person
Telephone Number

3. Facility data (attach topographic map or other map showing facility location):

MGH INSTITUTE OF HEALTH PROFESSIONS
Name
36 FIRST AVENUE
Street/PO Box
CHARLESTOWN
City
MA
State
02129
Zip Code
RULIANO@PARTNERS.ORG
Email address (optional)
617-726-0529
Telephone Number
RONALD J. ULIANO
Contact Person

4. Standard Industrial Codes (SIC) and description:

Standard Industrial Code (SIC) 8221
Description College, Universities, Professional School

B. Effluent Characteristics

Refer to general permit in Federal Register Volume 65, Number 80, April 25, 2000, page 24195-24211:

Flow, gpd [< 1 MGD] Average Monthly Maximum Daily
864,000

