## II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility:	Mailing Address for the Facility:		
b) Location Address of the Facility (if different from mailing	Facility Location	Type of Business:	
address):	longitude: latitude:	Facility SIC codes:	
c) Name of facility owner:	Owner's email:		
Owner's Tel #:			
Address of owner (if different from facility address)			
Owner is (check one): 1. Federal 2. State 3. Tribal         Legal name of Operator, if not owner:			
Operator Contact Name:			
Operator Tel Number: Fax N	Number:		
Operator's email:			
Operator Address (if different from owner)			
d) Attach a topographic map indicating the location of the facilit	y and the outfall(s) to the receiv	ing water. Map attached?	
e) Check Yes or No for the following:			
1. Has a prior NPDES permit been granted for the discharge? Yes <u>No</u> If Yes, Permit Number: <u>No</u>			
<ol> <li>Is the discharge a "new discharge" as defined by 40 CFR Sect</li> <li>Is the facility covered by an individual NPDES permit? Yes_</li> </ol>		it Number	
4. Is there a pending application on file with EPA for this discha			

2. Disch	narge information. Please provide information about the discharge, (attaching additional sheets as needed)
a)	Name of receiving water into which discharge will occur:
Sta	te Water Quality Classification: Freshwater: Marine Water:
b)	<ul> <li>Describe the discharge activities for which the owner/applicant is seeking coverage:</li> <li>Construction dewatering of groundwater intrusion and/or storm water accumulation.</li> <li>Short-term or long-term dewatering of foundation sumps.</li> <li>Other.</li> </ul>
c)	Number of outfalls
For	r each outfall:
d)	Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow GPD Average Monthly Flow GPD
e)	What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH       Min pH
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?
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 Ko
	If yes, approximate start date of dewatering approximate end date of dewatering
i)	Latitude and longitude of each discharge within 100 feet (See <a href="http://www.epa.gov/tri/report/siting_tool">http://www.epa.gov/tri/report/siting_tool</a> ): Outfall 1: 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 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<sub>50</sub> 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?
- 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?

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: Frederick Law Olmsted National Historic Site **Operator signature:** Title: Construction Manager Date: Federal regulation's 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.

# List of Attachments

Supplemental Information

MA Fee Transmittal Form and Copy of check

Locus Map

CSO Outfall Map

Natural Heritage and Endangered Species Program Information Map



engineering and constructing a better tomorrow

# National Park Service – Olmstead House 99 Warren Street, Brookline, Massachusetts

Supplemental Information

2.b.) This Notice of Intent is for the discharge of groundwater as a result of drilling a geothermal well field. This is a short term dewatering project.

2.d.) The actual discharge volume to the storm drain will be based upon the water production of the geothermal well. The storm drain will be used as a contingency for water quantity above groundwater infiltration rates of the property.

2.f.) The source of the discharge is groundwater produced during drilling of geothermal wells. As the wells have not yet been drilled, no groundwater is available for water quality analysis. The applicant respectfully requests that a groundwater sample be obtained when the first well is drilled, with analytical results sent to US Environmental Protection Agency, MA Department of Environmental Protection and City of Brookline prior to initial discharge. Sampling and analysis will be conducted in accordance with 4.4.5 of the Final Dewatering Permit.

2.g) All ground water will be pumped to a weir tank employing floc-blocks to facilitate sediment precipitation prior to discharge.

2.h.) The number of days is an anticipated maximum for the project completion.

2. i.) The proposed receiving point is connected to the City of Brookline storm drain system. The discharge point (outfall) is a Combined Sewerage Overflow discharge outfall into Leverett Pond.

2.j.) Not applicable.

3.a.) No chemicals are added to the discharge.

3.b.) There are no known remediation or water quality issues in the vicinity of the discharge.

4) There are no listed threatened or endangered species, or designated critical habitat in proximity to the discharge location. Massachusetts Natural Heritage and Endangered Species Program has identified Priority Habitat 752 downgradient of Leverett Pond (discharge location). As the discharge location is a Combined Sewer Overflow, the addition of clean groundwater to this discharge is not anticipated to have any adverse impact to the mapped habitat or species therein.



engineering and constructing a better tomorrow

5) The subject site is listed on the National Register of Historic Places, and is part of the National Park system. The National Park Service (NPS) is not required to notify a state historical office when working on federal property. However, NPS Project Manager, Balise Davi, provided verbal notification to the Massachusetts Historical Commission of the overall project (installation of a geothermal well field) prior to project commencement. Project Proponents have determined that the discharge of groundwater to the storm drain will not affect the subject site.



X237459 **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:  $\overline{\mathbf{D}}$ 

MassDEP P.O. Box 4062 Boston, MA 02211

\* Note: For BWSC Permits, enter the LSP.

A. Permit Information				
MRP WM 10		Construction S	ite Dewatering	
1. Permit Code: 7 or 8 character code from permit instructions		2. Name of Permit		
Dewatering discharge from geoth			0,	
3. Type of Project or Activity				
B. Applicant Information – Fi	rm or Individua	al		
National Park Serivce				
1. Name of Firm - Or, if party needing this	approval is an individu	al enter name below	r:	
2. Last Name of Individual	3. First	Name of Individual		4. MI
99 Warren Street				
5. Street Address				
Brookline	MA	02445		<u> </u>
6. City/Town	7. State		9. Telephone #	10. Ext. #
Blaise Davi		Blaise_Davi@N		
11. Contact Person		12. e-mail address	(optional)	
Fredrick Law Olmstead House Na 1. Name of Facility, Site Or Individual 99 Warren Street 2. Street Address	ational Historic Site	2		
1. Name of Facility, Site Or Individual 99 Warren Street	ational Historic Site	02445 5. Zip Code	6. Telephone #	7. Ext. #
<ol> <li>Name of Facility, Site Or Individual</li> <li>99 Warren Street</li> <li>Street Address</li> <li>Brookline</li> </ol>	MA 4. State	02445	·	
<ol> <li>Name of Facility, Site Or Individual</li> <li>99 Warren Street</li> <li>Street Address</li> <li>Brookline</li> <li>City/Town</li> </ol>	MA 4. State 9. Federa	02445 5. Zip Code al I.D. Number (if Kn	·	
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)	MA 4. State 9. Federa f different from	02445 5. Zip Code al I.D. Number (if Kn	·	
1. Name of Facility, Site Or Individual     99 Warren Street     2. Street Address     Brookline     3. City/Town     8. DEP Facility Number (if Known)	MA 4. State 9. Federa f different from	02445 5. Zip Code al I.D. Number (if Kn	·	
1. Name of Facility, Site Or Individual     99 Warren Street     2. Street Address     Brookline     3. City/Town     8. DEP Facility Number (if Known)  D. Application Prepared by (ir     MACTEC Engineering and Consu	MA 4. State 9. Federa f different from	02445 5. Zip Code al I.D. Number (if Kn	·	
1. Name of Facility, Site Or Individual     99 Warren Street     2. Street Address     Brookline     3. City/Town     8. DEP Facility Number (if Known)     D. Application Prepared by (in     MACTEC Engineering and Consul     1. Name of Firm Or Individual	MA 4. State 9. Federa f different from	02445 5. Zip Code al I.D. Number (if Kn	·	
1. Name of Facility, Site Or Individual     99 Warren Street     2. Street Address     Brookline     3. City/Town     8. DEP Facility Number (if Known)     D. Application Prepared by (ir     MACTEC Engineering and Consu     1. Name of Firm Or Individual     511 Congress Street	MA 4. State 9. Federa f different from	02445 5. Zip Code al I.D. Number (if Kn	·	
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)         D. Application Prepared by (if MACTEC Engineering and Consulation Street)         1. Name of Firm Or Individual         511 Congress Street         2. Address         Portland         3. City/Town	MA 4. State 9. Federa f different from	02445 5. Zip Code al I.D. Number (if Kn Section B)*	own) 10. BWSC Tracl	
1. Name of Facility, Site Or Individual     99 Warren Street     2. Street Address     Brookline     3. City/Town     8. DEP Facility Number (if Known)      D. Application Prepared by (ir     MACTEC Engineering and Consulation     1. Name of Firm Or Individual     511 Congress Street     2. Address     Portland	MA 4. State 9. Federa f different from Ilting ME	02445 5. Zip Code al I.D. Number (if Kn <b>Section B)*</b> 04101 5. Zip Code	own) 10. BWSC Track	king # (if Known
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)         D. Application Prepared by (if MACTEC Engineering and Consulation Street)         1. Name of Firm Or Individual         511 Congress Street         2. Address         Portland         3. City/Town	MA 4. State 9. Federa f different from Ilting ME	02445 5. Zip Code al I.D. Number (if Kn <b>Section B)*</b> 04101	own) 10. BWSC Track	king # (if Known
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)         D. Application Prepared by (if MACTEC Engineering and Consulation Name of Firm Or Individual 511 Congress Street         2. Address         Portland         3. City/Town         Alicia Robinson	MA 4. State 9. Federa f different from Ilting ME 4. State	02445 5. Zip Code al I.D. Number (if Kn <b>Section B)*</b> 04101 5. Zip Code	own) 10. BWSC Track	king # (if Known
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)         D. Application Prepared by (if MACTEC Engineering and Consulation 1. Name of Firm Or Individual 511 Congress Street         2. Address         Portland         3. City/Town         Alicia Robinson         8. Contact Person	MA 4. State 9. Federa f different from Ilting ME 4. State	02445 5. Zip Code al I.D. Number (if Kn <b>Section B)*</b> 04101 5. Zip Code	own) 10. BWSC Track	king # (if Known
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)         D. Application Prepared by (if MACTEC Engineering and Consulation Name of Firm Or Individual 511 Congress Street         2. Address         Portland         3. City/Town         Alicia Robinson         8. Contact Person	MA 4. State 9. Federa f different from Ilting ME 4. State 4. State ion	02445 5. Zip Code al I.D. Number (if Kno <b>Section B)*</b> 04101 5. Zip Code 9. LSP Number (B)	own) 10. BWSC Track	king # (if Known
1. Name of Facility, Site Or Individual         99 Warren Street         2. Street Address         Brookline         3. City/Town         8. DEP Facility Number (if Known)         D. Application Prepared by (if MACTEC Engineering and Consulation 1. Name of Firm Or Individual 511 Congress Street         2. Address         Portland         3. City/Town         Alicia Robinson         8. Contact Person	MA 4. State 9. Federa f different from Ilting ME 4. State 4. State ion v? □ yes ⊠ no umber - assigned wh	02445 5. Zip Code al I.D. Number (if Kno <b>Section B)*</b> 04101 5. Zip Code 9. LSP Number (BN nen an	own) 10. BWSC Track	king # (if Known

DEP Use Only	Special Provisions:		
Permit No: Rec'd Date:	<ul><li>There are no fee exemption</li><li>2. ☐ Hardship Request - pa</li></ul>	or municipal housing authority)(state agency if ons for BWSC permits, regardless of applicant s yment extensions according to 310 CMR 4.04(3 roject (according to 310 CMR 4.05 and 4.10). to 310 CMR 4.02).	status.
Reviewer:	647582 Check Number	\$385.00 Dollar Amount	March 31, 2011 Date

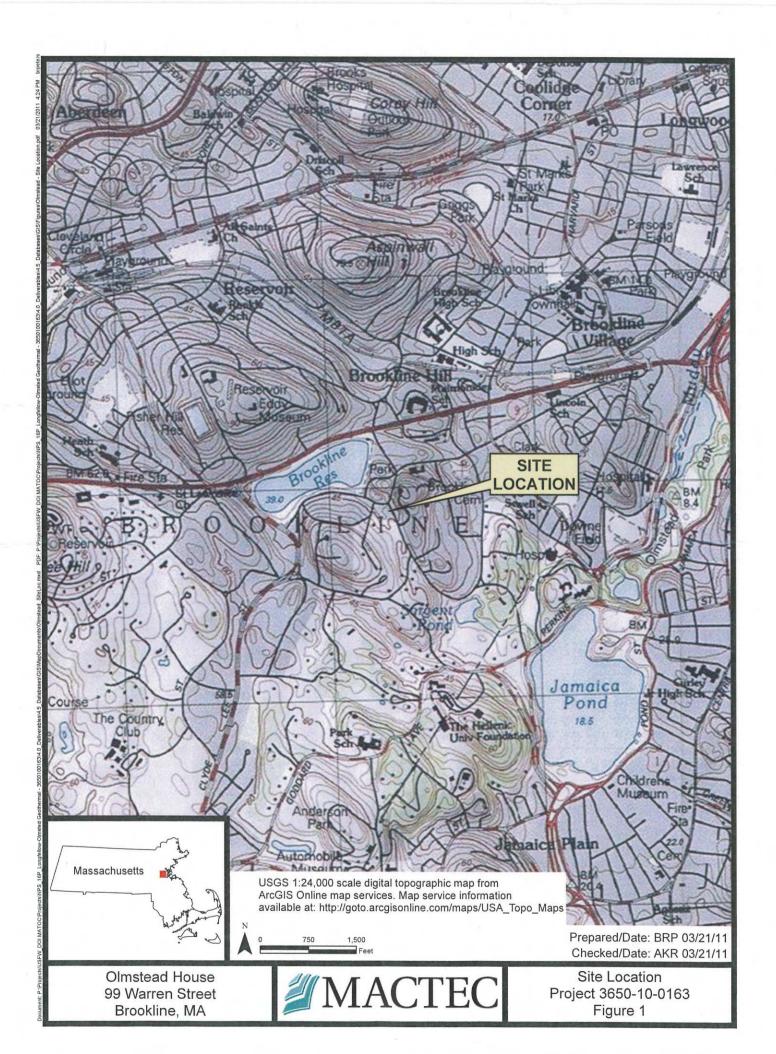
March 31, 2 NVOICE NO.	INVOICE DATE	DESCRIPTION	VO #	VENDOR NO	AMOUNT
KREQ03301	30-MAR-11	POR	1129980		
			1123380		385.00
				-	
SE DETACH AN	ID RETAIN THIS ST	TATEMENT AS YOUR RECORD OF PAYMENT.		\$	385.00
	THIS CHECK IS	VOID WITHOUT A BLUE & RED BACKGROUND AND A WATERMARK - HOL	D TO THE LIGHT TO	VIEW	Sector Solar
AN KAC		Bank of America			647582
MAC	TEC	Atlanta, Dekalb County, GA	64-1278/611		017002
			Ma	arch 31, 2011	
05 Lakewood oharetta, GA	d Parkway, Suit	te 300			
counts Payal					
				\$ ****	****385.0
DAV. Thus	e Hundred Fight	ty-Five Dollars And 00			
PAY: Three	s**********				

P O BOX 4062 BOSTON, MA 02211

here H. Freep (VOID AFTER 90 DAYS)

SIGNATURE HAS A COLORED BACKGROUND ® BORDER CONTAINS MICROPRINTING

"647582" C61112788: 003299832149"



# Leverett Pond CSO Outfall

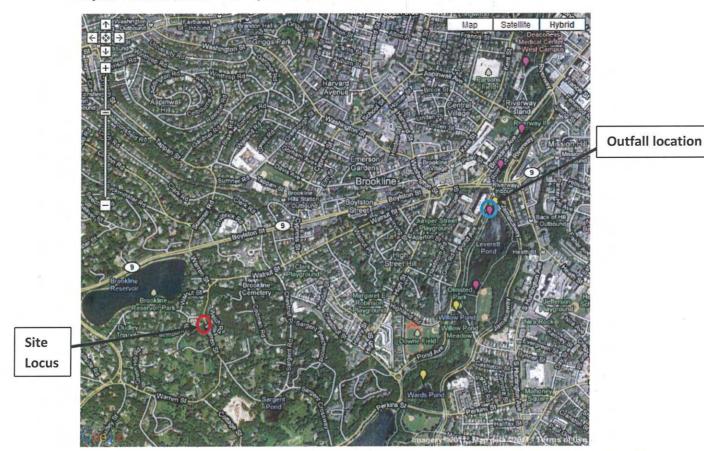
Construction Dewatering NPDES Permit Notice of Intent For Fredrick Law Olmstead National Historic Site

#### Maps

Muddy River Water Quality Monitoring and Sampling Analysis Plan - Sampling Locations Map

Please note that the locations are approximations based upon the documents provided by the City of Boston. Also note that during every sampling there is a "floating site" which is not shown on this map

Legend: Poutfall Sample Sites Preceiving Water Sample Sites



Source: http://www.muddyrivermmoc.org/html/RestorationLinks/maps.html

