II. Suggested Notice of Intent (NOI) Form

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

a) Name of facility: Children's Hospital Main Building Addition	**Mailing Address for the Facility:** 300 Longwood Avenue Boston, Massachusetts 02115	
b) Location Address of the Facility (if different from mailing address): 57 Binney Street Boston, Massachusetts	**Facility Location** **longitude:** 42 20' 17" N **latitude:** 71 06' 24" W	**Type of Business:** Hospital Facility **Facility SIC codes:** 8060 - Hospitals

c) Name of facility owner: Children's Hospital Boston; Steven Smith **Owner's email:** Steven.Smith@childrens.harvard.edu

Owner's Tel #: 857-218-4031 **Owner's Fax #:** 617-730-0638

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: Walsh Brothers

Operator Contact Name: Christopher Sharkey

Operator Tel Number: (617) 878-4840 **Fax Number:** (617) 720-6166

Operator's email: csharkey@walshbrothers.com

Operator Address (if different from owner)

210 Commercial Street, Boston, Massachusetts, 02109

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:** Muddy River
State Water Quality Classification: Class 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** 7200 **GPD**
Average Monthly Flow 129600 **GPD**

e) **What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH** 8.3 **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.** Groundwater. Please see attached Table I

g) **What treatment does the wastewater receive prior to discharge?** See attached.

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)** (I)
If (P), number of days or months per year of the discharge NA **and the specific months of discharge** NA;
If (I), number of days/year there is a discharge Approx. 100
Is the discharge temporary? Yes ✓ **No** _____
If yes, approximate start date of dewatering June 2010 **approximate end date of dewatering** September 2011

i) **Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long.** 42 20' 25" **lat.** -71 05' 59"; **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** NA **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,B,D**
f) **Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website.** Please see attached

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? 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 Please see attached.

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: Children's Hospital Main Building Addition, Children's Hospital Boston, 57 Binney Street, Boston, MA

Operator signature: Christopher J Sharkey

Title: Senior Project Manager

Date: 5·6·10

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.