

II. Suggested Notice of Intent (NOI) Format

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

a) Name of facility: Prompto 10 Minute Oil Change		Mailing Address for the Facility: 280-282 Washington Street, Claremont, NH 03743	
b) Location Address of the Facility (if different from mailing address):	Facility Location longitude: 72 degrees 19' 24" West latitude: 43 degrees 22' 5" North		Type of Business: Oil Change Business Facility SIC codes: SIC #7549
	c) Name of facility owner: TK Properties, Inc. Owner's email: kevink@promptooil.com Owner's Tel #: (207) 775-4016 Owner's Fax #: (207) 775-4018 Address of owner (if different from facility address)		
Owner is (check one): 1. Federal _____ 2. State _____ 3. Private <input checked="" type="checkbox"/> 4. Other _____ (Describe) _____			
Legal name of Operator, if not owner: EIC, Inc., dba Prompto 10 Minute Oil Change			
Operator Contact Name: Kevin King or Paul Kapothanasis			
Operator Tel Number: (207) 775-4016 Fax Number: (207) 775-4018			
Operator's email: kevink@promptooil.com			
Operator Address (if different from owner)			
d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? <input checked="" type="checkbox"/>			
e) Check Yes or No for the following:			
1. Has a prior NPDES permit been granted for the discharge? Yes <input checked="" type="checkbox"/> No _____ If Yes, Permit Number: NHG070039			
2. Is the discharge a "new discharger" as defined by 40 CFR Section 122.2? Yes _____ No <input checked="" type="checkbox"/>			
3. Is the facility covered by an individual NPDES permit? Yes <input checked="" type="checkbox"/> No _____ If Yes, Permit Number _____			
4. Is there a pending application on file with EPA for this discharge? Yes <input checked="" type="checkbox"/> No _____ If Yes, date of submittal: 07/01/2015			

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

a) Name of receiving water into which discharge will occur: Sugar River via Drainage unnaled tributary
State Water Quality Classification: General 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 500 GPD
Average Monthly Flow 160 GPD

e.) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.0 Min pH 6.2

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

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) Both _____
If (P), number of days or months per year of the discharge 10 and the specific months of discharge September to June;
If (I), number of days/year there is a discharge 305
Is the discharge temporary? Yes _____ No
If yes, approximate start date of dewatering _____ approximate end date of dewatering _____

i.) Latitude and longitude of each discharge within 100 feet (See http://www.epa.gov/tri/report/siting_tool): Outfall 1: long. W72,19,24" lat. N43,22,5"; 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 _____ cfs
(See Appendix VII for equations and additional information)

<p>MASSACHUSETTS FACILITIES: See Section 3.4 and Appendix 1 of the General Permit for more information on Areas of Critical Environmental Concern (ACEC):</p> <p>k.) Does the discharge occur in an ACEC? Yes _____ No <input checked="" type="checkbox"/> _____ If yes, provide the name of the ACEC: _____</p>

3. Contaminant Information

<p>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)).</p> <p>b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge.</p>
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4. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix IV. In addition, respond to the following questions.

<p>a) Which of the three eligibility criteria listed in Appendix IV, Criterion (A, B, or C) have you met? A _____</p> <p>b) Please attach documentation with your NOI supporting your response. Please see Appendix IV for acceptable documentation</p>

5. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

<p>a) See Screening Process in Appendix III and respond to questions regarding your site and any historic properties listed or eligible for listing on the National Register of Historic Places. Question 1: Yes _____ No <input checked="" type="checkbox"/> ; Question 2: No <input checked="" type="checkbox"/> Yes _____</p> <p>b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No <input checked="" type="checkbox"/> If yes, attach the results of the consultation(s).</p> <p>c) Which of the three National Historic Preservation Act eligibility criterion listed in Appendix III, Criterion (A, B, or C) have you met? A _____</p> <p>d) Is the project located on property of religious or cultural significance to an Indian Tribe? Yes _____ or No <input checked="" type="checkbox"/> If yes, provide that name of the Indian Tribe associated with the property. _____</p>

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: EIC, INC., dba/Prompto 10 Minute Oil Change

Operator signature:

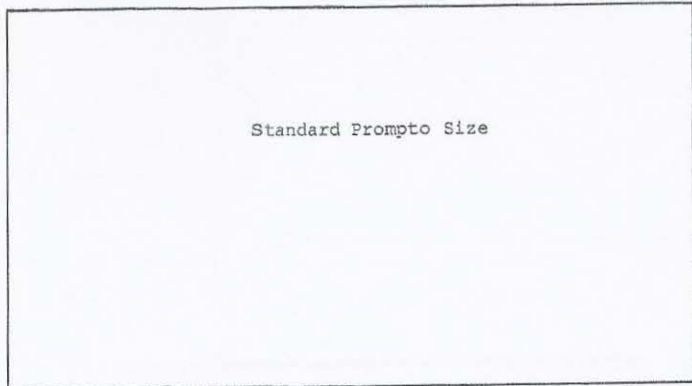
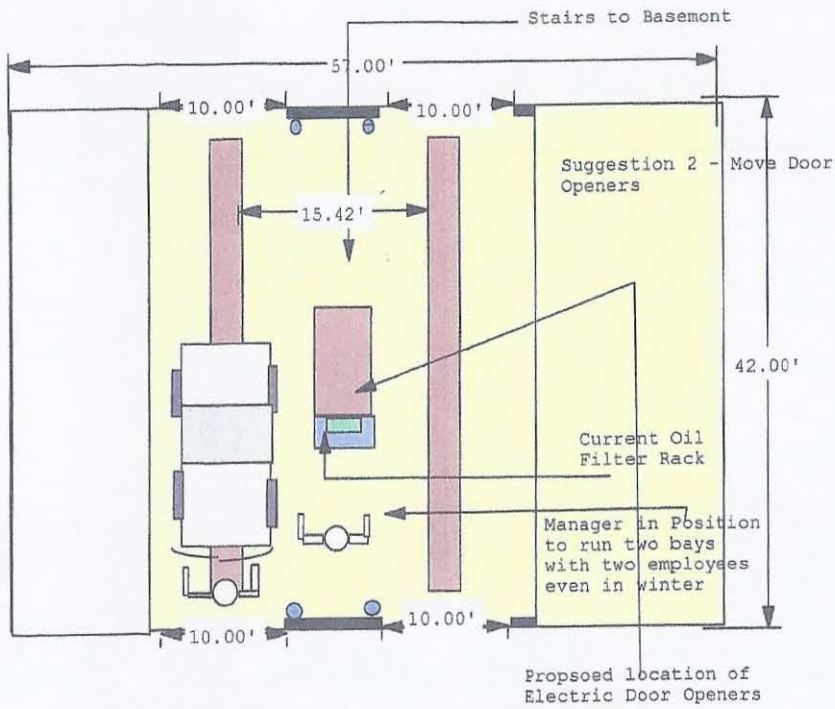


Print Full Name and Title: Kevin King, Operations Manager

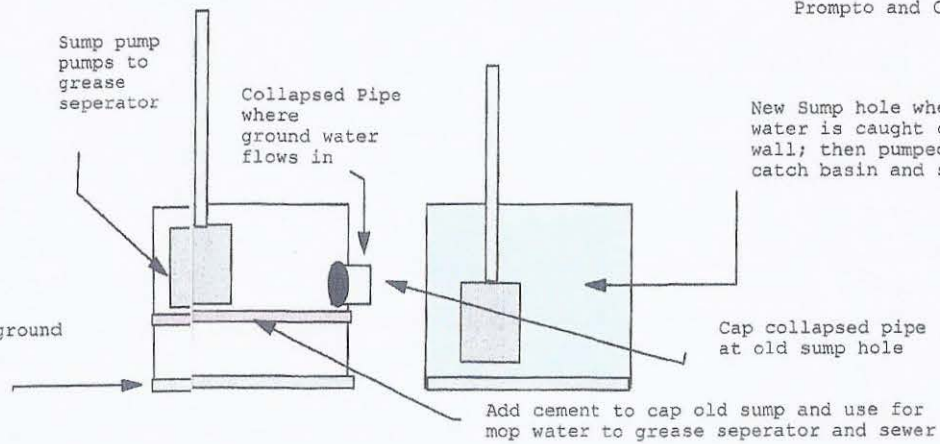
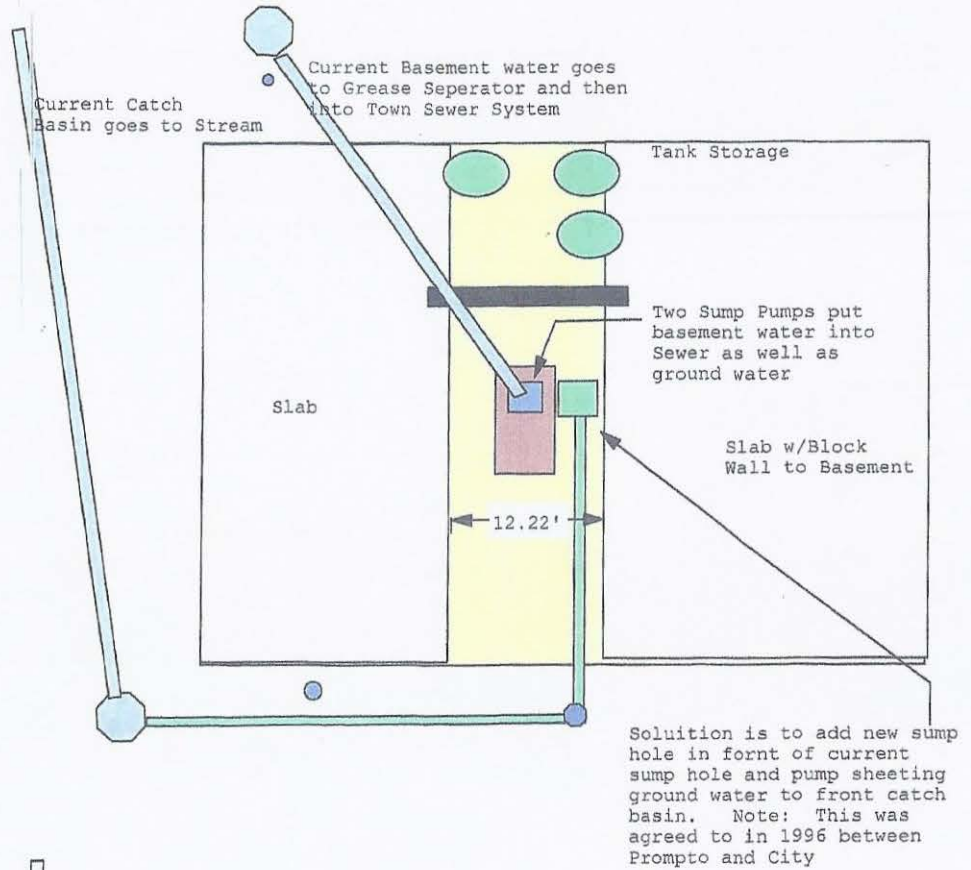
Date: 07/01/2015

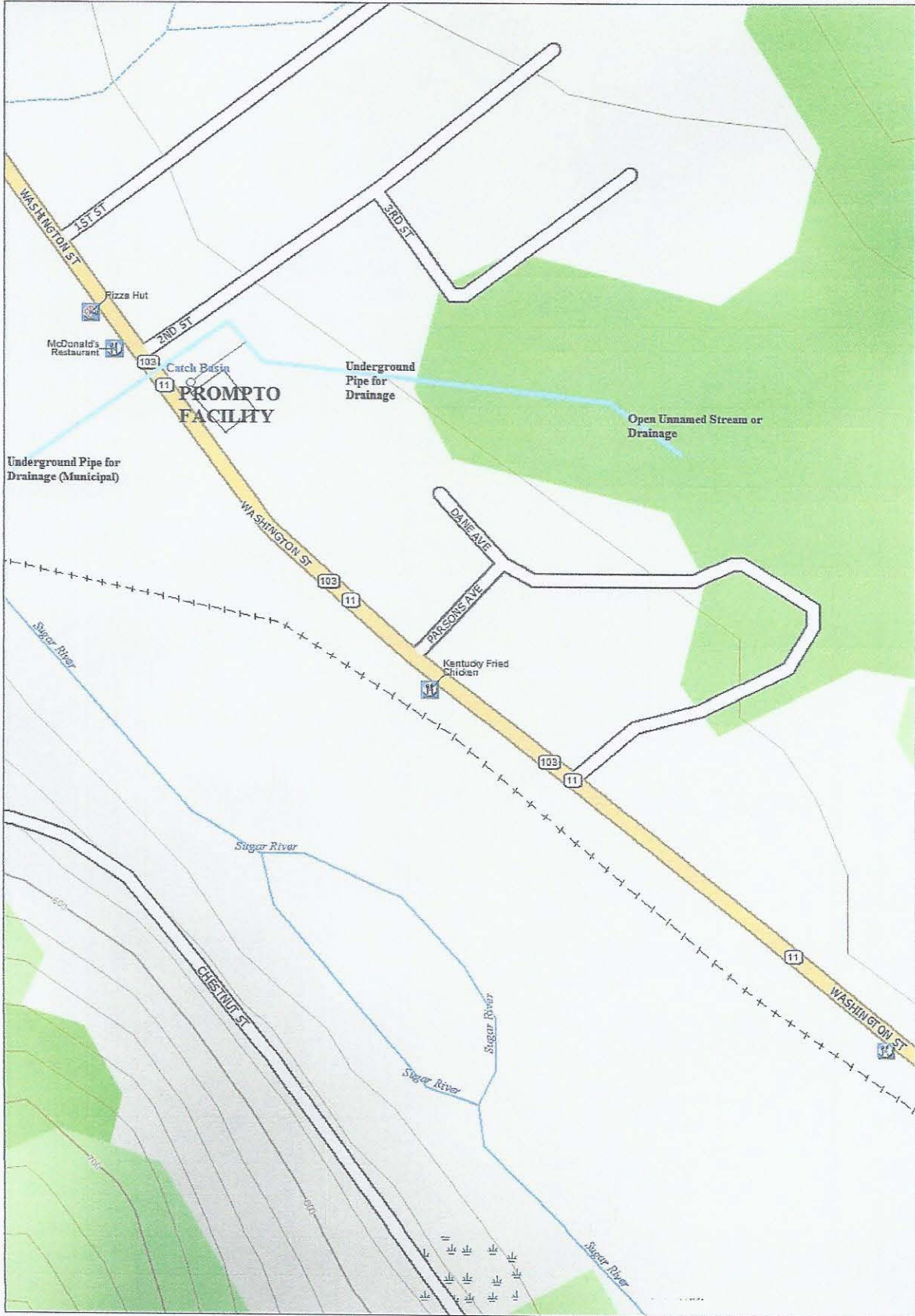
Federal regulations require this application to be signed as follows:

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.



Gravel base where ground water flows in





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Data Zoom 16-2



Google earth

Imagery date: 9/19/2014 43°22'05.51"N 72°19'23.05"W elev. 536 ft. eye alt. 1457 ft.

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Bobby Woodman Trail

Underground Drainage to Sugar River

Underground Drainage

Drainage Unnamed Street?

1998

**TABLE 1
 PROMPTO, INC.
 DECEMBER 18, 2015
 DEWATERING PERMIT WATER QUALITY**

PARAMETER	CATCH BASIN OUTFALL PIPE	NPDES EPA METHOD 200.8 MINIMUM LEVELS
Antimony	<1	0.5
Arsenic	<1	1.0
Cadmium	<1	0.2
Chromium	1	1.0
Chromium (VI)	<10	NS
Copper	10	0.5
Iron	2,300	50
Lead	8	0.2
Mercury	<0.1	NS
Nickel	4	0.2
Silver	<1	0.2
Zinc	150	5
Chloride	47,000	NS
PARAMETER	SUGAR RIVER	NPDES EPA METHOD 200.8 MINIMUM LEVELS
Total Hardness	15,000	NS

- Notes: 1. All results expressed in micrograms per liter ($\mu\text{g/l}$) unless indicated otherwise.
 2. PSNS = Pretreatment Standards for New Sources, Maximum Day, 40 CFR 433.17
 3. NS = No Standard
 4. Shaded areas indicate exceedances of the NPDES Dewatering General Permit minimum levels

From: Dan Thomas [<mailto:Dan.Thomas@pathwaysconsult.com>]
Sent: Friday, February 05, 2016 3:36 PM
To: 'Kevin King'
Subject: RE: pH Sample

Hi Kevin,

I did but neglected to include it in the data table for some reason. The pH value was 7.11.

Please let me know if you need anything else.

Thanks,

Dan Thomas
Pathways Consulting, LLC
240 Mechanic Street, Suite 100
Lebanon, New Hampshire 03766
Telephone (603) 448-2200 Ext. 113 Fax (603) 448-1221
dan.thomas@pathwaysconsult.com

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