

**II. Suggested Notice of Intent (NOI) Format**

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

a) Name of facility: Proposed Seekonk Package Distribution Facility		Mailing Address for the Facility: 800 East 96th Street, Suite 175, Indianapolis, IN 46240	
b) Location Address of the Facility (if different from mailing address): 1977 Fall River Avenue, Seekonk, MA		Facility Location longitude: <u>W71-17-51</u> latitude: <u>N41-46-40</u>	Type of Business: Freight Transportation Facility SIC codes: 49 410
c) Name of facility owner: <u>Scannell Properties #254, LLC</u> Owner's email: <u>chrism@scannellproperties.com</u> Owner's Tel #: <u>(317) 218-1667</u> Owner's Fax #: _____ 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: <u>ARCO National Construction</u> Operator Contact Name: <u>Nathan Morries</u> Operator Tel Number: <u>(314) 918-2109</u> Fax Number: <u>(314) 963-7114</u> Operator's email: <u>nmorries@arco1.com</u> Operator Address (if different from owner) <b>900 N. Rockhill Road, St. Louis, MO 63119</b>			
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"/> See Figures 1 & 2			
e) Check Yes or No for the following: 1. Has a prior NPDES permit been granted for the discharge? Yes _____ No <input checked="" type="checkbox"/> If Yes, Permit Number: _____ 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 _____ No <input checked="" type="checkbox"/> If Yes, Permit Number _____ 4. Is there a pending application on file with EPA for this discharge? Yes _____ No <input checked="" type="checkbox"/> 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: Palmer River  
 State Water Quality Classification: B Freshwater: X 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 2

For each outfall:

d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day – GPD). Max Daily Flow 20,000 GPD  
 Average Monthly Flow 100,000 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. groundwater

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) 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 November 2015 approximate end date of dewatering November 2017

i.) Latitude and longitude of each discharge within 100 feet (See [http://www.epa.gov/tri/report/siting\\_tool](http://www.epa.gov/tri/report/siting_tool)): Outfall 1: long. -71.3007 lat. 41.7796; Outfall 2: long. -71.2973 lat. 41.7772; 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 I 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)). NO
- 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 Appendix IV. In addition, respond to the following questions.**

- a) Which of the three eligibility criteria listed in Appendix IV, Criterion (A, B, or C) have you met? A \_\_\_\_\_
- b) Please attach documentation with your NOI supporting your response. Please see Appendix IV for acceptable documentation refer to attached NRS Report

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

- 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  ; Question 2: No  Yes \_\_\_\_\_
- 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). refer to Attached letter from MHC
- c) Which of the three National Historic Preservation Act eligibility criterion listed in Appendix III, Criterion (A, B, or C) have you met? A \_\_\_\_\_
- d) Is the project located on property of religious or cultural significance to an Indian Tribe? Yes \_\_\_\_\_ or No  If yes, provide that name of the Indian Tribe as associated with the property. \_\_\_\_\_

**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: Proposed Seekonk Package Distribution Center

Operator signature: 

Print Full Name and Title: **NATHAN MORRIS PROJECT MANAGER**

Date: **10/18/16**

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.