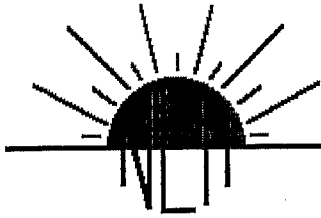


## **Attachment D**

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QA/QC Plan for Cleanup  
Verification



### QA/QC Plan for Cleanup Verification

One of the objectives for performing the environmental analysis of samples in this project is to determine, within a known degree of certainty, whether or not a sample contains more than or less than 50 mg/Kg (ppm) of total PCBs. To that end, there are field sampling and laboratory actions which must be completed during sampling and analysis and then the results of these actions must be evaluated to determine the overall usability of the data to meet the project objectives.

The original Work Plan detailed the need for acquiring field duplicates and sufficient sample on a per project basis to allow matrix spike/matrix spike duplicate (MS/MSD) analysis be performed and these QC samples must continue to be collected going forward. The wetland samples pose a special sampling issue in that they contain high moisture content which may adversely impact the overall usability of results (e.g., EPA Region I requires all results for samples containing less than 30% solids to be considered estimated). The sampling team should use *Region I, EPA-New England, Sediment Sampling Guidance*, Draft September 1998, as a guide to minimizing water content in the samples (e.g., allowing the collected sample to settle and then to decant any standing water prior to filling sample containers).

Upon receipt at the laboratory, the samples should quickly be analyzed for percent solids content prior to analysis. All samples with percent solids  $\leq 30\%$  will need to be pre-treated before solvent extraction to increase the solids content. For PCBs, either air drying or freeze drying should be performed in a clean environment. After pre-treatment, the percent solids content should be determined and must be over 30% before the sample is extracted (NOTE: the percent solids used in calculation of dry weight for calculation of final results must be the solids content after pre-treatment, if performed).

All data will undergo a Tier I-type evaluation whereby a completeness check (+ review of PE samples, if provided) is made by the data assessor to ensure that there are data for all of the samples sent to the lab and that the data package contains all of the necessary SDG paperwork so that the data package is considered complete and could be used to perform Tier II or Tier III DV, if required. The laboratory, at the client's discretion, may provide the data using the MADEP MCP methods and reporting requirements (e.g., WSC-CAM-VA for SW-846 Method 8082); whereby a project is reported with a MADEP MCP Analytical Method Report Certification Form; however, due to the project requirement for Data Usability assessment, the laboratory must also provide, at a minimum, the following information:

- Narrative which clearly indicates any non-compliance issues with MCP criteria and which clearly states of compliance of analysis (e.g., instrument calibrations within

criteria). If there are any non-compliance issues, a summary of the non-compliance must be present in the data package (e.g., if an initial calibration is non-compliant, a summary of the initial calibration must be present in the data package).

- Copies of percent solids determinations (prior to pre-treatment and after pre-treatment, if applicable) and sample preparation logbooks indicating extraction methods, weights of sample extracted, final volume for analysis, and dilutions for analysis. This includes information for the entire extraction batch.
- The laboratory must qualify any Aroclor data which have imprecision between Column 1 and 2 of more than 25% (percent difference, %D > 25%) and provide a summary of the Column 1 and 2 results.
- The laboratory must maintain all chromatograms for standards and samples and have these readily available if requested by the client, if these are not provided in the data package.

A modified Tier II-type review will be performed on all of the data using the following QC indicators:

- Holding Time (criteria: solids extracted within 14 days from collection and extracts analyzed within 40 days of extraction)
- Surrogate recovery (criteria: 30-150% recovery)
- Laboratory Control Sample recovery (criteria: 40-140% recovery)
- MS/MSD recovery and precision (criteria: 40-140% recovery and RPD  $\leq$  50%)
- Acceptability of Method Blanks and Field Blanks, if applicable (criteria: Aroclors < Reporting Limit)
- Acceptability of Initial Calibrations and Continuing Calibration Verification (initial calibration criteria: minimum of 5-level for Aroclors 1016 and 1260 and single level for all others, %RSD  $\leq$  20% or 'r'  $\geq$  0.99; continuing calibration criteria: %D or % Drift  $\leq$  15%)
- Field Duplicate precision (criteria: RPD  $\leq$  50%)
- Percent Solids content of sample (criteria: percent solids > 30%)
- Dual Column precision (criteria %D < 25% accept data as reported or 25% < %D < 500%, estimate results)

Data assessment will use the Data Quality Objectives specified and in the Work Plan and will use *Region I, EPA-NE Data Validation Functional Guidelines for Evaluating Environmental Analyses, Part I and Part II (Volatile/Semivolatile Data Validation Functional Guidelines)*, December 1996 and *Part III (Pesticide/PCB Data Validation Functional Guidelines)*, Draft February 2004.

The result of the data assessment will be a letter report compliant with EPA Protocols detailing the results of the data assessment.

**Attachment E**

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BRP WW10 Major Project  
Certification



Enter your transmittal number →

W065206

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.mass.gov/dep/counter/trasmfrm.shtml> or call DEP'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:

DEP  
P.O. Box 4062  
Boston, MA  
02211

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

## A. Permit Information

BRP WW 10

Major Project Certification

- 1. Permit Code: 7 or 8 character code from permit instructions  
Excavation and fill of bordering vegetated wetland
- 2. Name of Permit Category
- 3. Type of Project or Activity

## B. Applicant Information – Firm or Individual

City of New Bedford

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

Alfonse

Scott

2. Last Name of Individual

3. First Name of Individual

4. MI

133 William Street

5. Street Address

New Bedford

MA

02740

781-979-1487

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Scott Alfonse

11. Contact Person

12. e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

City of New Bedford

1. Name of Facility, Site Or Individual

133 William Street

2. Street Address

New Bedford

MA

02740

508-979-1487

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)\*

Beta Group, Inc.

1. Name of Firm Or Individual

315 Norwood Park South

2. Address

Norwood

MA

02062

781-255-1982

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Alan Hanscom

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:

number not yet assigned  
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 – Wetlands and Waterways  
**BRP WW 10 Major Project Certification**  
**BRP WW 11 Minor Project Certification**  
401 water Quality Certification for Fill and excavation  
Projects in waters and Wetlands

W 065206  
Transmittal Number #

**B. Project Information**

1. Project Location:

225 Hathaway Blvd.

Address

New Bedford

City/Town

New Bedford Harbor

Nearest or Adjacent Waterbody

MA  
State

02740  
Zip Code

2. Project Name (if any):

McCoy Field/New Keith Middle School Wetland Remediation Activities

3. a. Describe project purpose:

This project is a wetlands restoration project. It consists of a cleanup of sediments in the wetland area with residual contamination of polychlorinated biphenyls (PCBs) greater than one part per million (ppm). The proposed scope of work includes the removal of up to six inches of PCB-impacted sediments at designated locations within the wetland area, followed with restoration of the impacted wetlands. Note: Anticipated restoration areas within the wetland total approximately 38,000 square feet. In the Notice of Intent, submitted to the New Bedford Conservation Commission on May 27, 2005, an initial estimate of 60,000 square feet of disturbance was indicated. This was a conservative estimate, which also factored incidental disturbance which may occur as a result of gaining access to target cleanup areas. Targeted cleanup areas are not anticipated to exceed 38,000 square feet. See Notice of Intent (included in Attachment A) for more detailed information.

- b. Is the project

water-dependent

non water-dependent



Massachusetts Department of Environmental Protection  
 Bureau of Resource Protection – Wetlands and Waterways  
**BRP WW 10 Major Project Certification**  
**BRP WW 11 Minor Project Certification**  
 401 water Quality Certification for Fill and excavation  
 Projects in waters and Wetlands

W 065206  
 Transmittal Number #

**B. Project Information** (cont.)

4. a. provide a brief description of the proposed project (See Application Instructions and include a copy of the Notice of intent, if any.):

Specific activities include (1) clearing of vegetation and physical removal of leaf litter, surface vegetation, and surface sediment/soil; (2) live loading, transportation, and disposal of sediment to an appropriately licensed receiving facility, and; (3) complete restoration of all disturbed areas, including replacement of the removed sediment/soil with clean soil and seeding with wetlands seed mix. See Notice of Intent (included in Attachment A) for more detailed information.

b. Notice of Intent File number (if any): SE 49-543

5. Identify the loss in square feet of each type of resource area (see Application Instructions for additional information.):

a. Bordering vegetated wetland:	(38,000 sf excavation and restoration - no net loss)
	<u>0</u>
b. Isolated vegetated wetland:	square feet
	<u>0</u>
c. Land under water:	square feet
	<u>0</u>
d. Total cumulative loss of a. + b. + c.:	square feet
	<u>0</u>
e. Salt marsh:	square feet
	<u>0</u>

6. a. Will the proposed project occur in any wetlands or waters designated as "Outstanding Resource Waters"?

Yes       No

If yes has public notice been published in the Environmental Monitor?

Yes       No

Date of Publication

b. Is this project a subdivision or any part of a subdivision?       Yes       No

c. Is the project categorically subject to MEPA?       Yes       No

If yes, has final action been taken?       Yes       No

If yes, please include copy of MEPA certificate.



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Wetlands and Waterways  
**BRP WW 10 Major Project Certification**  
**BRP WW 11 Minor Project Certification**  
 401 water Quality Certification for Fill and excavation  
 Projects in waters and Wetlands

W 065206  
 Transmittal Number #

**B. Project information (cont.)**

7. Alternatives Analysis:

As related to the project purpose, attach a detailed description of alternatives to the proposed project that were considered and why none are available that avoid adverse impacts to wetlands and waters.

If no alternatives are available, describe how the activity will minimize or mitigate the adverse impacts to wetlands and waters.

See application instructions for information required. Attach required documentation.

Alternatives Analysis included as an attachment to Appendix A.

**C. Additional Information**

1. Is any of your proposed work exempt from the Massachusetts Wetlands Protection Act or taking place in a federal non-state wetland?

Yes  No

If yes, see Application Instructions for additional information needed.

2. Public notice to a newspaper of general circulation within the area of the proposed activity must be published within 10 days of the date of this application. Is proof of public notice submitted?

Yes  No

(See Application Instructions for additional information)

Legal Notice request to New Bedford Standard Times included as Appendix B.

**D. Certification**

Application is hereby made for water quality certification.

"I certify that I am familiar with the work proposed and that to the best of my knowledge and belief the information contained in this application is true, complete, and accurate"

Scott Alfonse  
 Applicant's Signature  
 Scott Alfonse  
 Print name  
Alan D. Hanscom  
 Agent's Signature  
 Alan D. Hanscom  
 Print Name  
 Date 6/17/05

**Attachment F**

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Environmental Notification  
Form

**Commonwealth of Massachusetts**  
**Executive Office of Environmental Affairs ■ MEPA Office**  
**ENF Environmental Notification Form**

<i>For Office Use Only</i> <i>Executive Office of Environmental Affairs</i>	
EOEA No.:	_____.
MEPA Analyst:	_____.
Phone: 617-626-	_____.

The information requested on this form must be completed to begin MEPA Review in accordance with the provisions of the Massachusetts Environmental Policy Act, 301 CMR 11.00.

Project Name: McCoy Field/New Keith Middle School		
Street: 225 Hathaway Blvd.		
Municipality: New Bedford	Watershed: Buzzards Bay Watershed	
Universal Tranverse Mercator Coordinates: 19 337524E, 4612343N	Latitude: 41.6463 N Longitude: 70.9510W	
Estimated commencement date: September 2005	Estimated completion date: November 2005	
Approximate cost:	Status of project design:	100 %complete
Proponent: City of New Bedford		
Street: 133 William Street		
Municipality: New Bedford	State: MA	Zip Code: 02740
Name of Contact Person From Whom Copies of this ENF May Be Obtained: Scott Alfonse		
Firm/Agency: City of New Bedford	Street: 133 William Street	
Municipality: New Bedford	State: MA	Zip Code: 02740
Phone: 508-979-1487	Fax: 508-961-3045	E-mail:

Does this project meet or exceed a mandatory EIR threshold (see 301 CMR 11.03)?  
 Yes  No

Has this project been filed with MEPA before?  
 Yes (EOEA No. \_\_\_\_\_)  No

Has any project on this site been filed with MEPA before?  
 Yes (EOEA No. \_\_\_\_\_)  No

Is this an Expanded ENF (see 301 CMR 11.05(7)) requesting:  
 a Single EIR? (see 301 CMR 11.06(8))  Yes  No  
 a Special Review Procedure? (see 301CMR 11.09)  Yes  No  
 a Waiver of mandatory EIR? (see 301 CMR 11.11)  Yes  No  
 a Phase I Waiver? (see 301 CMR 11.11)  Yes  No

Identify any financial assistance or land transfer from an agency of the Commonwealth, including the agency name and the amount of funding or land area (in acres): none

Are you requesting coordinated review with any other federal, state, regional, or local agency?  
 Yes (if yes, then list agencies)  No

List Local or Federal Permits and Approvals: DEP Water Quality Certification, MA WPA Notice of Intent/Order of Conditions, Army Corps of Engineers Section 404 Permit, EPA Risk Based Cleanup

Request \_\_\_\_\_

Which ENF or EIR review threshold(s) does the project meet or exceed (see 301 CMR 11.03):

- |                                 |                                       |  |
|---------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Land   | <input type="checkbox"/> Rare Species | <input checked="" type="checkbox"/> Wetlands, Waterways, & Tidelands |
| <input type="checkbox"/> Water  | <input type="checkbox"/> Wastewater   | <input type="checkbox"/> Transportation                              |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Air          | <input type="checkbox"/> Solid & Hazardous Waste                     |
| <input type="checkbox"/> ACEC   | <input type="checkbox"/> Regulations  | <input type="checkbox"/> Historical & Archaeological Resources       |

Summary of Project Size & Environmental Impacts	Existing	Change	Total	State Permits & Approvals
<b>LAND</b>				<input checked="" type="checkbox"/> Order of Conditions <input type="checkbox"/> Superseding Order of Conditions <input type="checkbox"/> Chapter 91 License <input checked="" type="checkbox"/> 401 Water Quality Certification <input type="checkbox"/> MHD or MDC Access Permit <input type="checkbox"/> Water Management Act Permit <input type="checkbox"/> New Source Approval  <input type="checkbox"/> DEP or MWRA Sewer Connection/ Extension Permit <input checked="" type="checkbox"/> Other Permits (including Legislative Approvals) – Specify:
Total site acreage	~3.87 acres Wetland			
New acres of land altered		~0.87 acres wetland*		
Acres of impervious area	0	0	0	
Square feet of new bordering vegetated wetlands alteration		~38,000 sf*		
Square feet of new other wetland alteration		0		
Acres of new non-water dependent use of tidelands or waterways		0		
<b>STRUCTURES</b>				<input type="checkbox"/> DEP or MWRA Sewer Connection/ Extension Permit <input checked="" type="checkbox"/> Other Permits (including Legislative Approvals) – Specify:
Gross square footage	0	0	0	
Number of housing units	0	0	0	
Maximum height (in feet)	0	0	0	
<b>TRANSPORTATION</b>				<u>Army Corps Of Engineers</u> <u>Section 404 Permit</u> _____ _____ _____ _____
Vehicle trips per day	0	0	0	
Parking spaces	0	0	0	
<b>WASTEWATER</b>				
Gallons/day (GPD) of water use	0	0	0	
GPD water withdrawal	0	0	0	
GPD wastewater generation/ treatment	0	0	0	
Length of water/sewer mains (in miles)	0	0	0	

\*-Total of approximately 0.87 acres of wetlands to be disturbed during remedial activities, to be restored upon completion of work.

**CONSERVATION LAND:** Will the project involve the conversion of public parkland or other Article 97 public natural resources to any purpose not in accordance with Article 97?

Yes (Specify \_\_\_\_\_)  No

Will it involve the release of any conservation restriction, preservation restriction, agricultural preservation restriction, or watershed preservation restriction?

Yes (Specify \_\_\_\_\_)  No

**RARE SPECIES:** Does the project site include Estimated Habitat of Rare Species, Vernal Pools, Priority Sites of Rare Species, or Exemplary Natural Communities?

Yes (Specify \_\_\_\_\_)  No

**HISTORICAL /ARCHAEOLOGICAL RESOURCES:** Does the project site include any structure, site or district listed in the State Register of Historic Place or the inventory of Historic and Archaeological Assets of the Commonwealth?

Yes (Specify \_\_\_\_\_)  No

If yes, does the project involve any demolition or destruction of any listed or inventoried historic or archaeological resources?

Yes (Specify \_\_\_\_\_)  No

**AREAS OF CRITICAL ENVIRONMENTAL CONCERN:** Is the project in or adjacent to an Area of Critical Environmental Concern?

Yes (Specify \_\_\_\_\_)  No

**PROJECT DESCRIPTION:** The project description should include (a) a description of the project site, (b) a description of both on-site and off-site alternatives and the impacts associated with each alternative, and (c) potential on-site and off-site mitigation measures for each alternative (You may attach one additional page, if necessary.)

The project site contains approximately 3.87 acres of wetlands, and is part of a larger construction site, currently under construction for the building of a new middle school. Of the 3.87 acres of total wetland, this project is proposing to perform remedial actions on approximately 0.87 acres.

As part of ongoing site assessment and remediation activities at the Site, BETA has compiled results of sediment sampling in the wetlands. Results compiled to date indicate an average exposure point concentration of polychlorinated biphenyls (PCBs) in this wetland area of approximately 1.3 parts per million (ppm). Other contaminants of concern, including heavy metals and polynuclear aromatic hydrocarbons, were detected at concentrations that did not pose an unacceptable level of risk to the environment.

Proposed remedial actions include the removal of up to six inches of PCB-impacted sediments at selected locations within the wetland area. Specific activities include (1) clearing of vegetation and physical removal of leaf litter, surface vegetation, and surface sediment/soil; (2) live loading, transportation, and disposal of sediment to an appropriately licensed receiving facility, and; (3) complete restoration of all disturbed areas, including replacement of the removed sediment/soil with clean soil and seeding with wetlands seed mix.

An alternative available to conducting the proposed remedial actions would be to not conduct any remedial actions. However, in recent consultation with U.S. Environmental Protection Agency (EPA) and the Massachusetts Department of Environmental Protection (DEP) representatives, it was determined that cleanup of sediments with residual concentrations of PCBs greater than 1 ppm is the appropriate remedy. Therefore, an alternative of no remedial action does not seem appropriate.

This project is regulated under the Toxic Substances Control Act (TSCA). A Risk Based Cleanup Request has been submitted to EPA on June 17, 2005 as part of this regulation. The proposed remedial actions will have no impacts on adjacent properties. For additional information, please refer to the Risk Based Cleanup Plan, included as Attachment A.

**LAND SECTION – all proponents must fill out this section**

**I. Thresholds / Permits**

A. Does the project meet or exceed any review thresholds related to land (see 301 CMR 11.03(1))  
 Yes  No; if yes, specify each threshold:

**II. Impacts and Permits**

A. Describe, in acres, the current and proposed character of the project site, as follows:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Footprint of buildings	<u>0</u>	<u>0</u>	<u>0</u>
Roadways, parking, and other paved areas	<u>0</u>	<u>0</u>	<u>0</u>
Other altered areas (describe)	<u>0</u>	<u>0</u>	<u>0</u>
Undeveloped areas	<u>3.87</u>	<u>0</u>	<u>3.87</u>

B. Has any part of the project site been in active agricultural use in the last three years?  
 Yes  No; if yes, how many acres of land in agricultural use (with agricultural soils) will be converted to nonagricultural use?

C. Is any part of the project site currently or proposed to be in active forestry use?  
 Yes  No; if yes, please describe current and proposed forestry activities and indicate whether any part of the site is the subject of a DEM-approved forest management plan:

D. Does any part of the project involve conversion of land held for natural resources purposes in accordance with Article 97 of the Amendments to the Constitution of the Commonwealth to any purpose not in accordance with Article 97?  Yes  No; if yes, describe:

E. Is any part of the project site currently subject to a conservation restriction, preservation restriction, agricultural preservation restriction or watershed preservation restriction?  Yes  No; if yes, does the project involve the release or modification of such restriction?  Yes  No; if yes, describe:

F. Does the project require approval of a new urban redevelopment project or a fundamental change in an existing urban redevelopment project under M.G.L.c.121A?  Yes  No; if yes, describe:

G. Does the project require approval of a new urban renewal plan or a major modification of an existing urban renewal plan under M.G.L.c.121B?  Yes  No; if yes, describe:

H. Describe the project's stormwater impacts and, if applicable, measures that the project will take to comply with the standards found in DEP's Stormwater Management Policy: Project is not subject to DEP stormwater policy. Project will not alter the volume of stormwater flow which currently enters the wetland.

I. Is the project site currently being regulated under M.G.L.c.21E or the Massachusetts Contingency Plan? Yes  No  ; if yes, what is the Release Tracking Number (RTN)? RTN # 4-15685

J. If the project is site is within the Chicopee or Nashua watershed, is it within the Quabbin, Ware, or Wachusett subwatershed?  Yes  No; if yes, is the project site subject to regulation under the Watershed Protection Act?  Yes  No

K. Describe the project's other impacts on land: This project will have no adverse impacts on any adjacent properties. The portions of the wetland which are proposed to be disturbed will be fully restored upon completion of the site activities.

### III. Consistency

A. Identify the current municipal comprehensive land use plan and the open space plan and describe the consistency of the project and its impacts with that plan(s): Current municipal land use plan for this area of wetland is to leave the wetland in its natural state, following the removal of contaminated sediment/soil and restoration of disturbed areas.

B. Identify the current Regional Policy Plan of the applicable Regional Planning Agency and describe the consistency of the project and its impacts with that plan: N/A

C. Will the project require any approvals under the local zoning by-law or ordinance (i.e. text or map amendment, special permit, or variance)? \_\_\_ Yes  No; if yes, describe:

D. Will the project require local site plan or project impact review?

Yes \_\_\_ No; if yes, describe:

Requires Notice of Intent filing with New Bedford Conservation Commission.

### RARE SPECIES SECTION

#### I. Thresholds / Permits

A. Will the project meet or exceed any review thresholds related to **rare species or habitat** (see 301 CMR 11.03(2))? \_\_\_ Yes  No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **rare species or habitat**? \_\_\_ Yes  No

C. If you answered "No" to both questions A and B, proceed to the **Wetlands, Waterways, and Tidelands Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Rare Species section below.

#### II. Impacts and Permits

A. Does the project site fall within Priority or Estimated Habitat in the current Massachusetts Natural Heritage Atlas (attach relevant page)? \_\_\_ Yes \_\_\_ No. If yes,

1. Which rare species are known to occur within the Priority or Estimated Habitat (contact: Environmental Review, Natural Heritage and Endangered Species Program, Route 135, Westborough, MA 01581, allowing 30 days for receipt of information):

2. Have you surveyed the site for rare species? \_\_\_ Yes \_\_\_ No; if yes, please include the results of your survey.

3. If your project is within Estimated Habitat, have you filed a Notice of Intent or received an Order of Conditions for this project? \_\_\_ Yes \_\_\_ No; if yes, did you send a copy of the Notice of Intent to the Natural Heritage and Endangered Species Program, in accordance with the Wetlands Protection Act regulations? \_\_\_ Yes \_\_\_ No

B. Will the project "take" an endangered, threatened, and/or species of special concern in accordance with M.G.L. c.131A (see also 321 CMR 10.04)? \_\_\_ Yes \_\_\_ No; if yes, describe:

C. Will the project alter "significant habitat" as designated by the Massachusetts Division of Fisheries and Wildlife in accordance with M.G.L. c.131A (see also 321 CMR 10.30)? \_\_\_ Yes \_\_\_ No; if yes, describe:

D. Describe the project's other impacts on rare species including indirect impacts (for example, stormwater runoff into a wetland known to contain rare species or lighting impacts on rare moth habitat):

# WETLANDS, WATERWAYS, AND TIDELANDS SECTION

## I. Thresholds / Permits

A. Will the project meet or exceed any review thresholds related to **wetlands, waterways, and tidelands** (see 301 CMR 11.03(3))?  Yes  No; if yes, specify, in quantitative terms: Alteration of 5,000 or more square feet of bordering or isolated vegetated wetlands.

B. Does the project require any state permits (or a local Order of Conditions) related to **wetlands, waterways, or tidelands**?  Yes  No; if yes, specify which permit: This project requires a filing of a Notice of Intent, with the goal of achieving an Order of Conditions.

C. If you answered "No" to both questions A and B, proceed to the **Water Supply Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Wetlands, Waterways, and Tidelands Section below.

## II. Wetlands Impacts and Permits

A. Describe any wetland resource areas currently existing on the project site and indicate them on the site plan: The site under consideration is the wetland portion of a larger construction site. The wetland portion borders most of the northern and western perimeters of the construction area. Specific portions of the wetland which are proposed to be disturbed are shown on the site plan.

B. Estimate the extent and type of impact that the project will have on wetland resources, and indicate whether the impacts are temporary or permanent:

<u>Coastal Wetlands</u>	<u>Area (in square feet) or Length (in linear feet)</u>
Land Under the Ocean	0
Designated Port Areas	0
Coastal Beaches	0
Coastal Dunes	0
Barrier Beaches	0
Coastal Banks	0
Rocky Intertidal Shores	0
Salt Marshes	0
Land Under Salt Ponds	0
Land Containing Shellfish	0
Fish Runs	0
Land Subject to Coastal Storm Flowage	0
<u>Inland Wetlands</u>	
Bank	0
Bordering Vegetated Wetlands	Approx. 38,000 sf
Land under Water	0
Isolated Land Subject to Flooding	0
Bordering Land Subject to Flooding	0
Riverfront Area	0

C. Is any part of the project

1. a limited project?  Yes  No
2. the construction or alteration of a dam?  Yes  No; if yes, describe:
3. fill or structure in a velocity zone or regulatory floodway?  Yes  No
4. dredging or disposal of dredged material?  Yes  No; if yes, describe the volume of dredged material and the proposed disposal site:
5. a discharge to Outstanding Resource Waters?  Yes  No
6. subject to a wetlands restriction order?  Yes  No; if yes, identify the area (in square feet):

D. Does the project require a new or amended Order of Conditions under the Wetlands Protection Act (M.G.L. c.131A)?  Yes  No; if yes, has a Notice of Intent been filed or a local Order of

Conditions issued?  Yes  No; if yes, list the date and DEP file number: NOI filed 5/27/05, DEP File # SE 049-0543. Was the Order of Conditions appealed?  Yes  No. Will the project require a variance from the Wetlands regulations?  Yes  No.

E. Will the project:

1. be subject to a local wetlands ordinance or bylaw?  Yes  No
2. alter any federally-protected wetlands not regulated under state or local law?  
 Yes  No; if yes, what is the area (in s.f.)?

F. Describe the project's other impacts on wetlands (including new shading of wetland areas or removal of tree canopy from forested wetlands): The removal of sediment/soil from select portions of the wetland area will result in temporary impacts to those portions of the wetland. All disturbed areas will be appropriately restored upon completion of remedial actions. There will be no net gain or loss of wetlands as a result of this project.

### III. Waterways and Tidelands Impacts and Permits

A. Is any part of the project site waterways or tidelands (including filled former tidelands) that are subject to the Waterways Act, M.G.L.c.91?  Yes  No; if yes, is there a current Chapter 91 license or permit affecting the project site?  Yes  No; if yes, list the date and number:

B. Does the project require a new or modified license under M.G.L.c.91?  Yes  No; if yes, how many acres of the project site subject to M.G.L.c.91 will be for non-water dependent use?  
Current  Change  Total

C. Is any part of the project

1. a roadway, bridge, or utility line to or on a barrier beach?  Yes  No; if yes, describe:
2. dredging or disposal of dredged material?  Yes  No; if yes, volume of dredged material:
3. a solid fill, pile-supported, or bottom-anchored structure in flowed tidelands or other waterways?  Yes  No; if yes, what is the base area? \_\_\_\_\_
4. within a Designated Port Area?  Yes  No

D. Describe the project's other impacts on waterways and tidelands: none

### IV. Consistency:

A. Is the project located within the Coastal Zone?  Yes  No; if yes, describe the project's consistency with policies of the Office of Coastal Zone Management:

B. Is the project located within an area subject to a Municipal Harbor Plan?  Yes  No; if yes, identify the Municipal Harbor Plan and describe the project's consistency with that plan:

## WATER SUPPLY SECTION

### I. Thresholds / Permits

A. Will the project meet or exceed any review thresholds related to **water supply** (see 301 CMR 11.03(4))?  Yes  No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **water supply**?  Yes  No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Wastewater Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Water Supply Section below.

### II. Impacts and Permits

A. Describe, in gallons/day, the volume and source of water use for existing and proposed activities at the project site:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Withdrawal from groundwater	_____	_____	_____
Withdrawal from surface water	_____	_____	_____
Interbasin transfer	_____	_____	_____
Municipal or regional water supply	_____	_____	_____

B. If the source is a municipal or regional supply, has the municipality or region indicated that there is adequate capacity in the system to accommodate the project? \_\_\_ Yes \_\_\_ No

C. If the project involves a new or expanded withdrawal from a groundwater or surface water source,

1. have you submitted a permit application? \_\_\_ Yes \_\_\_ No; if yes, attach the application
2. have you conducted a pump test? \_\_\_ Yes \_\_\_ No; if yes, attach the pump test report

D. What is the currently permitted withdrawal at the proposed water supply source (in gallons/day)? \_\_\_\_\_ Will the project require an increase in that withdrawal? \_\_\_ Yes \_\_\_ No

E. Does the project site currently contain a water supply well, a drinking water treatment facility, water main, or other water supply facility, or will the project involve construction of a new facility? \_\_\_ Yes \_\_\_ No. If yes, describe existing and proposed water supply facilities at the project site:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Water supply well(s) (capacity, in gpd)	_____	_____	_____
Drinking water treatment plant (capacity, in gpd)	_____	_____	_____
Water mains (length, in miles)	_____	_____	_____

F. If the project involves any interbasin transfer of water, which basins are involved, what is the direction of the transfer, and is the interbasin transfer existing or proposed?

G. Does the project involve

1. new water service by a state agency to a municipality or water district? \_\_\_ Yes \_\_\_ No
2. a Watershed Protection Act variance? \_\_\_ Yes \_\_\_ No; if yes, how many acres of alteration?
3. a non-bridged stream crossing 1,000 or less feet upstream of a public surface drinking water supply for purpose of forest harvesting activities? \_\_\_ Yes \_\_\_ No

H. Describe the project's other impacts (including indirect impacts) on water resources, quality, facilities and services:

III. **Consistency** -- Describe the project's consistency with water conservation plans or other plans to enhance water resources, quality, facilities and services:

## WASTEWATER SECTION

### I. **Thresholds / Permits**

A. Will the project meet or exceed any review thresholds related to **wastewater** (see 301 CMR 11.03(5))? \_\_\_ Yes X No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **wastewater**? \_\_\_ Yes X No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Transportation -- Traffic Generation Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Wastewater Section below.

### II. **Impacts and Permits**

A. Describe, in gallons/day, the volume and disposal of wastewater generation for existing and proposed activities at the project site (calculate according to 310 CMR 15.00):

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Discharge to groundwater (Title 5)	_____	_____	_____
Discharge to groundwater (non-Title 5)	_____	_____	_____
Discharge to outstanding resource water	_____	_____	_____
Discharge to surface water	_____	_____	_____
Municipal or regional wastewater facility	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

B. \_\_\_\_\_ Is there sufficient capacity in the existing collection system to accommodate the project?  
 \_\_\_ Yes \_\_\_ No; if no, describe where capacity will be found:

C. Is there sufficient existing capacity at the proposed wastewater disposal facility? \_\_\_ Yes \_\_\_ No;  
 if no, describe how capacity will be increased:

D. Does the project site currently contain a wastewater treatment facility, sewer main, or other  
 wastewater disposal facility, or will the project involve construction of a new facility? \_\_\_ Yes \_\_\_  
 No. If yes, describe as follows:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Wastewater treatment plant (capacity, in gpd)	_____	_____	_____
Sewer mains (length, in miles)	_____	_____	_____
Title 5 systems (capacity, in gpd)	_____	_____	_____

E. If the project involves any interbasin transfer of wastewater, which basins are involved, what is the  
 direction of the transfer, and is the interbasin transfer existing or proposed?

F. Does the project involve new sewer service by an Agency of the Commonwealth to a municipality  
 or sewer district? \_\_\_ Yes \_\_\_ No

G. Is there any current or proposed facility at the project site for the storage, treatment, processing,  
 combustion or disposal of sewage sludge, sludge ash, grit, screenings, or other sewage residual  
 materials? \_\_\_ Yes \_\_\_ No; if yes, what is the capacity (in tons per day):

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Storage	_____	_____	_____
Treatment, processing	_____	_____	_____
Combustion	_____	_____	_____
Disposal	_____	_____	_____

H. Describe the project's other impacts (including indirect impacts) on wastewater generation and  
 treatment facilities:

**III. Consistency** -- Describe measures that the proponent will take to comply with federal, state,  
 regional, and local plans and policies related to wastewater management:

A. If the project requires a sewer extension permit, is that extension included in a comprehensive  
 wastewater management plan? \_\_\_ Yes \_\_\_ No; if yes, indicate the EOEA number for the plan and  
 describe the relationship of the project to the plan

## TRANSPORTATION -- TRAFFIC GENERATION SECTION

### I. Thresholds / Permits

A. Will the project meet or exceed any review thresholds related to **traffic generation** (see 301 CMR 11.03(6))? \_\_\_ Yes X No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **state-controlled roadways**? \_\_\_ Yes X No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Roadways and Other Transportation Facilities Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Traffic Generation Section below.

### II. Traffic Impacts and Permits

A. Describe existing and proposed vehicular traffic generated by activities at the project site:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Number of parking spaces	_____	_____	_____
Number of vehicle trips per day	_____	_____	_____
ITE Land Use Code(s):			

B. What is the estimated average daily traffic on roadways serving the site?

	<u>Roadway</u>	<u>Existing</u>	<u>Change</u>	<u>Total</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

C. Describe how the project will affect transit, pedestrian and bicycle transportation facilities and services:

**III. Consistency** -- Describe measures that the proponent will take to comply with municipal, regional, state, and federal plans and policies related to traffic, transit, pedestrian and bicycle transportation facilities and services:

## ROADWAYS AND OTHER TRANSPORTATION FACILITIES SECTION

### I. Thresholds

A. Will the project meet or exceed any review thresholds related to **roadways or other transportation facilities** (see 301 CMR 11.03(6))? \_\_\_ Yes X No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **roadways or other transportation facilities**? \_\_\_ Yes X No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Energy Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Roadways Section below.

### II. Transportation Facility Impacts

A. Describe existing and proposed transportation facilities at the project site:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Length (in linear feet) of new or widened roadway	_____	_____	_____
Width (in feet) of new or widened roadway	_____	_____	_____

Other transportation facilities:

- B. Will the project involve any
1. Alteration of bank or terrain (in linear feet)? \_\_\_\_\_
  2. Cutting of living public shade trees (number)? \_\_\_\_\_
  3. Elimination of stone wall (in linear feet)? \_\_\_\_\_

**III. Consistency** -- Describe the project's consistency with other federal, state, regional, and local plans and policies related to traffic, transit, pedestrian and bicycle transportation facilities and services, including consistency with the applicable regional transportation plan and the Transportation Improvements Plan (TIP), the State Bicycle Plan, and the State Pedestrian Plan:

## ENERGY SECTION

### I. Thresholds / Permits

A. Will the project meet or exceed any review thresholds related to **energy** (see 301 CMR 11.03(7))?  
 \_\_\_ Yes X No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **energy**? \_\_\_ Yes X No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Air Quality Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Energy Section below.

### II. Impacts and Permits

A. Describe existing and proposed energy generation and transmission facilities at the project site:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Capacity of electric generating facility (megawatts)	_____	_____	_____
Length of fuel line (in miles)	_____	_____	_____
Length of transmission lines (in miles)	_____	_____	_____
Capacity of transmission lines (in kilovolts)	_____	_____	_____

B. If the project involves construction or expansion of an electric generating facility, what are

1. the facility's current and proposed fuel source(s)?
2. the facility's current and proposed cooling source(s)?

C. If the project involves construction of an electrical transmission line, will it be located on a new, unused, or abandoned right of way? \_\_\_ Yes \_\_\_ No; if yes, please describe:

D. Describe the project's other impacts on energy facilities and services:

**III. Consistency** -- Describe the project's consistency with state, municipal, regional, and federal plans and policies for enhancing energy facilities and services:

## AIR QUALITY SECTION

### I. Thresholds

A. Will the project meet or exceed any review thresholds related to **air quality** (see 301 CMR 11.03(8))? \_\_\_ Yes X No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **air quality**? \_\_\_ Yes X No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Solid and Hazardous Waste Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Air

Quality Section below.

**II. Impacts and Permits**

A. Does the project involve construction or modification of a major stationary source (see 310 CMR 7.00, Appendix A)? \_\_\_ Yes \_\_\_ No; if yes, describe existing and proposed emissions (in tons per day) of:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Particulate matter	_____	_____	_____
Carbon monoxide	_____	_____	_____
Sulfur dioxide	_____	_____	_____
Volatile organic compounds	_____	_____	_____
Oxides of nitrogen	_____	_____	_____
Lead	_____	_____	_____
Any hazardous air pollutant	_____	_____	_____
Carbon dioxide	_____	_____	_____

B. Describe the project's other impacts on air resources and air quality, including noise impacts:

**III. Consistency**

A. Describe the project's consistency with the State Implementation Plan:

B. Describe measures that the proponent will take to comply with other federal, state, regional, and local plans and policies related to air resources and air quality:

**SOLID AND HAZARDOUS WASTE SECTION**

**I. Thresholds / Permits**

A. Will the project meet or exceed any review thresholds related to **solid or hazardous waste** (see 301 CMR 11.03(9))? \_\_\_ Yes X No; if yes, specify, in quantitative terms:

B. Does the project require any state permits related to **solid and hazardous waste**? \_\_\_ Yes X No; if yes, specify which permit:

C. If you answered "No" to both questions A and B, proceed to the **Historical and Archaeological Resources Section**. If you answered "Yes" to either question A or question B, fill out the remainder of the Solid and Hazardous Waste Section below.

**II. Impacts and Permits**

A. Is there any current or proposed facility at the project site for the storage, treatment, processing, combustion or disposal of solid waste? \_\_\_ Yes \_\_\_ No; if yes, what is the volume (in tons per day) of the capacity:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Storage	_____	_____	_____
Treatment, processing	_____	_____	_____
Combustion	_____	_____	_____
Disposal	_____	_____	_____

B. Is there any current or proposed facility at the project site for the storage, recycling, treatment or disposal of hazardous waste? \_\_\_ Yes \_\_\_ No; if yes, what is the volume (in tons or gallons per day) of the capacity:

	<u>Existing</u>	<u>Change</u>	<u>Total</u>
Storage	_____	_____	_____
Recycling	_____	_____	_____
Treatment	_____	_____	_____
Disposal	_____	_____	_____

C. If the project will generate solid waste (for example, during demolition or construction), describe alternatives considered for re-use, recycling, and disposal:

D. If the project involves demolition, do any buildings to be demolished contain asbestos?  
 Yes  No

E. Describe the project's other solid and hazardous waste impacts (including indirect impacts):

**III. Consistency**--Describe measures that the proponent will take to comply with the State Solid Waste Master Plan:

## **HISTORICAL AND ARCHAEOLOGICAL RESOURCES SECTION**

### **I. Thresholds / Impacts**

A. Is any part of the project site a historic structure, or a structure within a historic district, in either case listed in the State Register of Historic Places or the Inventory of Historic and Archaeological Assets of the Commonwealth?  Yes  No; if yes, does the project involve the demolition of all or any exterior part of such historic structure?  Yes  No; if yes, please describe:

B. Is any part of the project site an archaeological site listed in the State Register of Historic Places or the Inventory of Historic and Archaeological Assets of the Commonwealth?  Yes  No; if yes, does the project involve the destruction of all or any part of such archaeological site?  Yes  No; if yes, please describe:

C. If you answered "No" to all parts of both questions A and B, proceed to the **Attachments and Certifications** Sections. If you answered "Yes" to any part of either question A or question B, fill out the remainder of the Historical and Archaeological Resources Section below.

D. Have you consulted with the Massachusetts Historical Commission?  Yes  No; if yes, attach correspondence

E. Describe and assess the project's other impacts, direct and indirect, on listed or inventoried historical and archaeological resources:

**II. Consistency** -- Describe measures that the proponent will take to comply with federal, state, regional, and local plans and policies related to preserving historical and archaeological resources:

**ATTACHMENTS:**

1. Plan, at an appropriate scale, of existing conditions of the project site and its immediate context, showing all known structures, roadways and parking lots, rail rights-of-way, wetlands and water bodies, wooded areas, farmland, steep slopes, public open spaces, and major utilities.
2. Plan of proposed conditions upon completion of project (if construction of the project is proposed to be phased, there should be a site plan showing conditions upon the completion of each phase).
3. **Original** U.S.G.S. map or good quality **color** copy (8-1/2 x 11 inches or larger) indicating the project location and boundaries
4. List of all agencies and persons to whom the proponent circulated the ENF, in accordance with 301 CMR 11.16(2).
5. Other:

**CERTIFICATIONS:**

1. The Public Notice of Environmental Review has been/will be published in the following newspapers in accordance with 301 CMR 11.15(1):

(Name)	(Date)
<u>New Bedford Standard Times</u>	<u>(Undetermined)</u>

2. This form has been circulated to Agencies and Persons in accordance with 301 CMR 11.16(2).

<u>6/17/05</u>	<u>Scott Alfonse</u>	<u>6/17/05</u>	<u>Alan D. Hanscom</u>
Date	Signature of Responsible Officer or Proponent	Date	Signature of person preparing ENF (if different from above)

Scott Alfonse  
Name (print or type)

Alan D. Hanscom  
Name (print or type)

City of New Bedford  
Firm/Agency

BETA Group, Inc.  
Firm/Agency

133 William Street  
Street

315 Norwood Park South  
Street

New Bedford, MA 02740  
Municipality/State/Zip

Norwood, MA 02062  
Municipality/State/Zip

508-979-1487  
Phone

781-255-1982  
Phone

**Attachment G**

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Section 404 Permit

(33 CFR 325)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service Directorate of Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paperwork Reduction Project (0710-0003), Washington, DC 20503. Please DO NOT RETURN your form to either of those addresses. Completed applications must be submitted to the District Engineer having jurisdiction over the location of the proposed activity.

## PRIVACY ACT STATEMENT

Authority: 33 USC 401, Section 10: 1413, Section 404. Principal Purpose: These laws require authorizing activities in, or affecting, navigable waters of the United States, the discharge or fill material into waters of the United States, and the transportation of dredged material for the purpose of dumping it into ocean waters. Routine Uses: Information provided on this form will be used in evaluating the application for a permit. Disclosure: Disclosure of requested information is voluntary. If information is not provided, however, the permit application cannot be processed nor can a permit be issued.

One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned.

## (ITEMS 1 THRU 4 TO BE FILLED BY THE CORPS)

1. APPLICATION NO.	2. FIELD OFFICE CODE	3. DATE RECEIVED	4. DATE APPLICATION COMPLETED
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## (ITEMS BELOW TO BE FILLED BY APPLICANT)

5. APPLICANT'S NAME City of New Bedford - Scott Alfonse (contact)	8. AUTHORIZED AGENT'S NAME AND TITLE (an agent is not required) Alan Hanscom, BETA Group, Inc.
6. APPLICANT'S ADDRESS 133 William Street, New Bedford, MA 02740	9. AGENT'S ADDRESS 315 Norwood Park South Norwood, MA 02062
7. APPLICANT'S PHONE NOS. W/AREA CODE a. 508-979-1487 b.	10. AGENT'S PHONE NOS. W/AREA CODE a. 781-255-1982 b.

## 11. STATEMENT OF AUTHORIZATION

I hereby authorize, Alan Hanscom to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

Scott Alfonse Scott Alfonse  
APPLICANT'S SIGNATURE

6/17/05  
DATE

## NAME, LOCATION, AND DESCRIPTION OR PROJECT OR ACTIVITY

12. PROJECT NAME OR TITLE (see instructions) McCoy Field/New Keith Middle School Wetland Remediation Activities	14. PROJECT STREET ADDRESS (if applicable) 225 Hathaway Boulevard New Bedford, MA 02740
13. NAME OF WATERBODY, IF KNOWN (if applicable) N/A N/A	15. LOCATION OF PROJECT Bristol MA COUNTY STATE
16. OTHER LOCATION DESCRIPTIONS, IF KNOWN (see instructions) Section, Township, Range, Lat/Lon, and/or Accessors's Parcel Number, for example. Assessor Map 69 Lot 125 and Map 75 Lot 167	
17. DIRECTIONS TO THE SITE From Route 140, take exit 3. Take left at end of exit ramp, onto Hathaway Road. At first set of lights, take right (Shawmut Street). Travel on Shawmut Street approx 2/3 mile to stop sign. Take right onto Durfee Street. Travel approx 1/4 mile on Durfee Street to stop sign, take left onto Hathaway Boulevard. Site is 1/10 mile on right.	

18. Nature of Activity (Description of project, include all features)

Specific activities include (1) clearing of vegetation and physical removal of leaf litter, surface vegetation, and surface sediment/soil; (2) live loading, transportation, and disposal of sediment to an appropriately licensed receiving facility, and; (3) complete restoration of all disturbed areas, including replacement of the removed sediment/soil with clean soil and seeding with wetlands seed mix.

19. Project Purpose (Describe the reason or purpose of the project, see instructions)

This project is a wetlands restoration project. It consists of a cleanup of sediments in the wetland area with residual contamination of polychlorinated biphenyls (PCBs) greater than one part per million (ppm). The proposed scope of work includes the removal of approximately 2 to 4 inches of PCB-impacted sediments at selected locations within the wetland area.

**USE BLOCKS 20-22 IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED**

20. Reason(s) for Discharge

21. Type(s) of Material Being Discharged and the Amount of Each Type in Cubic Yards

22. Surface Area in Acres of Wetlands or Other Waters Filled (see instructions)  
None.

23. Is Any Portion of the Work Already Complete? Yes \_\_\_ No X IF YES, DESCRIBE THE COMPLETED WORK

24. Addresses of Adjoining Property Owners, Lessees, Etc., Whose Property Adjoins the Waterbody (If more than can be entered here, please attach a supplemental list).

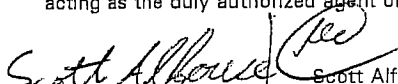
See attached list of adjoining property owners.

25. List of Other Certifications or Approvals/Denials Received from other Federal, State, or Local Agencies for Work Described in This Application.

AGENCY	TYPE APPROVAL*	IDENTIFICATION NUMBER	DATE APPLIED	DATE APPROVED	DATE DENIED
MEPA	ENF		June 17, 2005		
MDEP	WQC		June 17, 2005		
NB Con Com	Order of Conditions		May 27, 2005		
US EPA	Risk Based Cleanup Request		June 17, 2005		

\* Would include but is not restricted to zoning, building, and flood plain permits

26. Application is hereby made for a permit or permits to authorize the work described in this application. I certify that the information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.

  
 Scott Alfonse  
 SIGNATURE OF APPLICANT

6/17/05  
 DATE

  
 Alan Hanscom  
 SIGNATURE OF AGENT

6/17/05  
 DATE

The application must be signed by the person who desires to undertake the proposed activity (applicant) or it may be signed by a duly authorized agent if the statement in block 11 has been filled out and signed.

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or