

Commonwealth of Massachusetts
Executive Office of Energy & Environmental Affairs

Department of Environmental Protection

Northeast Regional Office • 205B Lowell Street, Wilmington MA 01887 • 978-694-3200

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

RICHARD K. SULLIVAN JR.
Secretary

KENNETH L. KIMMELL
Commissioner

CERTIFIED MAIL
7008 1830 0004 6090 1269

DEC 27 2011

National Grid
40 Sylvan Road
Waltham MA, 02451

Attn: Ms. Michele V. Leone

RE: **Malden - Boston Gas Company**
100 Commercial Street
RTN 3-00362
Permit #7378
PERMIT EXPIRATION DATE

Dear Ms. Leone:

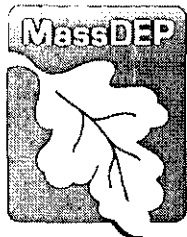
This correspondence serves as notification that your presumptively approved **Tier IB Permit Extension will expire on December 28, 2013**. This expiration date has been established by the Massachusetts Department of Environmental Protection (MassDEP) pursuant to 310 CMR 40.0751.

If you have any questions, please contact the regional BWSC Permit Section Chief at the letterhead address or by calling the letterhead telephone number.

Very truly yours,

Joanne Fagan, Section Chief
Brownfields/Permits
Bureau of Waste Site Cleanup

cc: Innovative Engineering Solutions, Inc, Mr. Michael S. Lotti (LSP)



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FILE ✓

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November 16, 2011

Mass Electric Company d/b/a National Grid
40 Sylvan Road
Waltham, MA 02451

RE: Malden
100 Commercial Street
RTN: 3-0000362

Attn: Michele Leone, Manager, SIR Group New England

NOTICE OF AUDIT FINDINGS AUDIT INSPECTION

Dear Ms. Leone:

On October 25, 2011 the Massachusetts Department of Environmental Protection (MassDEP) conducted an inspection as part of an audit of ongoing response actions at the above-referenced disposal site. The audit included a focused inspection of the remedial system operating at the site and a file review to determine whether necessary documents have been submitted in accordance with the requirements of M.G.L. c.21E and 310 CMR 40.0000, the Massachusetts Contingency Plan (MCP). This Notice informs you of the results of MassDEP's audit/inspection.

The field inspection focused primarily on the remedial system's discharge. The inspection involved:

1. On-site screening of the treatment system's influent and effluent for contaminant concentrations with portable instrumentation;
2. Reviewing the operation of the treatment systems for compliance with the requirements of M.G.L. c. 21E and the MCP.

INSPECTION FINDINGS

Inspection of the subslab extraction system:

The subslab vapor extraction system operating at 129 Commercial Street consists of a single regenerative blower that extracts vapors from five 2-inch diameter points installed horizontally beneath the building floor slab. Extracted vapors are directed through a moisture separator and two 200-pound vapor-phase carbon units prior to discharge to ambient air above the building roofline. According to your consultant, there are no interior pressure field monitoring points for measuring system influence under the slab. Indoor air samples are collected annually from multiple locations within the building to assess indoor air conditions. The system was operational on the day of the inspection; however, field instruments were not available to record operational data.

On-site screening of the off-gas treatment system influent and effluent was conducted by MassDEP personnel using a Mini Rae photoionization detector. The results are as follows:

Background concentration:	0.0	parts per million, volume (ppmv)
Influent concentration:	0.0	ppmv
Effluent concentration:	0.0	ppmv

INSPECTION OUTCOME

MassDEP did not identify any violations of the requirements applicable to remedial system operation at the site or of any requirements for the submittal of one or more documents, forms or other information required by the MCP. A copy of the Remedial System Audit Inspection Sheet is attached.

LICENSED SITE PROFESSIONAL

A copy of this notice has been sent to the LSP-of-Record, Michael Lotti, LSP# 4208.

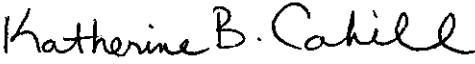
LIMITATIONS

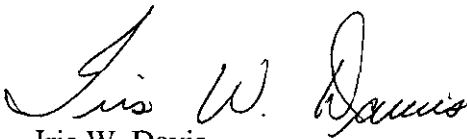
MassDEP's findings were based upon the certainty of the information reviewed during the audit. These findings do not: (1) apply to actions or other aspects of the site that were not reviewed in the audit; (2) preclude future audits of past, current or future actions at the site; (3) in any way constitute a release from any liability, obligation, action or penalty under M.G.L. c. 21E, 310 CMR 40.0000, or any other law, regulation or requirement; or (4) limit MassDEP's authority to take or arrange, or to require any Responsible Party or Potentially Responsible Party to perform, any response action authorized by M.G.L. c. 21E which MassDEP deems necessary to protect health, safety, public welfare or the environment.

Malden, RTN 3-0000362
100 Commercial Street
Page 3 of 3

If you have any questions regarding this Notice or any requirements contained in it, please contact Katherine Cahill at (978) 694-3368. Please reference Release Tracking Number 3-0000362 in any future correspondence to MassDEP regarding the site.

Sincerely,


Katherine B. Cahill
Environmental Analyst
Risk Reduction


Iris W. Davis
Section Chief
Risk Reduction and Enforcement

Attachment: Remedial System Audit Inspection Sheet

cc (w/o Attachment):

City Malden, Honorable Richard Howard (Mayor), mayor@cityofmalden.org

City of Malden Board of Health, Christopher Webb (Director of Public Health),
boh@cityofmalden.org

Michael Lotti (LSP-of-Record), m.lotti@iesionline.com

Data Entry: RAM (SNAUDI-10/25/2011), AUDCOM (NAFNVD)



BWSC/NERO

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Waste Site Cleanup

REMEDIAL SYSTEM INSPECTION FORM

RELEASE TRACKING NUMBER

RTN 3-0000362

DATE OF INSPECTION

10/25/2011

A. GENERAL INFORMATION

Town: Malden	MCP action under which remediation conducted:
Address: 100 Commercial Street	<input type="checkbox"/> IRA <input checked="" type="checkbox"/> RAM <input type="checkbox"/> Phase IV
Related RTN(s):	<input type="checkbox"/> Phase V <input type="checkbox"/> ROS <input checked="" type="checkbox"/> Class C RAO
PRP/Person Conducting Work: Mass Electric Company d/b/a National Grid 40 Sylvan Road Address: Waltham, MA 02451	Does the site have a Tier I Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LSP: Michael Lotti	Check if Remedial System(s) at site is addressing:
Contact person: Michael Lotti Phone: 774-270-0834	<input type="checkbox"/> An Imminent Hazard
DEP Staff Conducting Inspection: Cahill	<input type="checkbox"/> A Condition of Substantial Release Migration
	<input type="checkbox"/> Critical Exposure Pathway
	<input type="checkbox"/> Migration to public water supply

B. TYPE OF REMEDIAL SYSTEM

Recovery/treatment system (check all that apply):	Effluent/Discharge (check all that apply)
<input type="checkbox"/> NAPL recovery	<input type="checkbox"/> Sanitary Sewer/POTW
<input type="checkbox"/> Groundwater recovery	<input type="checkbox"/> Surface water (including storm drains)
<input checked="" type="checkbox"/> Soil Vapor Extraction/bioventing	<input type="checkbox"/> Upgradient groundwater re-infiltration
<input type="checkbox"/> Dual/Multi-Phase Extraction	<input type="checkbox"/> Downgradient groundwater re-infiltration
<input type="checkbox"/> Application of Remedial Additives (Type & Amount) _____	<input checked="" type="checkbox"/> Vapor phase discharge to ambient air
	<input checked="" type="checkbox"/> off-gas controls <input type="checkbox"/> no off-gas controls
	<input type="checkbox"/> Drinking water supply
Mode(s) of Operation: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Pulsed	<input type="checkbox"/> Other:
SENSITIVE RECEPTORS: (CHECK IF APPLICABLE)	MORE THAN ONE SYSTEM SITE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> WATER SUPPLY	IF "YES" IS CHECKED, COMPLETE ONE FORM FOR EACH SYSTEM
<input type="checkbox"/> WETLAND	
<input type="checkbox"/> RESIDENCE	
<input type="checkbox"/> SCHOOL	
<input type="checkbox"/> DAYCARE	
<input checked="" type="checkbox"/> INDOOR AIR	
<input type="checkbox"/> PLAYGROUND	
<input type="checkbox"/> INSTITUTION	
<input type="checkbox"/> ENVIRONMENTAL JUSTICE	

C. EFFLUENT/DISCHARGE REGULATION - Indicate how the effluent/discharge limits were established

<input type="checkbox"/> NPDES EXCLUSION OR PERMIT	<input checked="" type="checkbox"/> MCP PERFORMANCE STANDARD	<input type="checkbox"/> DEP APPROVAL LETTER	<input type="checkbox"/> OTHER
Date of <input type="checkbox"/> Exclusion <input type="checkbox"/> Permit:	MCP citation(s): 310 CMR 40.0049	Date of Approval Letter(s)	Explanation:

D. INSPECTION OF RELEASE PREVENTION SYSTEMS [310 CMR 40.0041]

N/A ☒

Release Prevention Elements [40.0041(7)]	Applicable	Present	Not Present	Not Working
a Automatic high water/product shut-off switch(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Automatic pressure shut-off switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Data Collection Devices (flow meters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Process & Instrumentation Diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Systems to contain fugitive vapors (i.e. treatment works sealed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Systems to prevent damage by freezing, heat, vehicles or vandals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Procedures/equipment to identify and communicate malfunctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Posted name & telephone number of contact person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Log Book [40.0041(6)(d)] Log Book in secure building on-site? ☐ Yes ☐ No Log Book information current? ☐ Yes ☐ NoWaste Water Treatment
Plant Operator [40.0041(9)]

Name:

N/A

Grade:

License No.

☐ Not Applicable/Not Required

E. INSPECTION OF REMEDIAL SYSTEMS (check/fill in all that is applicable)									
Were all systems functional during time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No:									
NAPL	<input type="checkbox"/> Gasoline <input type="checkbox"/> #2/Diesel <input type="checkbox"/> #6 Fuel <input type="checkbox"/> Other(s):					Holding/Storage Tank Capacity: <u>N/A</u>			
	<input type="checkbox"/> Plate Separator <input type="checkbox"/> Drum (capacity) <u>N/A</u>					Passive Recovery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
GW P&T	No. POINTS	MEASUREMENT POINT	FLOWRATE (UNITS)	PRESSURE (UNITS)	VACUUM (UNITS)	GRANULAR ACTIVATED CARBON TREATMENT			
							VAPOR PHASE GAC		AQUEOUS PHASE GAC
							Air Strip	SVE/MPE	
						Pounds/Unit		<u>2.00</u>	
						#Units in Series		<u>2</u>	
						Total Units		<u>2</u>	
						Last Changed		<u>4/2008</u>	
MPE	SVE	3/5	5 horizontal legs beneath a slab no instruments available to take system readings			CATALYTIC OXIDATION TREATMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						SYSTEM RECOVERY TOTALS			
Sparging						NAPL Recovered, gal	/		
						GW Recovered, gal			
						Sludge/Solids, Pounds			
						Spent Carbon, Pounds			
						Other: _____			

F. INFLUENT/EFFLUENT/DISCHARGE CONCENTRATIONS (Check if split sample taken for lab analysis)									
MEDIA	CONTAMINANT AND/OR MEASUREMENT PARAMETER	TESTING METHOD ¹	CONCENTRATION			PERMISS DISCHARGE CONC. ²	CONC. UNITS ³	WITHIN PERMIT LIMITS? (Y/N)	
			INFLUENT	MID	DISCHARGE				
Vapor	TVOCs	PID	0.0		0.0			Y	
PID Screening	Instrument: Mini Rae 2000		Lamp 10.6 eV		Calibrated to Benzene Response? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Calibration Check Information	Date: 10/25/11	Time: 10:00 AM	Staff: TB	Calibration Gas: isobutylene				
		Test Gas Concentration, ppmv: <u>53.0</u>				PID Reading, ppmv: <u>54.0</u>			
NOTES: 1 Indicate EPA Method or Screening Technique or PID/FID Screening 2 Indicate concentration permitted in discharge permit, MCP, and/or DEP approval letter, as appropriate. For point source air emissions, default MCP requirement is 95% removal between influent and effluent, or removal to background. 3 Indicate mg/L or µg/L for water; and either mg/m ³ or µg/m ³ , or ppmv or ppbv for air/vapor measurements									

G. VIOLATION(S) OBSERVED: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possible	
If yes, list violation(s):	
- regenerative blower → KO drum → two 200 lb GAC → discharge above building roofline - KO drum does not collect anything - no pressure field monitoring points. Indoor air sampling conducted annually, usually towards end of winter. - most recent 4/2008	
<input type="checkbox"/> Check here if additional information/data/maps/sketches are attached to this form	