



2 Clerico Lane
P.O. Box 1079
Belle Mead, NJ 08502-1079

Engineering: 908/359-5501
Construction: 908/359-0070
Fax: 908/359-8286

December 4, 1997

Ms. Olga Vergara, Environmental Protection Specialist
Municipal Assistance Unit
United States Environmental Protection Agency
Region 1
John F. Kennedy Federal Building
Boston, Massachusetts 02203-0001

HAND DELIVERED

**RE: NPDES Application No. MA0039853
Wayland Business Center, former Raytheon Wayland Site)**

Dear Ms. Vergara:

Enclosed please find the revised Forms 1 and 2C for a National Pollutant Discharge Elimination System (NPDES) permit. These revised application forms address the two items that you noted in your correspondence of November 26, 1996.

Thank you for your assistance in this matter. Should you have any questions, please feel free to give me a call.

Sincerely

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the end, positioned over the typed name and title.

Philip G. Sudol
Vice President

PGS:ms

Enclosure

EXHIBIT 23

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	A.I.D. NUMBER F 1 2 3 4 5
LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
I. EPA I.D. NUMBER			
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X	X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 **WAYLAND BUSINESS CENTER LLC**

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.)

2 **SUDOL PHILIP G VICE PRESIDENT** 908 359 5501

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 **P.O. BOX 1079**

B. CITY OR TOWN C. STATE D. ZIP CODE

4 **BELLE MEAD** NJ 08502

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 **430 BOSTON POST**

B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)

MIDDLESEX **WAYLAND** MA 01778

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	7	3	8	7	7	3	7
Miscellaneous Business Services				Computer Processing			
C. THIRD				D. FOURTH			
7	8	7	4	7			
Management Services							

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in item VIII-A also the owner?	
8 WAYLAND BUSINESS CENTER LLC						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	6	1	7	4
S = STATE	O = OTHER (specify)			9	4	1	1
P = PRIVATE							

E. STREET OR P.O. BOX					
ONE MEMORIAL DRIVE					

F. CITY OR TOWN			G. STATE	H. ZIP CODE	IX. INDIAN LAND	
B CAMBRIDGE			MA	02142	Is the facility located on Indian lands?	
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)			D. PSD (Air Emissions from Proposed Sources)		
9	N		9	P	
B. UIC (Underground Injection of Fluids)			E. OTHER (specify)		
9	U				
C. RCRA (Hazardous Wastes)			E. OTHER (specify)		
9	R				

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The existing facility which was owned and operated by Ratheon Company will be converted into a 430,000 square foot office building. No manufacturing or hard R & D will be conducted on the site.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Wayland Business Center LLC manager By Congress Group Ventures, Inc. By Dana F. Stroutsky, President				12/5/97	

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY					
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FORM 26 NPOES



U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Table with columns: A. OUTFALL NUMBER (list), B. LATITUDE (1. DEG., 2. MIN., 3. SEC.), C. LONGITUDE (1. DEG., 2. MIN., 3. SEC.), D. RECEIVING WATER (name). Row 1: 005, 71, 22, 17, 42, 21, 15, Sudbury River.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Table with columns: 1. OUTFALL NO (list), 2. OPERATION(S) CONTRIBUTING FLOW (a. OPERATION (list), b. AVERAGE FLOW (include units)), 3. TREATMENT (a. DESCRIPTION), 4. LIST CODES FOR TABLE 2C-1. Row 1: 005, Sanitary Wastewater, 52,000 G.P.D., Grinding - Activated, Sludge - Multimedia, Filtration - Disinfection (UV), 1-L 3A, 1-Q 2H, 4-A.

OFFICIAL USE ONLY (effluent guidelines sub-categories)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
 YES (complete the following table) NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				5. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	6. FLOW RATE (in mgd)		7. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
 YES (complete Item III-B) NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
 YES (complete Item III-C) NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
 YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECT

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual/planned schedules for construction. MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or not discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Table 2c-3 of the instructions a substance or a component of a substance which you purchase, use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (check item VI.B)

NONE

VII. BIOLOGICAL TOXICITY TESTING

Do you have any knowledge or reason to believe that a biological test for acute or chronic toxicity has been conducted on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (Identify the test(s) and describe their purposes below)

NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

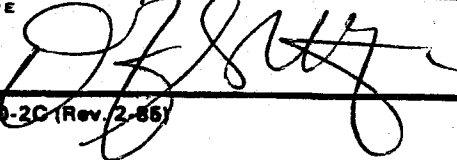
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that 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 and those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<p>A. NAME & OFFICIAL TITLE (type or print) Wayland Business Center LLC By Congress Group Ventures, Manager By Dean F. Stratouly, President</p>	<p>B. PHONE NO. (area code & no.) (617) 494-1111</p>
<p>C. SIGNATURE </p>	<p>D. DATE SIGNED 12/5/97</p>

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

OUTFALL NO

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT		3. EFFLUENT		4. INTAKE (optional)		5. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	(2) MASS	c. CONCENTRATION	d. MASS	
a. Biochemical Oxygen Demand (BOD)	50	30	30	30	mg/l		
b. Chemical Oxygen Demand (COD)	80	60	60	60	mg/l		
c. Total Organic Carbon (TOC)	20	20	10	10	mg/l		
d. Total Suspended Solids (TSS)	50	30	30	30	mg/l		
e. Ammonia (as N)	20	10	10	10	mg/l		
f. Flow	52,000 GPD		52,000		GPD		
g. Temperature (winter)	8		8		°C		
h. Temperature (summer)					°C		
i. pH	6.5	8.0	6.5	8.0	STANDARD UNITS		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you do not mark column 2-a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAP NO. (if applicable)	2. MARK 'X'	3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
		a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. CONCENTRATION	d. MASS	c. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS
a. Bromide (12-000-07-9)							
b. Chlorine, Total Residual	X						
c. Coliform	X						
d. Fecal Coliform	X	400	200				Col / 100 ml
e. Fluoride (1000-48-6)							
f. Nitrate-Nitrite (as N)							

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. 24-Hour Average b. 1-Month Average	3. EFFLUENT		4. UNITS		5. INTAKE (optional)		6. NO. OF ANALYSES
		7. MAXIMUM DAILY VALUE (mg/l)	8. MAXIMUM 3-DAY VALUE (mg/l)	9. CONCENTRATION	D. MASS	CONCENTRATION	AVERAGE VALUE (1) MASS	
g. Nitrogen, Total Organic (as N)								
h. Oil and Grease								
i. Phosphorus (as P), Total (7439-99-7)								
j. Potassium								
k. Ammonia, Total (7806-11-8)								
(2) Benzene, Total								
(3) Redium, Total								
(4) Redium, 226, Total								
l. Sulfate (as SO ₄) (14808-79-8)								
m. Sulfide (as S)								
n. Sulfate (as SO ₄) (14808-79-8)								
o. Sulfuric acid								
p. Aluminum, Total (7429-90-4)								
q. Barium, Total (7440-39-3)								
r. Boron, Total (7440-41-9)								
s. Cadmium, Total (7440-48-4)								
t. Chromium, Total (7440-47-3)								
u. Iron, Total (7439-89-7)								
v. Manganese, Total (7439-96-4)								
w. Molybdenum, Total (7439-96-7)								
x. Magnesium, Total (7439-96-4)								
y. Tin, Total (7440-31-8)								
z. Titanium, Total (7440-32-6)								

EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT NUMBER (if available)	2. MARK 'X'			3. EFFLUENT			4. UNITS			5. INTAKE (optional)	
	A. TEST AND EQUIP. NO.	B. TEST RECEIVED DATE	C. DE-CONTAMINATED	A. MAXIMUM DAILY VALUE (1) CONCENTRATION	B. MAXIMUM 30 DAY VALUE (2) CONCENTRATION	C. LONG TERM AVG VALUE (3) CONCENTRATION	D. CONCEN-TRATION	E. MASS	A. ANAL. YSES	B. TERM TREATING	D. NO. OF ANAL. YSES
METALS, CYANIDE, AND TOTAL PHENOLS											
1M. Antimony, Total (7440-36-0)											
2M. Arsenic, Total (7440-38-2)											
3M. Beryllium, Total (7440-41-7)											
4M. Cadmium, Total (7440-43-9)											
5M. Chromium, Total (7440-47-3)											
6M. Copper, Total (7440-50-9)											
7M. Lead, Total (7440-50-9)											
8M. Mercury, Total (7440-57-8)											
9M. Nickel, Total (7440-02-0)											
10M. Selenium, Total (7782-49-2)											
11M. Silver, Total (7440-22-4)											
12M. Thallium, Total (7440-28-0)											
13M. Zinc, Total (7440-66-6)											
14M. Cyanide, Total (57-12-6)											
15M. Phenols, Total											
DIOXIN											
2,3,7,8-Tetra-chlorodibenzo-p-											

DESCRIBE RESULTS

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)			
	A. TEST EQUIP. SENT	B. SE. PREP. SENT	A. MAXIMUM DAILY VALUE (1) CONCENTRATION	B. MAXIMUM 30 DAY VALUE (2) MASS	C. LONG TERM AVERAGE VALUE (1) CONCENTRATION	D. NO. OF ANAL. YES	E. CONCENTRATION	F. MASS	G. LONG TERM AVERAGE VALUE (1) CONCENTRATION	H. NO. OF ANAL. YES
GC/MS FRACTION - VOLATILE COMPOUNDS										
1V. Acrolein (107-02-8)										
2V. Acrylonitrile (107-13-1)										
3V. Benzene (71-43-2)										
4V. Bis (Chloromethyl) Ether (56-57-1)										
5V. Bromoform (75-26-2)										
6V. Carbon Tetrachloride (56-23-5)										
7V. Chlorobenzene (108-90-7)										
8V. Chlorodibromomethane (124-48-1)										
9V. Chloroethane (78-00-3)										
10V. 2-Chloroethylvinyl Ether (110-78-8)										
11V. Chloroform (67-66-3)										
12V. Dichlorobromomethane (77-4)										
13V. Dichlorodifluoromethane (75-71-8)										
14V. 1,1-Dichloroethane (78-34-3)										
15V. 1,2-Dichloroethane (107-06-2)										
16V. 1,1-Dichloroethylene (75-35-4)										
17V. 1,2-Dichloropropene (78-87-5)										
18V. 1,3-Dichloropropene (542-75-8)										
19V. Ethylbenzene (100-41-4)										
20V. Methyl Bromide (74-83-9)										

EPA I.D. NUMBER (copy from Item 1 of Form 1) OUTFALL NUMBER

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (if applicable)	
	TEST NO.	CONC. (ppm)	(1) CONCENTRATION	(2) MASS	B. CONCENTRATION	D. MASS	A. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	B. NO. OF ANALYSES
GC/MS FRACTION -- PESTICIDES (continued)								
17P. Heptachlor Epoxide (1024-67-3)								
18P. PCB-1242 (63468-21-9)								
19P. PCB-1264 (11097-68-1)								
20P. PCB-1221 (11104-26-2)								
21P. PCB-1232 (11141-16-6)								
22P. PCB-1248 (12672-28-6)								
23P. PCB-1260 (11096-82-6)								
24P. PCB-1016 (12674-11-2)								
25P. Toxaphene (8001-36-2)								