MAR043002 AH

Hand-enter Your Transmittal Number

W 040896
Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.stm 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

For DEP Use Only
Permit No.
Rec'd Date
Reviewer

A. Permit Information

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit
Name of Permit Category

Discharge from Municipal MS4
Type of Project or Activity

B. Applicant Information – Firm or Individual

ENRM VA Hospital
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

200 Springs Road
Street Address

Bedford | MA | 01730 | 781-687-2714
City/Town | State | Zip Code | Telephone # and extension

Dan Mozell
Contact Person

daniel.mozell2@med.va.gov
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

ENRM VA Hospital
Name of Facility, Site or Individual

DEP Facility Number (if Known) | Federal I.D. Number (if Known)

200 Springs Road
Street Address

e-mail address (optional)

Bedford | MA | 01730 | 781-687-2714
City/Town | State | Zip Code | Telephone # and extension

D. Application Prepared by (if different from Section B)

Web Engineering Associates, Inc.
Name of Firm Or Individual

104 Longwater Drive
Address

Norwell | MA | 02061 | 781-878-7766
City/Town | State | Zip Code | Telephone # and extension

Jeff Riotte
Contact Person

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA file number

Is an Environmental Impact Report Required? ☐ yes ☒ no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☒ no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted

JUL 29 2003
MUNICIPAL ASSISTANCE UNIT

F. Amount Due

Special Provisions:

- ☐ Fee Exempt* (city, town or municipal housing authority)(state agency if fee is $100 or less)
- ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
- ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

2278 | $80. | 7/28/03
Check Number | Dollar Amount | Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W040896
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

—
Facility ID (if known)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

ENRM VA HOSPITAL
Name

200 SPRINGS ROAD
Mailing Address

BEDFORD — MA 01730
City/Town — State

781-687-2714 —
Telephone Number — Email (if available)

2. Municipality Name

ENRM VA HOSPITAL in BEDFORD, MASSACHUSETTS
City/Town

3. Legal Status:

☒ Federal ☐ City/Town ☐ State ☐ Tribal ☐ Private

☐ Other public entity: _____
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

—

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

☐ yes ☒ pending ☐ no

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

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BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

☐ yes ☒ pending ☐ no

Note: Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water: Name	No. of Outfalls Number	Listed as Impaired?	Impairment Specify
UN-NAMED TRIBUTARIES TO SPRING BROOK	19	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
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		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W040896
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education: SEE ATTACHMENT

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

2. Public Participation:

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W040896
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination: SEE ATTACHMENT

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W040896
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control: SEE ATTACHMENT

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

6. Municipal Good Housekeeping:

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

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Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #

Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W040896
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BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: SEE ATTACHMENT

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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

for WILLIAM A. CONTE, DIRECTOR
Printed Name

Signature

Date 7/28/03

BRP WM 08A (SUB-PART D)
STORM WATER MANAGEMENT PROGRAM SUMMARY

BEST MANAGEMENT PRACTICES, DESIGNATIONS AND MEASUREABLE GOALS

For all of the following BMPs and Goals, the designated Dept./Person is:
Facility Management

Public Education

BMP #1- Research basic Hospital practices that are likely to negatively impact storm water. Research land uses susceptible for releasing pollutants, maintenance practices or lack thereof, and any other Hospital activity that has an impact on storm water loadings.
Goal: Status Report on Hospital Practices

BMP #2- Distribute Fact Sheet on storm water (available from EPA or Massachusetts DEP).
Goal: 300 Fact Sheets distributed to Hospital employees.

BMP #3- Research, write, and distribute flyer targeting the Hospital's highest priority storm water problem.
Goal: Distribute flyer to all impacted employees.

BMP #4- Develop "Clean the Hospital Grounds Day"
Goal: Schedule and Conduct "Clean the Hospital Grounds Day"

BMP #5- Research, write, and distribute flyer targeting the Hospital's 2nd highest priority storm water problem
Goal: Distribute flyer to all impacted employees.

BMP #6- Plan a public meeting to discuss programs, issues, existing and future plans impacting the Hospital employees and the public.
Goal: Conduct the Public Meeting

Public Involvement/Participation

BMP #7- Interview Hospital employees involving their concerns relating to storm water and water quality issues.
Goal: Produce report on employee views after conducting a minimum of 50 interviews.

BMP #8- Based upon employee and any public citizen concerns identified in BMPs 1-7, form a volunteer Task Force to help address specific concerns on storm water/water quality enumerated.

Goal: Organize and establish the Hospital Volunteer Task Force on storm water.

BMP #9- Organize through the volunteer Task Force a Public Meeting to provide a forum for identifying any additional storm water/water quality issues as expressed by the public.
Goal: Hold at least one Task Force public meeting.

BMP #10- Develop a plan of action through Task Force input to address public concerns regarding storm water.
Goal: Carry out at least 2 clean up efforts or public awareness projects from the "plan of action" per BMP #10.

BMP #11- Assess progress and future steps, if necessary for storm water/water quality improvement.
Goal: Conduct a minimum of 2 Task Force meetings to address progress and next steps.

Illicit Discharge Detection & Elimination

BMP #12- Conduct dry weather flow evaluations (e.g. are they present?)
Goal: Issue report on results of dry weather flow survey.

BMP #13- Verify existing outfall map as accurate.
Goal: If necessary, produce an updated accurate outfall map

BMP #14- Verify any Federal or specific Hospital regulations that deal with discharges and enforcement capabilities.
Goal: Issue letter report on findings regarding existing enforcement capabilities.

BMP #15- Conduct dye testing to determine sources of illicit discharges (if present).
Goal: Conduct at least 5 dye testing efforts or water quality sampling efforts to help identify potential illicit discharges.

BMP #16- Evaluate the potential for storm water impacts from the Golf Course
Goal: Sample golf Course outfalls for bacteria and pesticides.

BMP #17- Prioritize and eliminate illicit discharges.
Goal: Implement the removal of at least 2 illicit discharges per year for years 4 and 5 of Permit.

Construction Site Storm Water Run-off Control

BMP #18- Verify any policy guidelines and regulations that the Hospital has currently available to address erosion and sedimentation, oversight and review capabilities, and enforcement.
Goal: Document a comprehensive list of current Hospital erosion and sedimentation controls (ESCs) along with Site Plan Review capabilities and enforcement.

BMP #19- Identify an industry wide list of erosion and sedimentation controls for construction which may prove useful to the Hospital and codify into Hospital rules and regulations.
Goal: Select up to 10 construction oriented procedures to lessen storm water impacts for inclusion in Hospital construction regulations/procedures.

Post Construction Storm Water Management

BMP #20- Review Hospital procedures/regulations and industry guidance documents that support long term options for contractors to maintain storm water on site.
Goal: Produce document identifying up to 10 new actions or contractor options to help maintain storm water on site rather than discharge into the sewer system.

BMP #21- Review the Hospital Master Plan for long term maintenance of buffer zones along tributaries and open space.
Goal: Modify the Master Plan where necessary to preserve buffer zones or add zones to lower erosion and sedimentation and improve water quality levels for turbidity and bacteria in Spring Brook.

BMP #22- Conduct a catch basin sampling program for the most urbanized areas of the Hospital and identify top three pollutants.
Goal: Develop and implement up to 5 structural or non-structural controls to lower pollutant levels in receiving waters.

Pollution Prevention/Good Housekeeping

BMP #23- Assess and define potential housekeeping/pollution prevention needs. Examine: street/parking lot sweeping procedures, flood control, vehicle maintenance areas, waste disposal, recycling, and sewer maintenance.
Goal: Produce report on highest priority problem areas impacting storm water.

BMP #24- Develop Operation and Maintenance Program for identified housekeeping needs
Goal: Produce an Operations and Maintenance Manual with schedules for good housekeeping, pollution prevention, and corresponding procedures to follow.

BMP #25- Develop a Hospital personnel training program for identified problem areas.
Goal: Train all appropriate Hospital employees impacted by O & M modifications

BMPs for TMDL (pathogens contributing to the Shawsheen River)

BMP #26- Sample key urban catch basins for coliform as well as outfalls at the Golf Course to determine if the Hospital is a contributor to the pathogen loadings of the River Basin.
Goal: Sample up to 10 points for coliform to determine if this pollutant is of concern regarding the Hospital.

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

F. Storm Water Management Program TIME FRAMES

Transmittal Number W040896

Facility ID (if known) VA HOSPITAL BEDFORD, MA

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	SPRING ~~Next Permit~~ 08
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