MAR042013 SP-9

Hand-enter Your Transmittal Number

W 041205
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

Stormwater Phase II
Name of Permit Category

5 Year Permit
Type of Project or Activity

AUG 0 4 2004
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information – Firm or Individual

Department of Correction
Name of Firm - Or, if party needing this approval is an individual enter name below:

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

50 Maple Street
Street Address

Milford | MA | 01757 | 508 422-3368
City/Town | State | Zip Code | Telephone # and extension

Jeffrey J. Quick, A.I.A.
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Bridgewater Correctional Complex
Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

10 Administration Road
Street Address | e-mail address (optional)

Bridgewater | MA | 02324
City/Town | State | Zip Code | Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town | State | Zip Code | Telephone # and extension

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

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

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

W 041205
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:

   Department of Correction
   Name

   50 Maple Street
   Mailing Address

   Milford — City/Town
   MA — State

   508 422-3300 — Telephone Number
   Email (if available)

2. Municipality Name

   Bridgewater Correctional Complex, Administration Road, Bridgewater
   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:

   NA This NOI is for a Correctional Institution and not a municipality

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

AUG 0 4 2003

MUNICIPAL ASSISTANCE UNIT

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:	No. of Outfalls	Listed as Impaired?	Impairment
Veg. Drainage Swales (Name)	9 (Number)	☐ Yes ☒ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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)

W 041205
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1	Publicize/Present SWProgram	DOC/DRM	Publicize and Present Progrm
2	Distribute Printed Materials	DOC/DRM	Prepare, Distribute Brochures
3	Intranet Site Postings	DOC/DRM	Create and Post Materials
4	Stenciling	DOC/DRM	Goal 20% CB stenciled annual

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5	Form Stormwater Committee	DOC/DRM	Form Comm. Meet, Document
6	Provide Oppor. Staff Input	DOC/DRM	Solicit Input, Implement Ideas

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)

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7	Map Drain System	DOC/DRM	Complete Mapping
8	Dry/Wet Weather Surveys	DOC/DRM	Document and Prioritize
9	Correct Problem	DOC/DRM	Make Repairs and Document
10	Policy for Enforcement	DOC/DRM	Prepare Policy/ Periodic Reviw

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
11	Construction Mangement	DOC/DRM	As necessary (see BMP)

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
12	Post Construction Activities	DOC/DRM	Annual Inspect. and Repairs

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
13	Develop O&M Plan	DOC/DRM	Complete in first year of permit
14	Execute O&M Plan	DOC/DRM	Complete in year 2 of permit
15	Long Term Planning	DOC/DRM	Reevaluate in years 4 and 5

Massachusetts Department of Environmental Protection
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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

NA
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.

JEFFREY J. QUICK, AIA - DIRECTOR
Printed Name

Signature

07/30/03
Date

NPDES Stormwater Phase II – Guidance for Meeting Endangered Species Eligibility

Verified United States Fish and Wildlife Service (US FWS) and/or National Marine Fisheries

Both of these sources identified both the short –nose sturgeon and dwarf wedge mussels as being specifically identified as needing protection. These two species are specifically found in a marine habitat.

None of the prisons managed by the Department of Correction have discharges which directly enter coastal waters, or enter fresh water wetlands or water bodies that directly discharge into coastal water.

According to the USFWS the entire list of protected (listed as threatened or endangered) are listed below.

Massachusetts -- 24 listings **Status** **E – Endangered T Threatened**

Animals -- 21

Status **E – Endangered T Threatened**

E Beetle, American burying (_Nicrophorus americanus)
T Eagle, bald (lower 48 States) (_Haliaeetus leucocephalus)
T Plover, piping (except Great Lakes watershed) (_Charadrius melodus)
E Puma (=cougar), eastern (_Puma (=Felis) concolor couguar)
E Sea turtle, hawksbill (_Eretmochelys imbricata)
E Sea turtle, Kemp's ridley (_Lepidochelys kempii)
E Sea turtle, leatherback (_Dermochelys coriacea)
T Sea turtle, loggerhead (_Caretta caretta)
E Sturgeon, shortnose (_Acipenser brevirostrum)
E Tern, roseate (northeast U.S. nesting pop.) (_Sterna dougallii dougallii)
T Tiger beetle, northeastern beach (_Cicindela dorsalis dorsalis)
T Tiger beetle, Puritan (_Cicindela puritana)
T Turtle, bog (=Muhlenberg) (northern) (_Clemmys muhlenbergii)
E Turtle, Plymouth redbelly (_Pseudemys rubriventris bangsi)
E Wedgemussel, dwarf (_Alasmidonta heterodon)
E Whale, blue (_Balaenoptera musculus)
E Whale, finback (_Balaenoptera physalus)
E Whale, humpback (_Megaptera novaeangliae)
E Whale, right (_Balaena glacialis (incl. australis))
E Whale, Sei (_Balaenoptera borealis)
T Wolf, gray Eastern Distinct Population Segment (_Canis lupus)

Plants -- 3

E Gerardia, sandplain (_Agalinis acuta)
T Pogonia, small whorled (_Isotria medeoloides)
E Bulrush, Northeastern (_Scirpus ancistrochaetus)

Sources for preparation of this Notice of Intent

Department of Environmental Protection Home page for Stormwater

http://www.state.ma.us/dep/brp/stormwtr/stormhom.htm

Link to DEP website Stormwater Management Information

http://www.state.ma.us/dep/brp/stormwtr/stormpub.htm

STORM WATER MANAGEMENT PROGRAM SUMMARY

MA Transmittal No. W041205 Name: Bridgewater

EPA No. Date: 07/28/03

BMP ID	BMP	Responsible Dept./Person	Measurable Goal
	Minimum Control Measure 1: Public Education		
1	Publicize the Stormwater Program	Division of Resource Management	Present to the management and staff (including administrative, maintenance and correctional staff) at various meetings the DOC's Comprehensive Stormwater Management Program. Goal -Present program, track attendees, meetings, information covered, and solicit feedback.
2	Distribute printed materials	Division of Resource Management	Distribute EPA and other relevant educational brochures to targeted audiences (DOC staff). Distribution points include staff rooms, meeting rooms and other common places. Goal - prepare and distribute brochures, conduct awareness training and solicit feedback.
3	Create Intranet Materials and Post	Division of Resource Management	Post links to DOC's Stormwater Management program, stormwater BMPs and other water quality education resources, including the EPA and DEP informational links on its Intranet Website. Goal - Post on Intranet and periodically update.
4	Storm drain stenciling	Division of Resource Management	Stenciling will be completed at all catch basins except where in conflict with security. Goal - Annually identify 20% of the catch basins and complete stenciling. Conduct periodic inspections and provide information on stenciling program as required.

STORM WATER MANAGEMENT PROGRAM SUMMARY

MA Transmittal No. W041205 Name: Bridgewater

EPA No. Date: 07/28/03

BMP ID	BMP	Responsible Dept./Person	Measurable Goal
	Minimum Control Measure 2: Public Participation		
5	Form a Stormwater Committee / Work Group	Division of Resource Management	Form a Department-wide committee for input to this program. Goal : Form Committee and meet every six months.
6	Provide opportunity for staff input.	Division of Resource Management	Include announcements on Intranet, solicit ideas by way of a "suggestion box," include notices with paychecks and post notices in meeting rooms. Goal- Create multiple means of soliciting feedback from DOC staff. Discuss ideas in Stormwater Committee and implement as necessary.
BMP ID	**BMP**	**Responsible Dept./Person**	**Measurable Goal**
	Minimum Control Measure 3:Illict Discharge Detection and Elimination		
7	Complete Mapping	Division of Resource Management	Map all outfalls and receiving bodies of water. Goal - Complete mapping of all DOC facilities and prepare plans of drainage infrastructure. Complete mapping within first year of permit.
8	Conduct Dry Weather and Wet Weather Surveys	Division of Resource Management	Conduct Survey of illicit discharges. Goal - To be conducted in years 2 and 3 of permit.
9	Correct Problem	Division of Resource Management	Procure funding and make necessary repairs within 1 year of finding deficiency. Goal - Remedy within one year.
10	Develop Policy for Enforcement	Division of Resource Management	Prepare internal policy for enforcement of illicit discharges. Goal Prepare policy. To be reviewed and amended as needed annually after first year of permit.

STORM WATER MANAGEMENT PROGRAM SUMMARY

MA Transmittal No. W041205 Name: Bridgewater

EPA No. Date: 07/28/03

BMP ID	BMP	Responsible Dept./Person	Measurable Goal
	Minimum Control Measure 4: Construction Site Runoff Control		
11	Storm water management regulations for construction sites, (as required) sites, for disturbed areas of 1 acre or larger.	Division of Resource Management	No construction project with an area of greater than one acre is anticipated within the next five years. DOC will continue to adhere to applicable regulations administered by the local conservation commissions and the DEP. Goal - Ensure any proposed work is in compliance with regulations. Monitor as necessary.
BMP ID	**BMP**	**Responsible Dept./Person**	**Measurable Goal**
	Minimum Control Measure 5: Post Construction Runoff Control		
12	Require post-construction run-off controls. Review existing storm drainage infrastructure.	Division of Resource Management	Formalize a program to inspect existing catch basins and other drainage infrastructure. The program will include a systematic review of drains, prioritization of repairs and improvements as required. Goal - Conduct inspections of existing catch basins and drainage structures on an annual basis. Make repairs in a timely manner.
	Minimum Control Measure 6: Municipal Good Housekeeping		
13	Develop an Operations and Maintenance Plan	Division of Resource Management	Using guidelines, regulations and recommendations from DEP and EPA sources. Develop an operations and maintenance plan to include proper disposal of street sweepings, catch basin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials. Goal - To be completed in first year of program. Periodic review and update as needed.
14	Execution of Operations and Maintenance Plan	Division of Resource Management	Execute O & M Plan. Goal - Start implementing in year 2 of Permit
15	Identify applicable, structural and non-structural long-term run-off control strategies BMPs	Division of Resource Management	Facility will review and implement necessary recommendations to maintain compliance with the Stormwater Management Plan. Goal - Conduct reviews in years four and five and implement changes as necessary.

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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W 041205

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	**Spring 03**	**Sum 03**	**Fall 03**	**Winter 03-04**	**Spring 04**	**Sum 04**	**Fall 04**	**Winter 04-05**	**Spring 05**	**Sum 05**	**Fall 05**	**Winter 05-06**	**Spring 06**	**Sum 06**	**Fall 06**	**Winter 06-07**	**Spring 07**	**Sum 07**	**Fall 07**	**Winter 07-08**	**Next Permit**
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9			As required				As required				As required				As required				As required		
10																					
11				As required				As required				As required				As required				As required	
12																					
13																					
14																					
15																					