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The Commonwealth of Massachusetts

Executive Office for Administration and Finance
Division of Capital Asset Management
One Ashburton Place
Boston, Massachusetts 02108
Tel: (617) 727-4050
Fax: (617) 727-5363

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

ERIC A. KRISS
SECRETARY, ADMINISTRATION & FINANCE

DAVID B. PERINI
COMMISSIONER

July 28, 2003

United States Environmental Protection Agency
Municipal Assistance Unit (CMU)
One Congress Street, Suite 1100
Boston, MA 02114-2023

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT

Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608

Massachusetts Department of Environmental Protection
PO Box 4062
Boston, MA 02211

RE: Request for Permit Coverage: July 2003
National Pollutant Elimination Discharge System (NPDES) General Permit for Storm Water Discharges from a Small Municipal Separate Storm Sewer System (MS4)
Division of Capital Asset Management (DCAM) Surplus Properties
Foxborough Hospital NOI Letter

To Whom It May Concern:

In order to comply with the NPDES Phase II Storm Water regulations, the Division of Capital Asset Management (DCAM) enlisted the services of Malcolm Pirnie, Inc. (MPI) to conduct site assessments at selected DCAM surplus properties to assess each property's potential for storm water pollution and to gather information. Based on the assessment of each property, and review of the final Phase II NPDES storm water permit requirements, a preliminary determination was made whether a property should submit a Notice of Intent (NOI) or waiver letter. This letter concerns the Foxborough State Hospital (Property) located in Foxboro, Massachusetts. Based on an assessment completed by MPI, and review by DCAM, it was concluded that the Phase II NPDES storm water requirements should apply to this site. Thus this letter that includes the NOI

and Transmittal Form for Permit Application and Payment is submitted for your consideration. The site assessment letter report is attached as Appendix A to provide information justifying the necessity of the permit request.

The following information has been completed for the NOI:

- Section B: Applicant information
- Section C: Names of presently known receiving waters
- Section D: Storm water management summary
- Section E: Certification
- Section F: Storm water management program time frames

In addition, the eligibility criteria status for "listed species" and historic properties has been checked on the NOI. Section B, Item 5 of the NOI has been checked as "yes" for "listed species" and critical habitat because a formal letter (Appendix A, Attachment D) received from the Massachusetts Natural Heritage and Endangered Species Program (NHESP) does not state that species listed by the U.S. Fish and Wildlife and the EPA exist within the vicinity of the Property. Section B, Item 6 of the NOI has been checked as "pending" for historic properties because the Massachusetts Historical Commission (MHC) has not yet responded as to whether historic sites are affected by the Property.

If you have any questions or require any additional information, please do not hesitate to contact me at 617-727-4030.

Very truly yours,

DCAM

Mark Roberts, P.E.
Project Manager

cc: Robert Winn, Malcolm Pirnie
MADEP, Division of Watershed Management
MADEP, w/ Transmittal Form only

Hand-enter Your Transmittal Number ⟶ **W 035659**

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit
Type of Project or Activity: Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Division of Capital Asset Management				
Or, if party needing this approval is clearly an individual:				
Individual's Last Name:	First Name			MI
Street Address: One Ashburton Place, 15th Floor				
City/Town: Boston	State: MA	Zip Code: 02108	Telephone Number: (617) 727-4030 ext.340	
Contact: Michael McKimmey, P.E.	e-mail address (optional)			

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Foxborough State Hospital	DEP Facility Number (if Known)		
Street Address: 32 Chestnut Street	e-mail address: (optional)		
City/Town: Foxboro	State: MA	Zip Code: 02035	Telephone Number: ( ) ext.

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

Name of Individual or Firm: Malcolm Pirnie, Inc.			
Address: 500 Edgewater Drive, Suite 566			
City/Town: Wakefield	State: MA	Zip Code: 01880	Telephone Number: (781) 224-4488 ext.
Contact: Robert Winn, P.E.	LSP Number (21E only)		

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no
If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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 Number** (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 #:	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

BRP WM 08A NPDES Stormwater General Permit

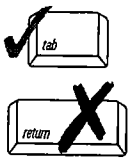
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035659
Transmittal Number

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:

   Michael McKimmey, P.E., Division of Capital Asset Management
   Name

   One Ashburton Place, 15th Floor
   Mailing Address

   Boston
   City/Town

   Massachusetts
   State

   (617) 727-4030,
   Telephone Number

   Email (if available)

2. Municipality Name

   The Commonwealth of Massachusetts, Division of Capital Asset Management: Foxborough State Hospital

3. Legal Status:

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

   ☐ Other public entity:
   Specify Public Entity

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

   Not Applicable

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

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
Neponset Reservoir	1	☒ Yes ☐ No	Noxious Aquatic Plants and Turbidity
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
N/A	Not Applicable	Not Applicable	Not Applicable

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
N/A	Not Applicable	Not Applicable	Not Applicable

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
3A	Conduct dry weather sampling of outfall.	Mark Roberts	Based on results of sampling determine if outfall is polluted.
3B	If outfall is polluted, determine the source.	Mark Roberts	Identify outfall's tributary and investigate drainage system.
3C	If outfall is polluted, eliminate the source.	Mark Roberts	Resample outfall to verify polluted source is eliminated.

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
N/A	Not Applicable	Not Applicable	Not Applicable

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
N/A	Not Applicable	Not Applicable	Not Applicable

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	Properly dispose of old tires and debris.	Mark Roberts	Conduct inspection to verify removal of tires.

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

N/A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Not Applicable	Not Applicable	Not Applicable
BMP ID #		
BMP ID #		
BMP ID #		
BMP ID #		

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.

Kenneth M. Tilden, Deputy Director
Printed Name

Kenneth M. Tilden
Signature

7/28/03
Date

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 W035659

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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	Next Permit
3A			X																		
3B					—	—															
3C									—	—											
6A			X																		

APPENDIX A
Assessment Letter Report

July 25, 2003

Mr. Mark Roberts, P.E.
Project Manager
Division of Capital Asset Management, 15th Floor
One Ashburton Place
Boston, MA 02108

RE: Division of Capital Asset Management (DCAM) Surplus Properties
Foxborough State Hospital Assessment Letter Report

Dear Mr. Roberts:

In accordance with our February 5, 2003 proposal, Malcolm Pirnie, Inc. (MPI) has completed a site assessment at the Foxborough State Hospital (Property) to determine if the Property is required to meet the National Pollutant Discharge Elimination System (NPDES) Phase II Storm Water regulations. The Property is located in Foxboro, Massachusetts. The site assessment consisted of two site visits conducted on February 13, 2003 and June 10, 2003.

The following sections describe the type of information documented during the assessment, including visual observations made during our site visit and conclusions based on our assessment. The Division of Capital Asset Management (DCAM) provided maps of the Property that show the existing features and the number of buildings. DCAM also provided a knowledgeable person to assist during our site assessment.

A. Assessment Data

The site assessment focused on the storm water conveyance system, potential storm water pollution issues, and any observed outfalls and discharges. Prior to each Property site visit, an assessment was completed to identify drainage piping on available mapping, nearby waterbodies, waterbodies on the Massachusetts 303(d) List of Impaired Waters, waterbodies on the Massachusetts Year 2002 Integrated List of Waters, threatened or endangered species, and historical sites on or near the Property.

The following information was documented:

- Storm Water Assessment
  - Site description
  - Property description

- Site activity
- Buildings on site
- Based on available mapping, the location of:
  - Buildings
  - Outfalls
  - Drainage directions
  - Nearby waterbodies
  - Noticeable pollution issues
  - Drainage piping and structures that discharge offsite
- Visible Observations
- Waterbodies on the Massachusetts 303(d) List of Waters
- Waterbodies on the Massachusetts Year 2002 Integrated List of Waters
- Visible pollution issues
- Potential pollution issues
- Other observations

- Outfall Assessment
  - Pipe type and size
  - Evidence of flow
  - Visual inspection of flow (i.e., color, odor, turbidity, structural damage, and presence/absence of oil)
  - Estimated flow depth
  - Presence of standing water
  - Visual inspection of standing water (i.e., color, odor, turbidity, structural damage, and presence/absence of oil)
  - Unusual piping or ditches

Attachment A includes the Outfall Assessment Sheet for conducting outfall assessments. The sheet has been completed for a pipe outfall (Outfall #1) found during the assessment.

B. Assessment Observations

The site maps provided by DCAM were used as a guide to conduct the assessment. Attachment B includes Figure 1 (identifies the location of buildings, landcover types, and photos taken during the assessment) and Figure 2 (identifies the location of outfalls and waterbodies located near the Property). Attachment C includes photographs taken during the site visits. Selected photographs are referenced in this report.

The Property consists of a former hospital complex that is inactive. The extent of the Property is shown in Attachment B, Figure 1. A boundary line shown on the northern part of the site map shows the division between DCAM and the City of Foxboro (City). The City owns a gravel pit and an area that includes former filter beds, screening shed, and tool shed. An onsite security guard patrols the property for any suspicious activity and for any fire emergencies that may occur. All roadways are plowed to allow access on the Property. If needed, the roadways are sanded. The roadways are sanded no more than three times per year.

The Property consists of 21 buildings and various access roadways to the buildings. The following buildings are on the Property:

- Laundry Building
- Mason Shop
- Carpenter Shop
- Paint Shop
- Gymnasium
- Garage-Motor Pool
- Engineer-Sewing Room
- Power House (houses boiler)
- Blacksmith Shop
- Farm Office
- Main hospital building (includes kitchen and dining room, ballroom, and administration buildings)
- 30 Chestnut Street Building
- Dexter Building
- Superintendent's House
- (2) Greenhouse
- Cottage "G"
- Cottage Corrections
- Cottage "A"
- Building "T"
- Building "J"

The Auditorium and Canteen building and 26 Chestnut Street building designated in Attachment B, Figure 1 are not owned by DCAM. The City owns these buildings. The extent of the Property includes wooded area (Attachment C, Figures 2-3 and 2-8). Within the Property, the area consists of impervious surfaces occupied by the buildings and roadways (Attachment C, Figures 2-7 and 2-8). Large areas of pervious surfaces surround the buildings as open fields (Attachment C, Figures 1-1, 1-2, 1-3, and 2-5). Pervious surfaces also include lawn areas around the immediate vicinity of the buildings (Attachment C, Figure 1-4, 2-1, and 2-2).

Based on available mapping and a visual assessment, it does not appear that storm water drainage pollution should be an issue on the Property. Storm water from the portion of the Property that borders Chestnut Street and Payson Road to the north and east, respectively, drains to a storm water conveyance system that is transported to a pipe outfall (Outfall #1) (Attachment C, Figures 1-5 and 2-6) located on the northeast side of the Property. The storm water for the remaining portion of the Property drains as overland flow. The outfall is an 18-inch concrete pipe that flows into a stream (Attachment C, Figure 1-6) that meanders through a wooded, swampy area that eventually discharges to the Neponset Reservoir (Attachment B, Figure 2). At the time of the assessment, the outfall had dry weather flow. The flow was clear, odorless, and free of any garbage or sewage. Some green algae growth was contained at the outlet (Attachment C, Figure 1-7) during the winter site visit, but was not evident during the spring site visit. Attachment A includes the Outfall Assessment Sheet.

No visible pollution issues or potential pollution issues were observed. The only noticeable debris included old tires stacked south of the Laundry Building (Attachment C, Figures 1-8 and 2-4). A pump station (Attachment C, Figure 1-9) located southeast of the main hospital building near Chestnut Street is on the Property but is not used by DCAM. An elderly apartment complex located on Baker Street uses it.

The Property is located within the Boston Harbor (Neponset) Watershed. The closest waterbody, the Neponset Reservoir, is located northeast of the Property (Attachment B, Figure 2). The Neponset Reservoir is listed on the 2002 Integrated List of Waters as a Category 5 Water, "Waters Requiring a Total Maximum Daily Load (TMDL)". Category 5 Waters include those that are impaired due to one or more pollutants. The pollutants of concern for the Neponset Reservoir include noxious aquatic plants and turbidity.

The U.S. Fish and Wildlife list of endangered and threatened species for Massachusetts was used to verify that such species are not located near the Property. In addition, the Massachusetts Natural Heritage and Endangered Species Program (NHESP) was used to check for any rare species that may inhabit the surrounding Property. The "NHESP 1999-2001 Estimated Habitats for Rare Wildlife: For Use with the Massachusetts Wetlands Protection Act Regulations (310 CMR 10)", "NHESP 1999-2001 Priority Habitats for State-Protected Rare Species: Not Equivalent to 'Significant Habitat' as designated under Massachusetts Endangered Species Act", and the "NHESP BioMap Core Habitat" datalayers were used to identify whether the Property was within an area of rare wildlife. Based on the most current information available, it was determined that the Property is not located near habitats of state-protected rare wildlife that live in wetland areas or places of known habitats for rare species that have been documented within the last 25 years. In addition, the Property is not located in an area that is considered to be a viable habitat for rare species and natural communities in Massachusetts. A formal letter, with a Rare Species Information Request Form, was sent to the NHESP to verify that no rare plants or animals exist in the vicinity of the Property (Attachment D). The NHESP responded with a letter stating rare plants and animals do not exist in the vicinity of the Property (Attachment D).

The Property is considered to be a historic site. The Massachusetts Historical Commission (MHC) "State Register of Historic Places 2002" and "National Register of Historic Places" designates the Property as historical under the National Register Districts (NRDIS) and National Register Multiple Property Submission (NRMPS). It was designated as a historical property of Foxboro in 1994. A formal letter, with a Project Notification Form, was sent to the MHC to verify that historic resources are not being affected by the Property (Attachment D). MHC has not yet replied. However, since construction projects including demolition, rehabilitation, and new construction are not current activities at the Property, the MHC will most likely determine that significant historic and archaeological resources are not affected.

C. Conclusions

Based on our assessment and the draft Environmental Protection Agency/Massachusetts

Department of Environmental Protection (EPA/MADEP) Storm Water Phase II municipal separate storm sewer system (MS4) NPDES requirements, we have concluded that DCAM should submit a Notice of Intent (NOI) for the Property. The NOI (Attachment D) should be submitted to the EPA and MADEP. The main reason a NOI should be submitted is because the Property contains a separate storm sewer system that conveys flows to Outfall #1. Outfall #1 has dry weather flow that should be further investigated because the discharge enters a stream that eventually discharges to the Neponset Reservoir. The Neponset Reservoir has been assessed as a Class 5 Waterbody (TMDLs are designated) under the Massachusetts Year 2002 Integrated List of waters.

The following reasons justify the recommendation of a NOI for the Property:

- A storm water drainage system exists with an outfall that discharges to the Neponset Reservoir, classified as an impaired waterbody.
- Debris (including old tires), exposed to precipitation, were found on the Property.

If you have any questions or require any additional information, please do not hesitate to contact me at 781-213-4912.

Very truly yours,

MALCOLM PIRNIE, INC.

Robert S. Winn, P.E.
Associate

cc: W. Di Tullio, Vice President, MPI
Peter Wilson, Associate General Counsel, DCAM
File 4732002-C

G:\P\4732002\Foxborough\Assessment Letter

ATTACHMENT A
Outfall Assessment Sheet

NOI (PHASE II ASSESSMENT) FOR DCAM PROPERTY Foxborough State Hospital

CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 2/13/03
2. Outfall I.D. Outfall #1
3. Date of last rain/snow event: 2/7/03 (snow)
4. Photographs CD # _____ Photo #_____ (Attachment C, Figure 1-5)
5. Assessor's name: Bridget Zwack
6. Weather & Temp Sunny, 20°F
7. Type of outfall

☒ Concrete ☐ Pipe ☐ Grassed ☐ Rock ☐ Other _____

8. Size of outfall Width_____ Height _____ Diameters 12"
9. Is there visible flow from the pipe? ☒ Yes ☐ No

If yes, check all that apply. If no, go to number 11.

- ☐ Colored water (describe)
- ☐ Odor (describe- sewage, sulfide, oil, gas, etc.)
- ☐ Murky
- ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.)
- ☐ Absence of plant life surrounding conveyance
- ☐ Scum
- ☐ Oily sheen
- ☐ Sludge present
- ☐ Turbidity (describe- cloudy, opaque, etc.)
- ☐ Stains on conveyance (describe- sediment, oily, etc.)
- ☐ Notable difference in plant life surrounding conveyance
- ☐ Suds
- ☒ Other: clear, odorless, no turbidity; green algae growth at outlet.

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

10. Estimated flow depth N/A
11. Is there standing water present? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 12.

- ☐ Colored water (describe)
- ☐ Odor (describe- sewage, sulfide, oil, gas, etc.)
- ☐ Murky
- ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.)
- ☐ Absence of plant life surrounding conveyance
- ☐ Suds
- ☐ Oily sheen
- ☐ Sludge present
- ☐ Turbidity (describe- cloudy, opaque, etc.)
- ☐ Stains on conveyance (describe- sediment, oily, etc.)
- ☐ Notable difference in plant life surrounding conveyance
- ☐ Scum ☐ Other:_____

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

12. From the assessment locations, can you see any unusual piping or ditches that drain to the storm water conveyance?

☐ Yes ☒ No

13. Is there any overland flow visible from the discharge location? ☐ Yes ☒ No

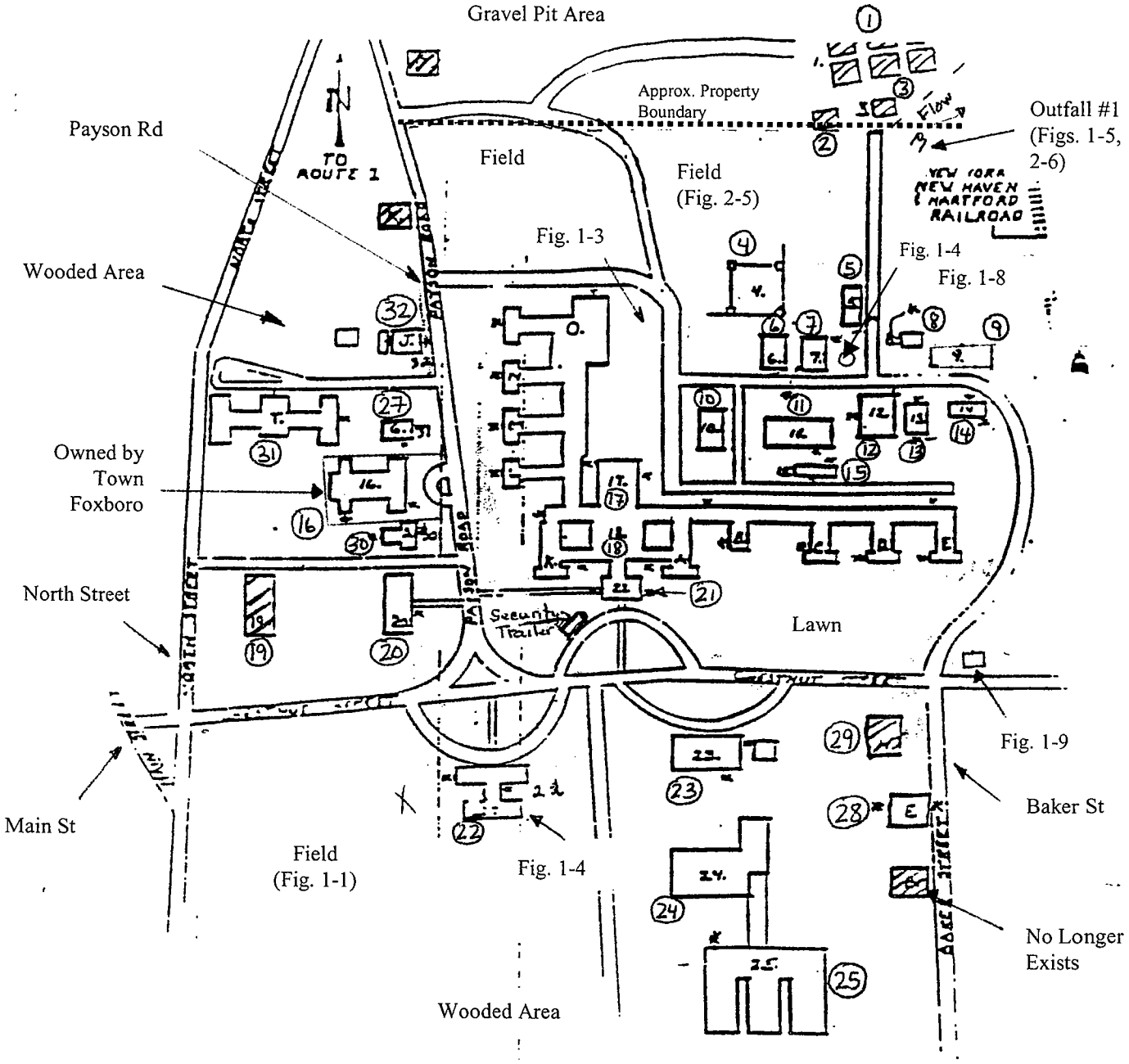
Known industrial or commercial uses in drainage area? ☐ Yes ☒ No

If yes, describe_____

Signature: Bridget M Zwack, Malcolm Pirnie

ATTACHMENT B
Site Maps

Figure 1
DCAM Surplus Properties—Foxborough State Hospital
NPDES Phase II Assessment Report



LEGEND

1. Figure # refers to photographs in Attachment C.

Denotes emergency access door locations

Not Owned by DCAM

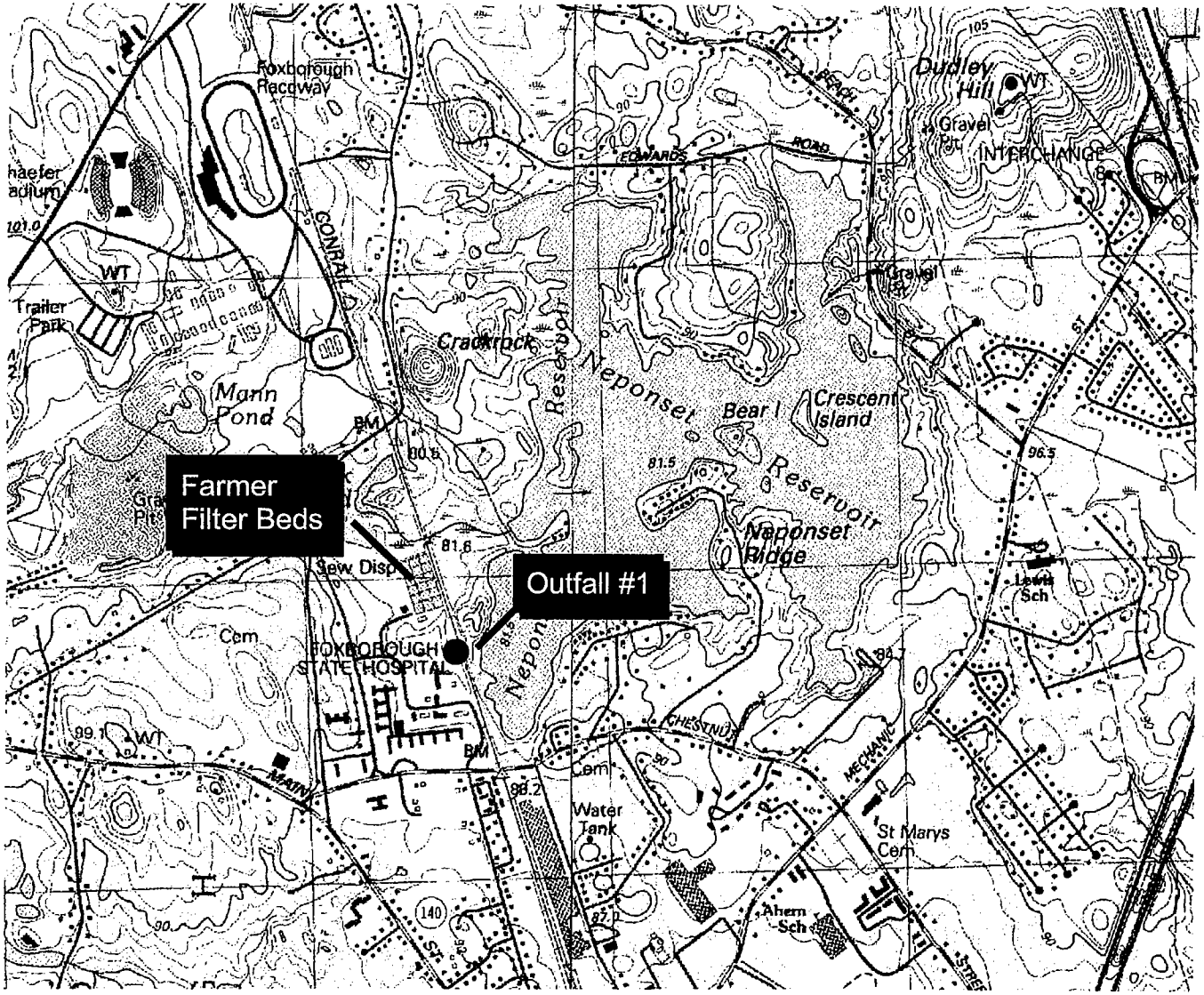
N

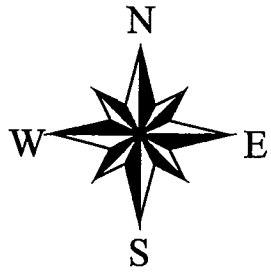
G:\P\4732002\Foxborough\Site Map

Figure 1 Site Map Key

1. Former Location of Filter Beds
2. Former Location of Screening Shed
3. Former Location of Tool Shed
4. Baseball Diamond
5. Laundry Building
6. Mason Shop
7. Carpenter Shop
8. Paint Shop
9. Former Salvage Yard
10. Gymnasium
11. Garage-Motor Pool Building
12. Engineer-Sewing Room
13. Power House
14. Blacksmith Shop
15. Farm Office
16. Auditorium And Canteen
17. Main Hospital Building—Kitchen and Dining Room
18. Main Hospital Building—Ballroom
19. 26 Chestnut Street Building
20. 30 Chestnut Street Building
21. Administration Building
22. Dexter Building
23. Superintendents House
24. Greenhouse
25. Greenhouse
26. –
27. Cottage "G"
28. Cottage Corrections
29. Building (Name Unknown)
30. Cottage "A"
31. Building "T"
32. Building "J"

Figure 2
DCAM Phase II Compliance
Foxborough Site Map





Z:\04400 DCAM\Foxborough.apr

ATTACHMENT C
Photographs

Figure 1
DCAM Surplus Properties—Foxborough State Hospital
NPDES Phase II Assessment Report
February 13, 2003

Figure 1-1
Field west of Dexter Building.

Figure 1-2
Open field between the Laundry Building (right) and Carpenter Shop (left)

Figure 1-3
Field north of main hospital building.

Figure 1-4
Dexter Building.

Figure 1-5
Outfall #1

Figure 1-6
Discharge from Outfall #1 to wooded area northeast of Property.

Figure 1-7
Algae growth at outlet of Outfall #1

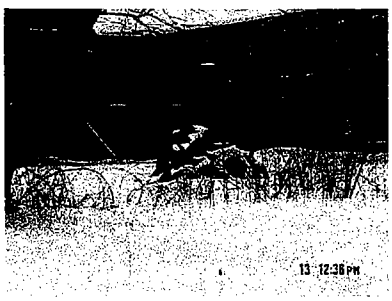


Figure 1-8
Tires piled next to Carpenter Building.

Figure 1-9
Pump Station.

Figure 2
DCAM Surplus Properties—Foxborough State Hospital
NPDES Phase II Assessment Report
June 10, 2003

Figure 2-1
Lawn area on east side of Property.

Figure 2-2
Lawn area surrounding DCAM building.

Figure 2-3
Wooded area bordering Property on the east.

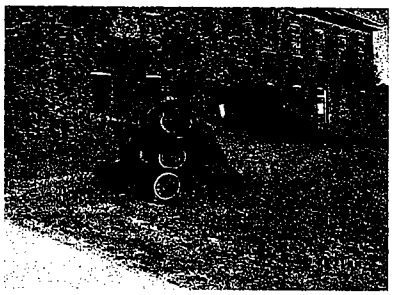


Figure 2-4
Old Tires.

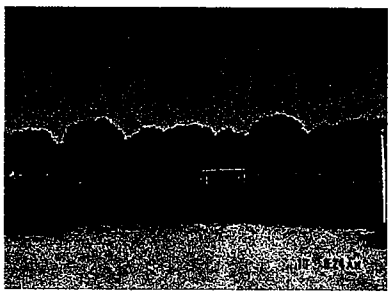


Figure 2-5
Practice field.

Figure 2-6
Outfall #1

Figure 2-7
Parking lot.

Figure 2-8
Wooded area bordering south side of Property.

G:\P\4732002\Foxborough\Figure 2

ATTACHMENT D
NHESP and MHC Letters

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.
INDEPENDENT ENVIRONMENTAL ENGINEERS, SCIENTISTS & CONSULTANTS

May 12, 2003

Natural Heritage Review
Natural Heritage and Endangered Species Program (NHESP)
MA Division of Fisheries and Wildlife
Route 135
Westborough, MA 01581

Re: Division of Capital Asset Management Properties

To Whom It May Concern:

The Division of Capital Asset Management (DCAM) under the Commonwealth of Massachusetts is assessing properties for compliance with the Environmental Protection Agency's (EPA's) Storm Water National Pollutant Discharge Elimination System (NPDES) Phase II requirements. These properties include the following:

- Metropolitan State Hospital (Belmont, Lexington, and Waltham)
- Middlesex County Hospital (Lexington and Waltham)
- Boston State Hospital (Boston)
- Foxborough State Hospital (Foxborough)
- Worcester County Hospital (West Boylston)
- Oakdale Complex (West Boylston)
- Lancaster Complex (Lancaster)
- Rutland Heights Hospital (Rutland)
- J.T. Berry Regional Center (North Reading and Wilmington)
- Danvers State Hospital / Essex Agricultural (Danvers)
- Grafton Complex (Grafton, Shrewsbury, Westborough)
- Lyman School for Boys (Westborough)
- Medfield State Hospital (Medfield)

As part of the Phase II requirements, eligibility criteria for endangered and threatened species and their critical habitats must be met. Coverage under the Phase II permit is only granted if storm water discharges, allowable non-storm water discharges, and discharge related activities do not adversely affect species that are listed as endangered or threatened under the Endangered Species Act (ESA). In order to assist in determining eligibility, Malcolm Pirnie has submitted the enclosed "Rare Species Information Request Form" and USGS topography maps for each property on behalf of DCAM to the NHESP to identify any critical habitats of endangered and threatened species that exist within each property.

Malcolm Pirnie is requesting a list and location of endangered and threatened species within each property from the NHESP as well as any other applicable information that will assist in determining eligibility criteria under Phase II.

If you have any questions or comments on this letter, please do not hesitate to contact me at (781) 224-4488.

Very truly yours,

MALCOLM PIRNIE, INC.

Bridget M Fraser

[redacted]
Engineer

Enclosure
cc: Robert Winn
File 4732002-C

G:\BusDev\DCAM stormwater\species letter

Rare Species Information Request Form

Please complete this form to request site-specific information from The Natural Heritage and Endangered Species Program database (Please submit only one project per request form).

Requestor Information

Name: Bridget Zwack

Affiliation: Malcolm Pirnie, Inc.

Address: 500 Edgewater Drive, Suite 566

City: Wakefield State: MA Zip Code: 01880

Daytime Phone: (781) 224-4488 Ext.

Project Information

Project or Site Name: Foxborough State Hospital

Town: Foxborough USGS Quad Map:

Name of Landowner or Project Proponent: Commonwealth of Massachusetts : Division of Capital Asset Management (DCAM)

Description of Proposed Project: (If necessary attach additional sheet)

(See Attached Cover Letter)

- ☐ N Will this project be reviewed as a Notice of Intent by the local Conservation Commission?
- ☐ Y Will this project be undergoing review through MEPA?
- ☐ Y Have you enclosed the required copy of a USGS topographic map in the scale 1:24,000 or 1:25,000 (not copy reduced) with the site location clearly marked and centered on the copy page? (Copies of Atlas pages are not accepted)

Please **mail** this completed form and topographic map to:
Environmental Review
Natural Heritage and Endangered Species Program
MA Division of Fisheries and Wildlife
Rte. 135
Westborough, MA 01581

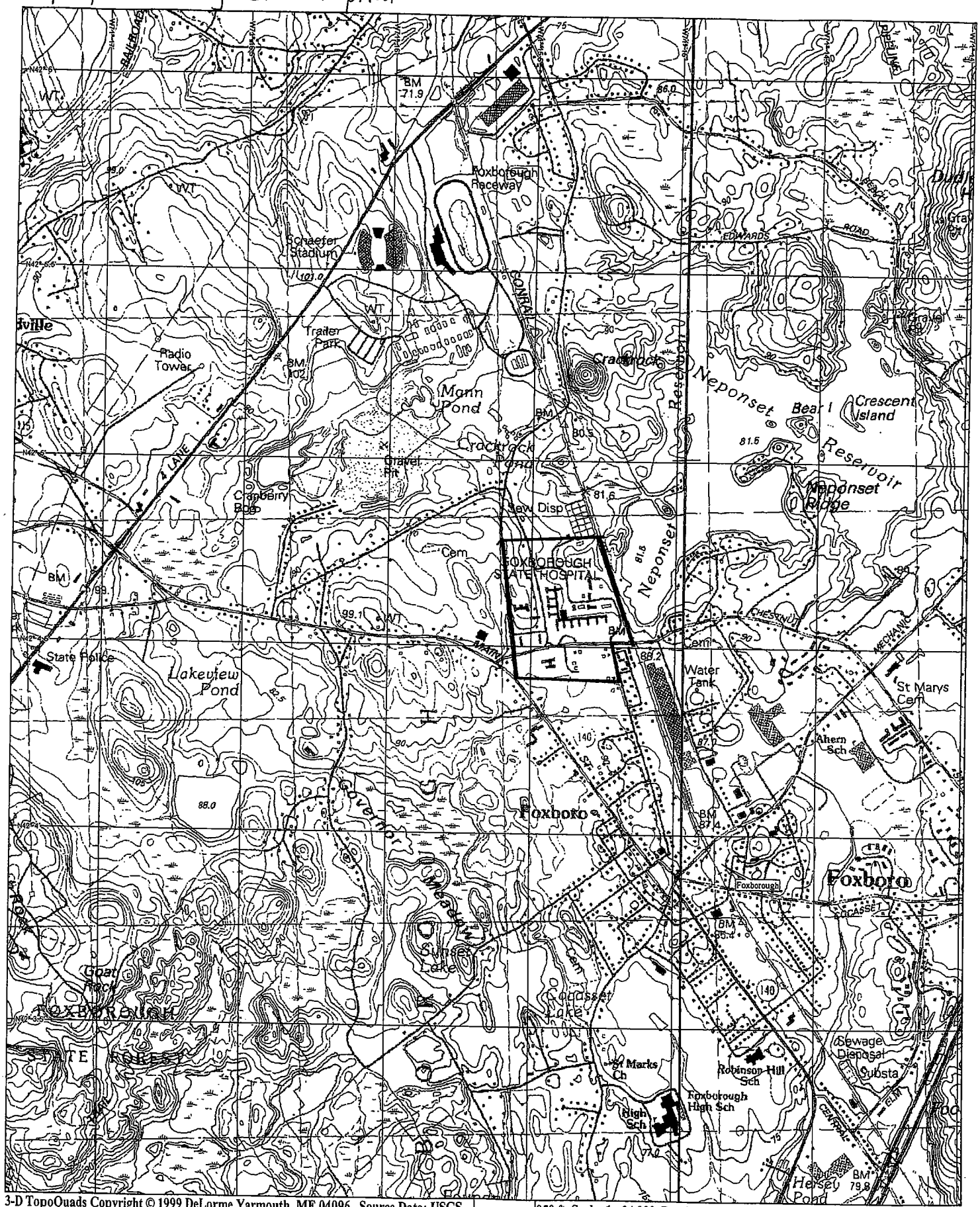
Or **fax** to: (508) 792-7275
Natural Heritage Program
Attn: Environmental Review

*Questions regarding this form should be directed to (508) 792-7270 ext. 154

Persons requesting information should expect a 4 week turnaround time (time varies on amount of requests received per week). Please do not ask for an expedited review. Requests are processed in the order that they are received.

Property: Foxborough State Hospital

Approximate Property Boundary



3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS

950 ft Scale: 1 : 24,000 Detail: 13-4 Datum: WGS84

Commonwealth of Massachusetts

Division of Fisheries & Wildlife

MassWildlife

Wayne F. MacCallum, *Director*

June 5, 2003

Bridget Zwack
Malcolm Pirnie, Inc.
500 Edgewater Drive, Suite 566
Wakefield, MA 01880

Re: Foxborough State Hospital
Foxborough, MA
NHESP File: 03-12021

Dear Ms. Zwack,

Thank you for contacting the Natural Heritage and Endangered Species Program for information regarding state-protected rare species in the vicinity of the site identified above.

At this time we are not aware of any rare plants or animals or exemplary natural communities in the vicinity of the site.

This evaluation is based on the most recent information available in the Natural Heritage database, which is constantly being expanded and updated through ongoing research and inventory. Should your site plans change, or new rare species information become available, this evaluation may be reconsidered.

If you have any questions regarding this review, please contact Christine Vaccaro, Environmental Review Assistant, at ext. 154.

Sincerely,

Thomas W. French

Thomas W. French, Ph.D
Assistant Director

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.
INDEPENDENT ENVIRONMENTAL ENGINEERS, SCIENTISTS & CONSULTANTS

June 9, 2003

Massachusetts Historical Commission
220 Morissey Boulevard
Boston, MA 02125

Re: Division of Capital Asset Management (DCAM) Phase II Storm Water Management

To Whom It May Concern:

The Division of Capital Asset Management (DCAM) under the Commonwealth of Massachusetts is assessing properties for compliance with the Environmental Protection Agency's (EPA's) Storm Water National Pollutant Discharge Elimination System (NPDES) Phase II requirements. The Phase II Program is a general permit administered by the EPA and Massachusetts Department of Environmental Protection (MADEP). DCAM properties assessed include the following:

- Metropolitan State Hospital (Belmont, Lexington, and Waltham)
- Middlesex County Hospital (Lexington and Waltham)
- Boston State Hospital (Boston)
- Foxborough State Hospital (Foxborough)
- Worcester County Hospital (West Boylston)
- Oakdale Complex (West Boylston)
- Lancaster Complex (Lancaster)
- Rutland Heights Hospital (Rutland)
- J.T. Berry Regional Center (North Reading and Wilmington)
- Danvers State Hospital / Essex Agricultural (Danvers)
- Grafton Complex (Grafton, Shrewsbury, Westborough)
- Lyman School for Boys (Westborough)
- Medfield State Hospital (Medfield)

As part of the Phase II requirements, the Town must determine if any storm water discharges, allowable non-storm water discharges, or construction of best management practices (BMPs) to control discharges have the potential to affect a property that is listed or eligible for listing on the National Register of Historic Places and by the Massachusetts Historical Commission (MHC).

Malcolm Pirnie, on behalf of DCAM, is requesting an evaluation of each property by the MHC to determine if storm water discharges from each property will affect a historic place. In addition, Malcolm Pirnie is also requesting a list and location of historic sites that may be near each property as well as a verification that the information provided on

the attached Project Notification Form is correct to complete the Notice of Intent (NOI) for the Phase II permit.

Included are a Project Notification Form (Form) and USGS quadrangle map for each property as requested by the MHC for project review. A summary of the information provided on the Forms includes the following:

- Demolition, rehabilitation, and new construction of buildings are not planned at each property.
- Most of the properties are historic sites as designated under the NRDIS (National Register District), NRMPS (National Register of Multiple Property Submission), and LHD (Local Historic District)
- Acreages of land cover are approximate for each property.

In addition, outfall locus maps are included for those properties that have known outfalls based on available mapping and assessments conducted.

If you have any questions or comments on this letter, please do not hesitate to contact me at (781) 224-4488.

Very truly yours,

MALCOLM PIRNIE, INC.

Bridget Zwack
Engineer

Enclosure
cc: Robert Winn
File 4732002-C

G:\BusDev\DCAM stormwater\MHC letter

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A

MASSACHUSETTS HISTORICAL COMMISSION
220 MORRISSEY BOULEVARD
BOSTON, MASS. 02125
617-727-8470, FAX: 617-727-5128

PROJECT NOTIFICATION FORM

Project Name: DCAM Phase II Storm Water Management

Location / Address: Foxborough State Hospital, 32 Chestnut Street, Foxborough, MA 02035

City / Town: Foxborough (Foxboro)

Project Proponent

Name: Malcolm Pirnie

Address: 500 Edgewater Drive, Suite 566

City/Town/Zip/Telephone: Wakefield, MA 01880 (781) 224-4488

Agency license or funding for the project (list all licenses, permits, approvals, grants or other entitlements being sought from state and federal agencies).

Agency Name	Type of License or funding (specify)
EPA & MADEP	NPDES General Permit for Storm Water Discharges from Small MS4s

Project Description (narrative):

(See Attached Letter)

Does the project include demolition? If so, specify nature of demolition and describe the building(s) which are proposed for demolition.

NO

Does the project include rehabilitation of any existing buildings? If so, specify nature of rehabilitation and describe the building(s) which are proposed for rehabilitation.

NO

Does the project include new construction? If so, describe (attach plans and elevations if necessary).

NO

APPENDIX A (continued)

To the best of your knowledge, are any historic or archaeological properties known to exist within the project's area of potential impact? If so, specify. YES
MHC is "State Register of Historic Places 2002" lists Foxborough State Hospital as historic place. Designated as historic under NRDIS and NRMPS.
What is the total acreage of the project area? 147 Acres

Woodland	15 acres	Productive Resources:	
Wetland	acres	Agriculture	acres
Floodplain	acres	Forestry	acres
Open space	58 acres	Mining/Extraction	acres
Developed	74 acres	Total Project Acreage	147 acres

What is the acreage of the proposed new construction? 0 acres

What is the present land use of the project area?
Foxborough State Hospital is inactive property.

Please attach a copy of the section of the USGS quadrangle map which clearly marks the project location.

This Project Notification Form has been submitted to the MHC in compliance with 950 CMR 71.00.

Signature of Person submitting this form: Bridget M Zwack Date: 6/9/03

Name: Bridget M. Zwack

Address: 500 Edgewater Drive, Suite 506

City/Town/Zip: Wakefield, MA 01880

Telephone: (781) 224-4488

REGULATORY AUTHORITY

950 CMR 71.00: M.G.L. c. 9, §§ 26-27C as amended by St. 1988, c. 254.

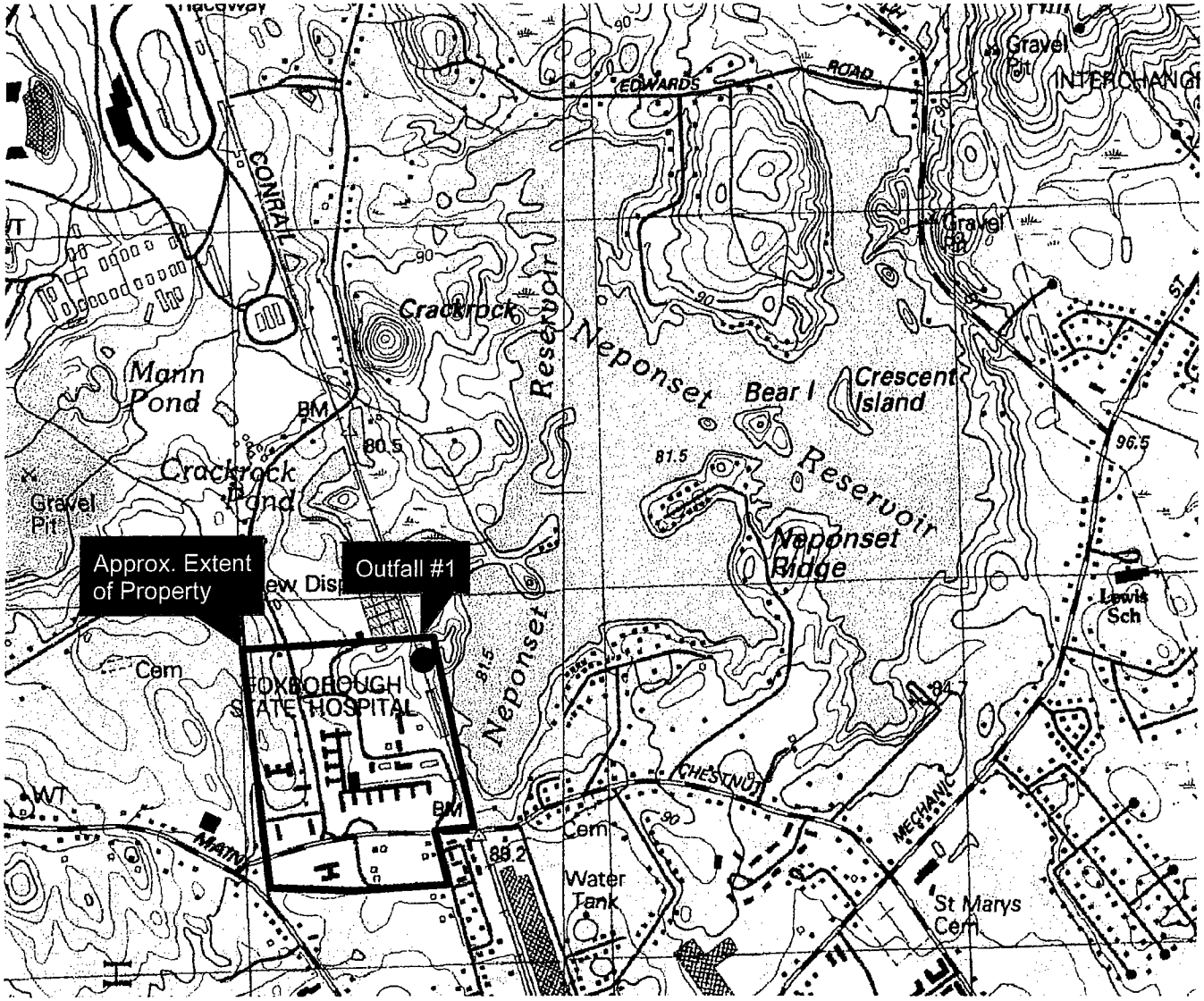
Approximate Property Boundary ——

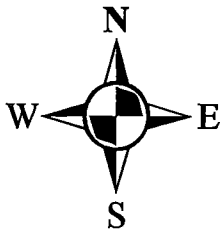
Property: Foxborough State Hospital

3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS

950 ft Scale: 1 : 24,000 Detail: 13-4 Datum: WGS84

DCAM - Foxborough State Hospital
Outfall Locus Map





Z_04400 DCAM_Foxborough_Outfalls.mxd