8/20/04
Received

The Commonwealth of Massachusetts

Executive Office of Health & Human Services
Department of Mental Retardation
Glavin Regional Center
214 Lake Street
Shrewsbury, MA 01545
(508) 845-9111
Fax (508) 792-7452

TTY (508) 845-1871

Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Ronald Preston
Secretary

Gerald J. Morrissey, Jr.
Commissioner

Diane Enochs
Assistant Commissioner of Facility Management

Alfred V. Bacotti, Ph.D.
Program Director

June 18, 2004

8-12-04
Ms. Shelly Puleo - CMU
E.P.A. Municipal Asst. Unit
1 Congress St - Suite 1100
Boston, MA 02114
C.S. Wright

Ms. Thelma Murphy
Department of Environmental Protection
PO Box 4062
Boston, MA 02211

Dear Ms. Murphy:

The Assistant Commissioner for Facility Management, Diane Enochs, has signed the enclosed Noticed of Intent.

I am also enclosing the name, phone number, e-mail address for our maintenance foreman and myself.

Sincerely,

Alfred V. Bacotti, Ph.D.
Facility Director

AVB/kal

Encl: Notice of Intent

E-mail address: Alfred.Bacotti@dmr.state.ma.us
Telephone Number: 508-845-9111 - ext 221

E-mail address: Chester.Wright@dmr.state.ma.us
Telephone Number: 508-845-9111 - ext 184

Hand-enter Your Transmittal Number → W035612

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): BRP WM 08A

Name of Permit Category: NPDES GENERAL PERMIT N.O.I.

Type of Project or Activity: STORM WATER SYSTEM (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: GLANIN REGIONAL CENTER - REGION II

Or, if party needing this approval is clearly an individual:

Individual's Last Name:	First Name	MI
COMMONWEALTH OF MASS	DEPARTMENT OF MENTAL RETARDATION	

Street Address: 214 LAKE STREET

City/Town	State	Zip Code	Telephone Number
SHREWSBURY	MA	01545	(508) 845-9111 ext. 184

Contact: C. STEPHEN WRIGHT

e-mail address (optional): CHESTER.WRIGHT@DMR.STATE.MA.US

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: GLANIN REGIONAL CENTER

DEP Facility Number (if Known):

Street Address: 214 LAKE STREET

e-mail address: (optional)

City/Town	State	Zip Code	Telephone Number
SHREWSBURY	MA	01545	(508) 845-9111 ext.

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

Name of Individual or Firm:

Address

City/Town	State	Zip Code	Telephone Number
			( ) ext.

Contact:

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)

W035612
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:

GLAVIN REGIONAL CENTER
Name

214 LAKE STREET
Mailing Address

SHREWSBURY — City/Town
MA — State

(508) 845-9111 — Telephone Number
CHESTER.WRIGHT@DMR.STATE.MA.US — Email (if available)

2. Municipality Name

TOWN OF SHREWSBURY
City/Town

3. Legal Status:

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

☒ Other public entity: COMMONWEALTH OF MASS. DEPT OF MENTAL RETARDATION
Specify Public Entity

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

TOWN OF SHREWSBURY, MASSACHUSETTS HIGHWAY DEPARTMENT

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

RESULTS BASED ON TOWN OF SHREWSBURY'S REPORT "COMPLIANCE WITH ENDANGERED SPECIES ACT"

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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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

RESULTS BASED ON TOWN OF SHREWSBURY'S REPORT "COMPLIANCE WITH HISTORIC PROPERTIES"

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

C. Names of (Presently Known) Receiving Waters

CLOSED DISCHARGE POINT INTO TOWN STORMWATER DRAIN SYSTEM

Receiving Water: VIA TOWN

Name	Number	Listed as Impaired?	Impairment
LAKE QUINSIGAMOND	UNKNOWN	☒ Yes ☐ No	NOXIOUS AQUATIC PLANTS
FLINT POND	UNKNOWN	☒ Yes ☐ No	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	

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 035612
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
GSW 01.1	STORM SEWER MAP	MAINTENANCE	ANNUAL REVIEW - CATCH BASINS IDENTIFIED.
GSW 01.2	SPILL PREVENTION CONTAINMENT & COUNTERMEASURE PLAN	MAINTENANCE	MAINTAIN REVISIONS & ANNUAL REVIEW
GSW 01.3	EMPLOYEE MEETINGS	MAINTENANCE	ADD TO P.M. PROCEDURES (PM 30)

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GSW 01	CATCH BASIN IDENTIFICATION	MAINTENANCE	CATCH BASIN PAINTED & STENCILED PER DIG SAFE COLOR CODE

* REVISED 6/7/04 - ADDED ITEM # 1 C.S. WRIGHT

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 035612
Transmittal Number

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
GSW 02	STORM SEWER MAP	MAINTENANCE	SITE DETAIL MAP
GSW 03	EMPLOYEE EDUCATION	MAINTENANCE	TRAINING SESSION
GSW 03.1	SPILL PREVENTION PLAN	MAINTENANCE	REVIEW POLICY & PROCEDURES WITH SUPERVISORY STAFF.

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GSW 04	LOCAL ORDINANCE	ENGINEERING	TOWN WARRANT ARTICLE
GSW 05	MASS STORM WATER POLICY	ENGINEERING	REVIEW PROJECT
GSW 06	SITE PLAN REVIEW	ENGINEERING	REVIEW PROJECT

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)

W035612
Transmittal Number

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
GSW 07	LOCAL ORDINANCE	ENGINEERING	TOWN WARRANT ARTICLE
GSW 08	MASS STORM WATER POLICY	ENGINEERING	PROJECT REVIEW

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GSW 09	CATCH BASIN INSPECTION	MAINTENANCE	INSPECT
GSW 10	CATCH BASIN CLEANING	MAINTENANCE	CLEAN AS NEEDED
GSW 11	CATCH BASIN & M.H. MAINT	MAINTENANCE	REPAIR/REBUILD AS NEEDED
GSW 12	SNOW REMOVAL	MAINTENANCE	CLEAR SNOW & ICE AS NEEDED
GSW 13	SWEEPING	MAINTENANCE	SWEEP AND REMOVE DEBRIS

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)

W035612
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

GSW 14
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
LOCAL ORDINANCE	ENGINEERING	TOWN WARRANT ARTICLE

GSW 15
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
MASS STORMWATER POLICY	ENGINEERING	REVIEW PLAN

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.

C. STEPHEN WRIGHT - MAINTENANCE FOREMAN
Printed Name

C. Stephen Wright
Signature — Date: 9-15-03

Diane Enochs - Asst. Commissioner
Signature — Date: 6/15/04

Diane Enochs
Signature — Date: 6/15/04

Diane Enochs — 8/16/04

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 W035612

Facility ID (if known)

Page 1 of 1

		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
GSW	01			X				X				X				X				X		
GSW	02			X				X				X				X				X		
GSW	03			X				X				X				X				X		
GSW	04						X															
GSW	05						X															
GSW	06						X															
GSW	07									X												
GSW	08									X												
GSW	09					X				X				X				X				
GSW	10					X				X				X				X				
GSW	11						X				X				X				X			
GSW	12				X				X				X				X				X	
GSW	13					X				X				X				X				
GSW	14																					
GSW	15																					
GSW	03.1				X				X				X				X			X		
* GSW	01.1						X				X				X				X			
* GSW	01.2						X				X				X				X			
* GSW	01.3						X				X				X				X			

*Added 6-7-04 [illegible]