MAR041039 AH

Hand-enter Your Transmittal Number → W 040236
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

BRPWM08A
Permit Code: 7 or 8 character code from permit instructions

Stormwater
Name of Permit Category

NPDES Stormwater General Permit
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Holbrook
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 North Franklin Street
Street Address

Holbrook | MA | 02343 | 781-767-1800
City/Town | State | Zip Code | Telephone # and extension

Mr. Thomas Cummings
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Holbrook Storm Drain System
Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

same as above
Street Address | e-mail address (optional)

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

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

Camp Dresser & McKee Inc.
Name of Firm Or Individual

50 Hampshire Street
Address

Cambridge | MA | 02139 | 617-452-6000
City/Town | State | Zip Code | Telephone # and extension

Brent McCarthy
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 31 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

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

BRP WM 08A NPDES Stormwater General Permit

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

W040236
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:

   Mr. Thomas Cummings, Superintendent of Public Works
   Name

   70 North Franklin Street
   Mailing Address

   Holbrook — City/Town
   MA — State

   781-767-1800 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Holbrook
   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:

   None known.

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

BRP WM 08A NPDES Stormwater General Permit

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

W040236
Transmittal Number

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:	No. of Outfalls	Listed as Impaired?	Impairment
Cochato River (Name)	Unknown (Number)	☒ Yes ☐ No	Pesticides, pathogens, organic enrichment/low DO (Specify)
Lake Holbrook (Name)	Unknown (Number)	☒ Yes ☐ No	Noxious aquatic plants (Specify)
Sylvan Lake (Name)	Unknown (Number)	☒ Yes ☐ No	Pesticides, priority organics (Specify)
Porter's Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Trout Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Tumbling Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Beaver Brook (Name)	Unknown (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)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Include an article/flyer about stormwater with the annual Consumer Confidence Report.	Public Works Department	Article/flyer distributed annually to all residents.
1-2	Educate Town residents about picking up dog waste.	Public Works Department and Town Clerk	Pet waste fact sheets mailed to all Holbrook residents with the annual census form.
1-3	Stormwater education program for school children.	Public Works Department and Conservation Commission	Middle school principal contacted; presentation given.
1-4	Install and maintain signs for pet waste clean-up at schools and parks.	Public Works Department	Number of signs installed, number of signs inspected.
1-5	Annual update of the Stormwater Management Plan at a televised Selectmen's meeting.	Stormwater Advisory Committee	Annual update of the SWMP at a televised Selectmen's meeting.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Form Stormwater Advisory Committee (SWAC)	Board of Selectmen	Form committee within six months of submission of Notice of Intent. Meet once during first year of permit, and twice annually thereafter.

2-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Comply with state public notification guidelines at MGL Chapter 39 Section 23B.	Stormwater Advisory Committee and Town Clerk	Notices posted in library and current locations.

2-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stencil catch basins with "don't dump" message.	Public Works Department and Conservation Commission	Number of catch basins stenciled.

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Conduct dry weather outfall screening.	Public Works Department	Percent of outfalls screened once during permit term.

3-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map stormwater outfalls and receiving waters.	Public Works Department	Map created.

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Investigate the need for mapping the entire stormwater collection system in a GIS.	Stormwater Advisory Committee	Decision on whether to go forward with a stormwater GIS.

3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and implement a plan to identify and remove non-	Public Works Department	Number of illicit connections found and removed.

3-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue enforcement of the bylaw that requires inspection of new construction for correct connection to the sanitary sewer.	Plumbing Inspector and Public Works Department	Number of inspections conducted.

4. Construction Site Runoff Control:

4-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a Construction Site Erosion and Sediment Control bylaw for construction sites greater than 1 acre in area.	Stormwater Advisory Committee	Draft bylaw developed and presented to Town Meeting.

4-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Require a waste management plan at construction sites larger than one acre.	Planning Board and Conservation Commission	Waste management plan for each construction site larger than one acre.

4-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Review site plans for stormwater impacts.	Planning Board and Conservation Commission	Number of site plans reviewed for erosion and sediment control.

4-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Consideration of public input.	Planning Board (for subdivisions) and Public Works Department (for Town water and sewer projects)	Plan for accepting public comment developed; signs posted at each construction site.

4-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspection of erosion and sediment controls.	Number of inspections conducted.	Planning Board and Conservation Commission

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a draft bylaw to apply Standards 2, 3, 4, 7 and 9 of the Massachusetts Stormwater Policy (MSP) to entire Town. Present the bylaw to Town Meeting.	Stormwater Advisory Committee	Draft bylaw developed and presented to Town Meeting.

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Specify a stormwater BMP manual to be used for consistent design and performance standards.	Stormwater Advisory Committee	BMP manual selected.

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a draft bylaw that ensures long-term maintenance of private structural BMPs.	Stormwater Advisory Committee	Draft bylaw developed and presented to Town Meeting.

5-4
BMP ID #

Enforce the Planning Board regulations that require installation of sewers in new subdivisions.
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

New construction in compliance with Planning Board sewer regulations.
Specify Measurable Goal

5-5
BMP ID #

Evaluate existing structural BMPs for efficiency.
Specify Best Management Practice

Stormwater Advisory Committee
Responsible Dept./Person Name

Create BMP inventory and maintenance plan.
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #

Identify sensitive receptors (such as wetlands, beaches, etc.) within the Town.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

List of sensitive receptors developed, staff notified.
Specify Measurable Goal

6-2
BMP ID #

Sweep all streets each spring.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Percent of streets swept annually.
Specify Measurable Goal

6-3
BMP ID #

Sweep all sidewalks each spring.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Percent of sidewalks swept annually.
Specify Measurable Goal

6-4
BMP ID #

Continue existing road salting procedures.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Amount of deicing compounds used.
Specify Measurable Goal

6-5
BMP ID #

Minimize impacts from vehicle washing.
Specify Best Management Practice

Stormwater Advisory Committee
Responsible Dept./Person Name

Establish if further vehicle washing controls are needed, and if so, evaluate and select the appropriate controls.
Specify Measurable Goal

6-6
BMP ID #

Minimize impacts from vehicle maintenance.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Employee training conducted, inventory taken.
Specify Measurable Goal

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-7	Maintain the storm drain system.	Public Works Department	Number of catch basins cleaned annually.
6-8	Minimize pesticide and fertilizer use for parks and other landscaped areas.	Public Works Department and Conservation Commission	Training conducted; amount of herbicides/fertilizers used.
6-9	Control illegal dumping.	Board of Health and Public Works Department	Number of signs posted; number of sites cleaned up.

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN HOLBROOK

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.

JAMES A. REICHERT Chair, BOS 9/25 TC/DJH
Printed Name

Signature

7-28-03
Date