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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
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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
Medfield State 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 Medfield State Hospital (Property) located in the town of Medfield, 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 037313**

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.
Contact: Michael McKimmey, P.E., Deputy Commissioner	e-mail address (optional)		

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Medfield State Hospital	DEP Facility Number (if Known)		
Street Address: Hospital Road	e-mail address: (optional)		
City/Town: Medfield	State: MA	Zip Code: 02052	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)

W037313
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: Medfield 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

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

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
Charles River	3	☐ 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	

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)

W037313
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A
BMP ID #

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

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:

N/A
BMP ID #

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

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

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 outfalls.	Mark Roberts	Based on results, determine if outfalls are polluted.
3B	If outfalls are polluted, determine the source.	Mark Roberts	Identify outfalls' tributaries and investigate drainage system.
3C	If outfalls are polluted, eliminate the sources.	Mark Roberts	Resample outfalls to verify polluted sources are removed.

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

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)

W037313
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
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	Employee training.	Mark Roberts	Number of employees trained.
6B	Materials management.	Mark Roberts	Amount of debris removed from Property.

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)

W037313
Transmittal Number

Facility ID (if known)

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 #

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.

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 W037313

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																		
6B			X																		

APPENDIX A
Assessment Letter Report

July 25, 2003

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

RE: Division of Capital Asset Management (DCAM) Surplus Properties
Medfield 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 Medfield 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 Medfield, Massachusetts. A site visit was conducted on March 26, 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 a map of the Property that identifies existing features and 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 based 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 historic 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 Sheets for conducting outfall assessments. These sheets have been completed for four outfalls designated as Outfall #1, Outfall #2, Outfall #3, and Outfall #4 that were found during the site assessment.

B. Assessment Observations

The site map provided by DCAM was used as a guide to conduct the assessment. Attachment B includes Figure 1 (presents the location of Property and surrounding area) and Figure 2 (presents the location of buildings, drainage system, and outfalls). Attachment C includes the photographs taken during the two site visits. Selected photographs are referenced in the report.

The Property consists of a complex that became inactive as of April 30, 2003. Once the Property closed, the Department of Mental Health (DMH) transferred ownership of the Property to DCAM. The Property and surrounding area is shown in Attachment B, Figure 1. Medfield State Forest and the Charles River both border the Property to the north and west. Fields located next to Hospital Road and Harding Street border the Property to the south and east, respectively.

The Property consists of 50 buildings and various access roadways and parking lots. The following buildings are on the Property:

- Power Plant
- Garage
- Shop Building
- B-1, B-2, B-3, and B-4 Buildings
- C-1, C-1N, C-2, C-2N, C-3, and C-4 Buildings
- Lee
- Infirmary
- G-Building (G-1, G-2, G-3, and G-4)
- S-Building (S-1 and S-2)
- Salvage Yard Unit
- Greenhouse
- Garage
- West Hall
- Hillside House
- Clark Building
- Lindberg Building
- Employee Cottages (EC-1, EC-3, EC-5, and EC-6)
- Steward's Cottages (OS-5 and OS-6)
- Garage
- East Hall Nurses Home
- Administration Building
- Service Building
- D-1, D-2, D-3, and D-4 Buildings
- R1 and R2 Building
- E-1 and E-2 Buildings
- F-1 and F-2 Buildings
- L-1 and L-2 Buildings
- Farm House
- Cottage

In addition, the Property contains a sewer pump station (Attachment C, Figure 1-16), fire pump station, and water tower (Attachment C, Figure 1-29). A shooting range used by the Town of Medfield is also located on the Property (Figures 1-17 and 1-18). Within the Property, the area consists of impervious surfaces occupied by the buildings, roadways, and parking lots (Attachment C, Figure1-2). All roadways are plowed and salted to allow access on the Property.

Large areas of pervious surfaces surround the buildings as open fields and wooded areas (Attachment C, Figures 1-1, 1-3, 1-39, and 1-40). Pervious surfaces also include lawn areas around the immediate vicinity of the buildings (Attachment C, Figures 1-28, 1-31, and 1-33).

Based on available mapping and a visual assessment, it does not appear that storm water drainage pollution should be an issue on the Property. A portion of storm water runoff from the Property drains to four outfalls (Outfall #1, Outfall #2, and Outfall #3, and Outfall #4). These four outfalls drain to open fields and wooded areas located on the Property. Storm water for the

remaining portion of the Property drains as overland flow. Outfall #1 (Attachment C, Figures 1-4 and 1-5) is a 4-inch steel drainage pipe that mostly likely accepts drainage from the open field on the west side of the Property. The outfall drains to the Medfield State Forest. At the time of the assessment, the outfall did not have dry weather flow. However, the outlet and interior of the pipe outfall were wet suggesting a discharge had occurred a short time before. Outfall #2 (Attachment C, Figure 1-6) is a 10-inch clay pipe that accepts runoff from two manholes located west of S-Building. The outfall drains to the Medfield State Forest located next to the Charles River (Attachment C, Figure 1-36). At the time of the assessment, the outfall had dry weather flow that was clear and odorless. In addition the discharge was also warm due to a leak in the steam line (located west of S-Building) that most likely results in the discharge of steam condensate to Outfall #2. Moss growth was evident in the outlet (Attachment C, Figure 1-7). Outfall #3 (Attachment C, Figures 1-12 and 1-13) is an 8-inch concrete pipe that accepts flow from the parking area next to the Garage and Shop Building. The outfall drains to the Medfield State Forest. Two 6-inch metal pipes located downstream of Outfall #3 assist to convey storm water across an access roadway (Attachment C, Figure 1-34). At the time of the assessment, the outfall did not have dry weather flow. Outfall #4 (Attachment C, Figure 1-14) is a buried stone pipe that discharges to a field located on the south side of the Property. At the time of the assessment, ponded water was located at the outlet. The water appeared to be clear and odorless. Attachment A includes the Outfall Assessment Sheets for Outfalls #1, #2, #3, and #4.

No significant pollution issues were observed. Covered dumpsters are located throughout the Property. The Property also has aboveground storage tanks (ASTs) contained on concrete pads and fenced in. These include the following:

- 1,000-gallon Gasoline Tank (Attachment C, Figure 1-24)
- Propane Tank (Attachment C, Figure 1-41)

Although no significant pollution issues were observed, there are potential storm water issues. Asphalt and brick debris (Attachment C, Figures 1-37 and 1-38) located on the north side of the Property have the potential to enter the Charles River. The Salvage Yard area contains a significant amount of debris including construction material, metal equipment, and used plastic containers (Attachment C, Figures 1-21, 1-22, and 1-23). In addition, the Garage, salt storage area (north side of the Garage), and debris (north of the Garage) all have the potential to cause storm water pollution (Attachment C, Figures 1-26 and 1-27).

The Property is located within the Charles Watershed. Nearby waterbodies include the Charles River located north and west of the Property (Attachment B, Figure 1). The Charles River 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 waters that are impaired due to one or more pollutants. However, the portion of the Charles River located near the Property is not listed as an impaired region of the river. Discharges from Outfalls #1, #2, and #3 have the potential to enter the Charles River.

The U.S. Fish and Wildlife list of endangered and threatened species as well as the Environmental Protection Agency's (EPA's) Endangered and Threatened Species County List for Massachusetts were used to verify whether endangered or threatened species are located near the

Property. These species lists were compared to information from the Natural Heritage and Endangered Species Program (NHESP). 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" Geographic Information System (GIS) 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 located near habitats of state-protected rare plant and animal species that have been documented within the last 25 years. In addition, the Property is 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 the GIS datalayer information (Attachment D). The NHESP responded with a letter that stated the Property abuts priority habitat for the "Special Concern" species River Bulrush (Attachment D). "Special Concern" species include those that have suffered a decline in recent years and, if continue to do so, will be listed as threatened species. However, the U.S. Fish and Wildlife and EPA do not list this species.

The Property is considered to be a historic site. The Massachusetts Historical Commission (MHC) "State Register of Historic Places 2002" lists the Property as a historic site under the National Register Multiple Property Submission (NRMPS), National Register District (NRDIS), and Local Historic District (LHD). The Property was designated as a historic site 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 final EPA/Massachusetts Department of Environmental Protection (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 following reasons justify the recommendation of a NOI for the Property:

- A significant amount of site debris is located on the Property.
- Outfall #2 discharges dry weather flow that has the potential to enter the Charles River.

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\Medfield\Assessment Letter

ATTACHMENT A
Outfall Assessment Sheets

PHASE II ASSESSMENT FOR DCAM **PROPERTY** **Medfield State Hospital**

CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03
2. Outfall I.D. Outfall #1
3. Date of last rain/snow event: 3/21/03 (rain)
4. Photographs CD # _____ Photo #_____ (Attachment C, Figure 1-4)
5. Assessor's name: Bridget Zwack
6. Weather & Temp Sunny, 60°F
7. Type of outfall

   ☐ Concrete ☒ Pipe: Steel ☐ Grassed ☐ Rock ☐ Other _____
8. Size of outfall Width_____ Height _____ Diameter 4"
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)
   ☐ Oily sheen
   ☐ Odor (describe- sewage, sulfide, oil, gas, etc.)
   ☐ Sludge present
   ☐ Murky
   ☐ Turbidity (describe- cloudy, opaque, etc.)
   ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.)
   ☐ Stains on conveyance (describe- sediment, oily, etc.)
   ☐ Absence of plant life surrounding conveyance
   ☐ Notable difference in plant life surrounding conveyance
   ☐ Scum
   ☐ Suds ☐ Other: _____

   e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.
10. Estimated flow depth _____
11. Is there standing water present? ☐ Yes ☒ No

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

    ☐ Colored water (describe)
    ☐ Oily sheen
    ☐ Odor (describe- sewage, sulfide, oil, gas, etc.)
    ☐ Sludge present
    ☐ Murky
    ☐ Turbidity (describe- cloudy, opaque, etc.)
    ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.)
    ☐ Stains on conveyance (describe- sediment, oily, etc.)
    ☐ Absence of plant life surrounding conveyance
    ☐ Notable difference in plant life surrounding conveyance
    ☐ Suds
    ☐ 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
14. Known industrial or commercial uses in drainage area? ☐ Yes ☒No

    If yes, describe_____

Signature: Bridget M Zwa, Malcolm Pirnie

PHASE II ASSESSMENT FOR DCAM **PROPERTY** Medfield State Hospital

CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03
2. Outfall I.D. Outfall #2
3. Date of last rain/snow event: 3/21/03 (rain)
4. Photographs CD # _____ Photo #_____ (Attachment C, Figure 1-6)
5. Assessor's name: Bridget Zwack
6. Weather & Temp Sunny, 60°F
7. Type of outfall

   ☐ Concrete ☒ Pipe: Clay ☐ Grassed ☐ Rock ☐ Other _____
8. Size of outfall Width_____ Height _____ Diameter 10"
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)
   ☐ Oily sheen
   ☐ Odor (describe- sewage, sulfide, oil, gas, etc.)
   ☐ Sludge present
   ☐ Murky
   ☐ Turbidity (describe- cloudy, opaque, etc.)
   ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.)
   ☐ Stains on conveyance (describe- sediment, oily, etc.)
   ☐ Absence of plant life surrounding conveyance
   ☐ Notable difference in plant life surrounding conveyance
   ☐ Scum
   ☐ Suds
   ☒ Other: clear, odorless, no turbidity, warm discharge

   e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.
10. Estimated flow depth 3/4"
11. Is there standing water present? ☐ Yes ☒ No

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

    ☐ Colored water (describe)
    ☐ Oily sheen
    ☐ Odor (describe- sewage, sulfide, oil, gas, etc.)
    ☐ Sludge present
    ☐ Murky
    ☐ Turbidity (describe- cloudy, opaque, etc.)
    ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.)
    ☐ Stains on conveyance (describe- sediment, oily, etc.)
    ☐ Absence of plant life surrounding conveyance
    ☐ Notable difference in plant life surrounding conveyance
    ☐ Suds
    ☐ 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
14. Known industrial or commercial uses in drainage area? ☐ Yes ☒No

    If yes, describe_____

Signature: Bridget M Zwack, Malcolm Pirnie

PHASE II ASSESSMENT FOR DCAM **PROPERTY** **Medfield State Hospital**

CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03
2. Outfall I.D. Outfall #3
3. Date of last rain/snow event: 3/21/03 (rain)
4. Photographs CD # _____ Photo #_____ (Attachment C, Figure 1-12)
5. Assessor's name: Bridget Zwack
6. Weather & Temp Sunny, 60°F
7. Type of outfall

   ☒ Concrete ☐ Pipe: ____ ☐ Grassed ☐ Rock ☐ Other _____
8. Size of outfall Width_____ Height _____ Diameter 8"
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) ☐ Oily sheen

   ☐ Odor (describe- sewage, sulfide, oil, gas, etc.) ☐ Sludge present

   ☐ Murky ☐ Turbidity (describe- cloudy, opaque, etc.)

   ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.) ☐ Stains on conveyance (describe- sediment, oily, etc.)

   ☐ Absence of plant life surrounding conveyance ☐ Notable difference in plant life surrounding conveyance

   ☐ Scum ☐ Suds ☐ Other: _____

   e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.
10. Estimated flow depth _____
11. Is there standing water present? ☐ Yes ☒ No

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

    ☐ Colored water (describe) ☐ Oily sheen

    ☐ Odor (describe- sewage, sulfide, oil, gas, etc.) ☐ Sludge present

    ☐ Murky ☐ Turbidity (describe- cloudy, opaque, etc.)

    ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.) ☐ Stains on conveyance (describe- sediment, oily, etc.)

    ☐ Absence of plant life surrounding conveyance ☐ Notable difference in plant life surrounding conveyance

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

    If yes, describe_____

Signature: Bridget M Zwack, Malcolm Pirnie

PHASE II ASSESSMENT FOR DCAM **PROPERTY** Medfield State Hospital

CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03
2. Outfall I.D. Outfall #4
3. Date of last rain/snow event: 3/21/03 (rain)
4. Photographs CD # _____ Photo #_____ (Attachment C, Figure 1-14)
5. Assessor's name: Bridget Zwack
6. Weather & Temp Sunny, 60°F
7. Type of outfall

   ☐ Concrete ☐ Pipe: ____ ☐ Grassed ☐ Rock ☒ Other Stone
8. Size of outfall Width_____ Height _____ Diameter Unknown
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) ☐ Oily sheen
   ☐ Odor (describe- sewage, sulfide, oil, gas, etc.) ☐ Sludge present
   ☐ Murky ☐ Turbidity (describe- cloudy, opaque, etc.)
   ☐ Floating objects (describe- floatables, oil sheen, sewage, etc.) ☐ Stains on conveyance (describe- sediment, oily, etc.)
   ☐ Absence of plant life surrounding conveyance ☐ Notable difference in plant life surrounding conveyance
   ☐ Scum ☐ Suds ☐ Other: _____

   e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.
10. Estimated flow depth _____
11. Is there standing water present? ☒ Yes ☐ No

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

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

    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?

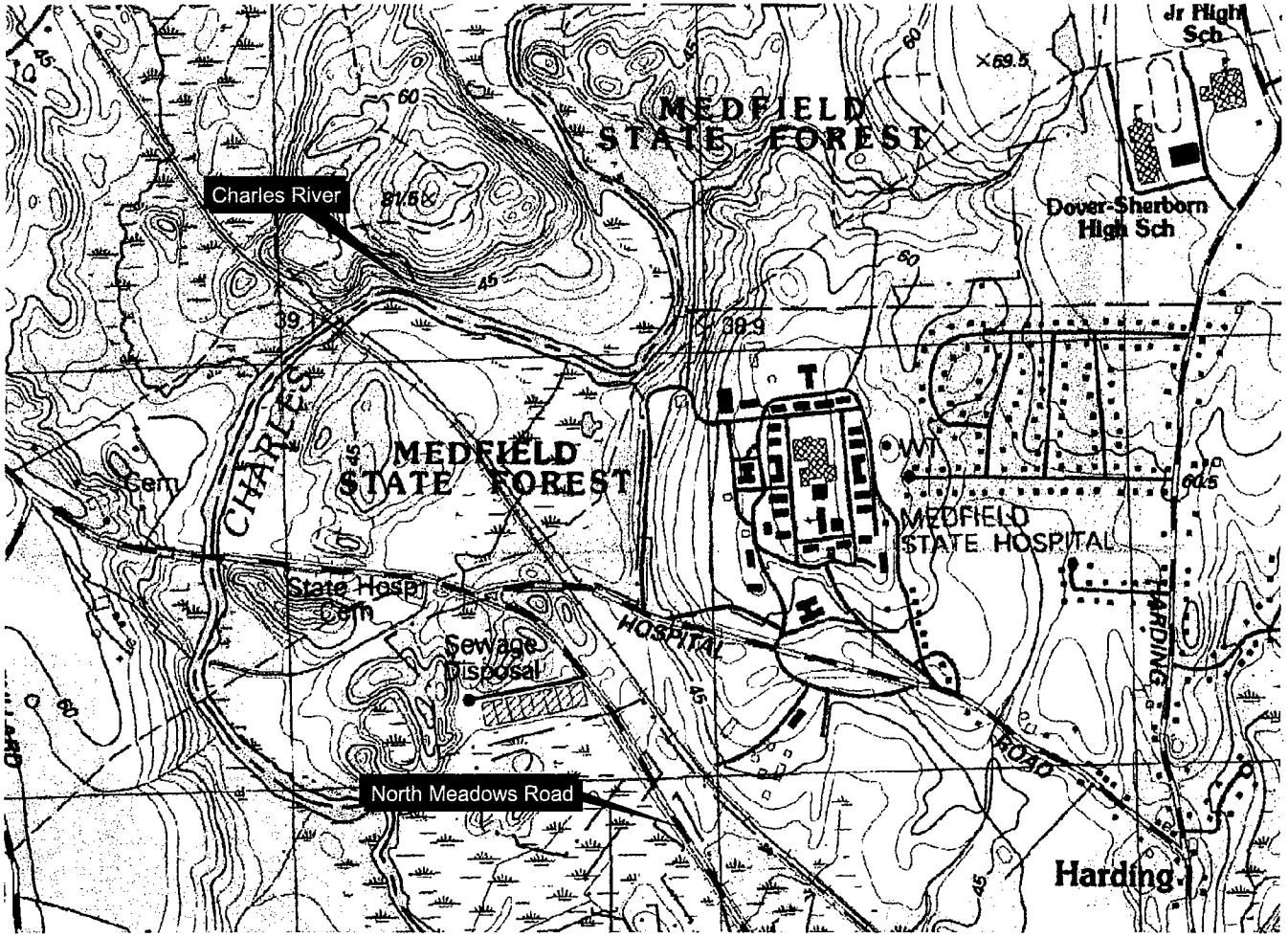
    ☐ Yes ☒ No
13. Is there any overland flow visible from the discharge location? ☐ Yes ☒No
14. Known industrial or commercial uses in drainage area? ☐ Yes ☒No

    If yes, describe _____

Signature: Bridget M Zwack, Malcolm Pirnie

ATTACHMENT B
Maps

Figure 1
DCAM Surplus Properties - Medfield State Hospital
NPDES Phase II Assessment Report



Z:\0440 DCAM\Medfield.apr\Medfield layout

ATTACHMENT C
Photographs

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

Figure 1-1
Open field north of S-Building.

Figure 1-2
Parking lot and D-3 Building.

Figure 1-3
Field located on western side of Property. Medfield State Forest borders field.

Figure 1-4
Outfall #1.

Figure 1-5
Outlet of Outfall #1.

Figure 1-6
Outfall #2.

Figure 1-7
Outlet of Outfall #2.

Figure 1-8
Artesian well discharges spring water southwest of Power Plant.

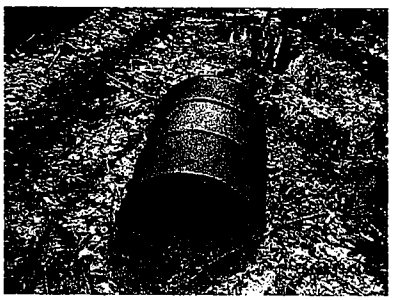


Figure 1-9
Empty barrel next to artesian well discharge.

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

Figure 1-10
Power Plant.

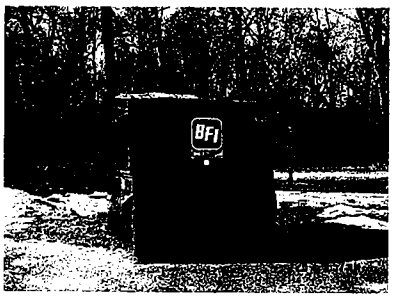

Figure 1-11
Dumpster west of Power Plant.

Figure 1-12
Outfall #3.

Figure 1-13
Outlet of Outfall #3.

Figure 1-14
Outfall #4.

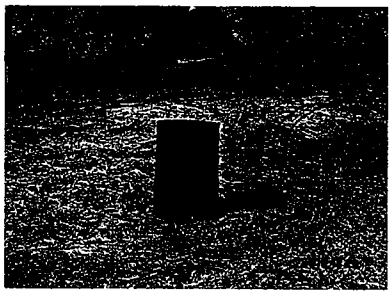

Figure 1-15
Barrel containing aluminum cans and debris east of Farm House.

Figure 1-16
Sewer pump station enclosed by fence.

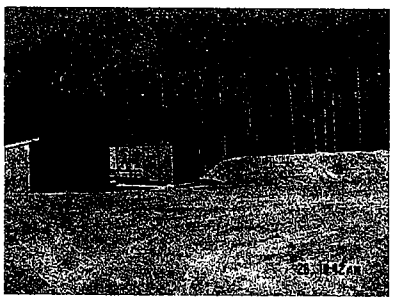

Figure 1-17
Shooting range storage and shed buildings used by the Town.

Figure 1-18
Shooting range operated by the Town.

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

Figure 1-19
Area west of shooting range used by the Town.

Figure 1-20
Shooting range.

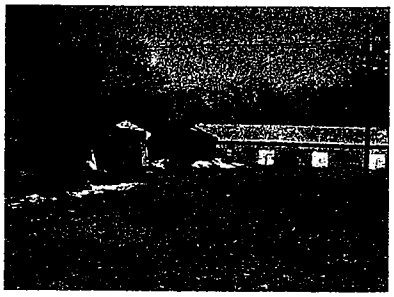

Figure 1-21
Salvage Yard Buildings—area contains debris, metal doors, and metal equipment.

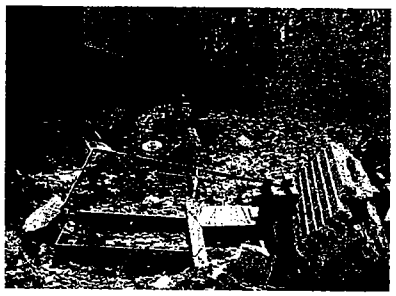

Figure 1-22
Debris including bricks, metal, and plastic behind Salvage Yard Buildings.

Figure 1-23
Debris behind Salvage Yard Buildings.

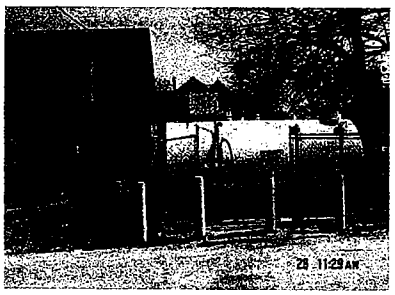

Figure 1-24
1,000-gallon gasoline AST between shop building and garage.

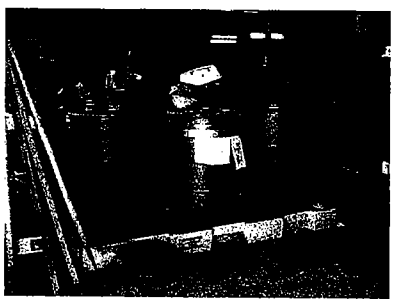

Figure 1-25
Used oil contained in labeled drums and placed on pallets in Garage.

Figure 1-26
Metal equipment and salt storage behind Garage.

Figure 1-27
Salt storage area behind Garage.

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

Figure 1-28
Typical lawn and pavement areas that surround buildings of Property.

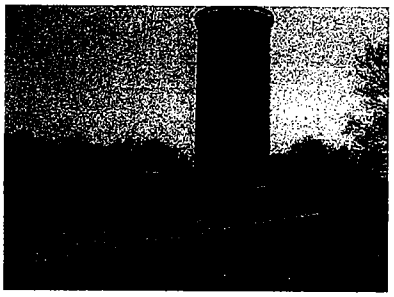

Figure 1-29
Water tower located in field on east side of Property.

Figure 1-30
Dumpsters are located at various parts of the Property.

Figure 1-31
Lawn area surrounding Lee Building.

Figure 1-32
Culvert under Property roadway that transports discharge to field east of Property.

Figure 1-33
Lawn area surrounds G-Building (left) and Lee Building.

Figure 1-34
(2) 6" metal pipes accept discharge from Outfall #3.

Figure 1-35
Tree debris on northern side of Property close to Charles River.

Figure 1-36
Charles River west of Property.

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

Figure 1-37
Asphalt and brick debris on north side of Property.

Figure 1-38
Log and tree debris on north side of Property.

Figure 1-39
Metal debris on south side of Property.

Figure 1-40
Asphalt debris on south side of Property.

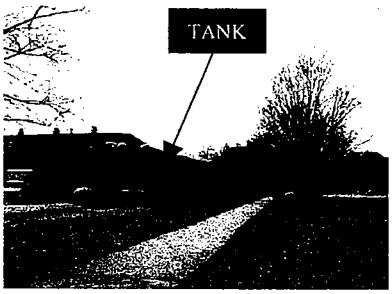

Figure 1-41
Propane tank located next to Service Building.

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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.

500 EDGEWATER DRIVE SUITE 566 WAKEFIELD, MA 01880 781-224-4488 fax 781-224-3033 http://www.pirnie.com

RECYCLED PAPER

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 Zmas

[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: Medfield State Hospital

Town: Medfield 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

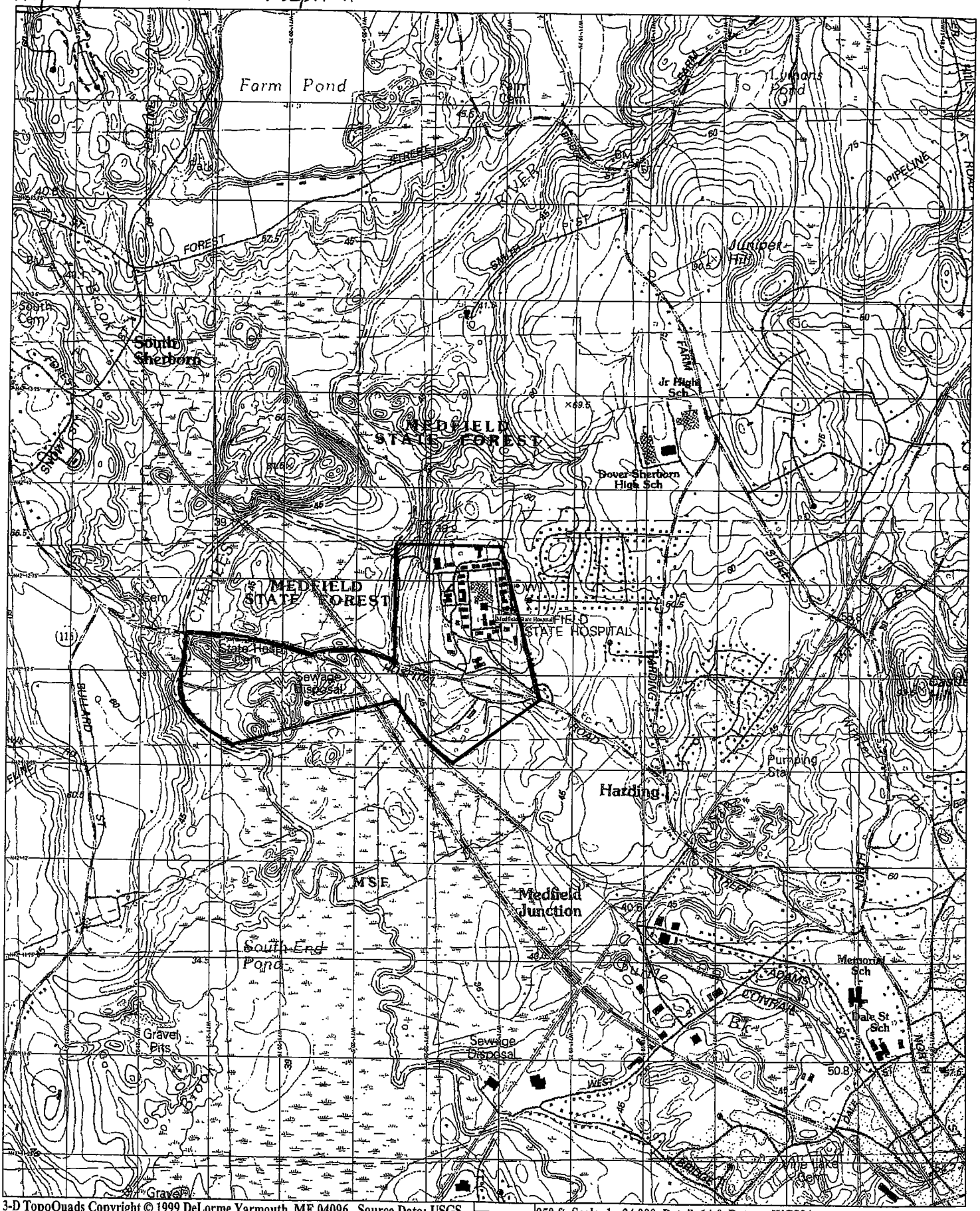
Or **fax** to: (508) 792-7275
Natural Heritage Program
Attn: Environmental Review

*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.

Approximate Property Boundary ——

Property: Medfield State Hospital



3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS 950 ft Scale: 1 : 24,000 Detail: 14-0 Datum: WGS84

Commonwealth of Massachusetts

Division of Fisheries & Wildlife

MassWildlife

Wayne F. MacCallum, *Director*

June 11, 2003

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

Re: Medfield State Hospital
Medfield, MA
NHESP File: 03-12020

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 above referenced site. I have reviewed the site and would like to offer the following comments.

Our database indicates that the site abuts Priority Habitat PH 887, which has been delineated for the River Bulrush (*Bolboschoenus fluviatus*), a species of "Special Concern". This species is protected under the Massachusetts Endangered Species Act (M.G.L. c. 131A) and its implementing regulations (321 CMR 10.00) as well as the state's Wetlands Protection Act (M.G.L. c. 131, s. 40) and its implementing regulations (310 CMR 10.00). Fact sheets for this species can be found on our website at www.state.ma.us/dfwele/dfw.

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

500 EDGEWATER DRIVE SUITE 566 WAKEFIELD, MA 01880 781-224-4488 fax 781-224-3033 http://www.pirnie.com

RECYCLED PAPER

MALCOLM PIRNIE

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 M Zwack

Bridget Zwack
Engineer

Enclosure
cc: Robert Winn
File 4732002-C

G:\BusDev\DCAM stormwater\MHC letter

RECYCLED PAPER

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: Medfield State Hospital, 45 Hospital Road, Medfield, MA

City / Town: Medfield

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's "State Register of Historic Places 2002" lists Medfield State Hospital as historic place. Designated as historic under NRDIS, NRMPS, and LHD.

What is the total acreage of the project area? 247 Acres

Woodland	49 acres	Productive Resources:	
Wetland	acres	Agriculture	acres
Floodplain	acres	Forestry	acres
Open space	74 acres	Mining/Extraction	acres
Developed	124 acres	Total Project Acreage	247 acres

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

What is the present land use of the project area?
Medfield State Hospital was actively used by Department of Mental Health (DMH) to treat mental patients and as offices. However, Property became inactive on April 30, 200

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

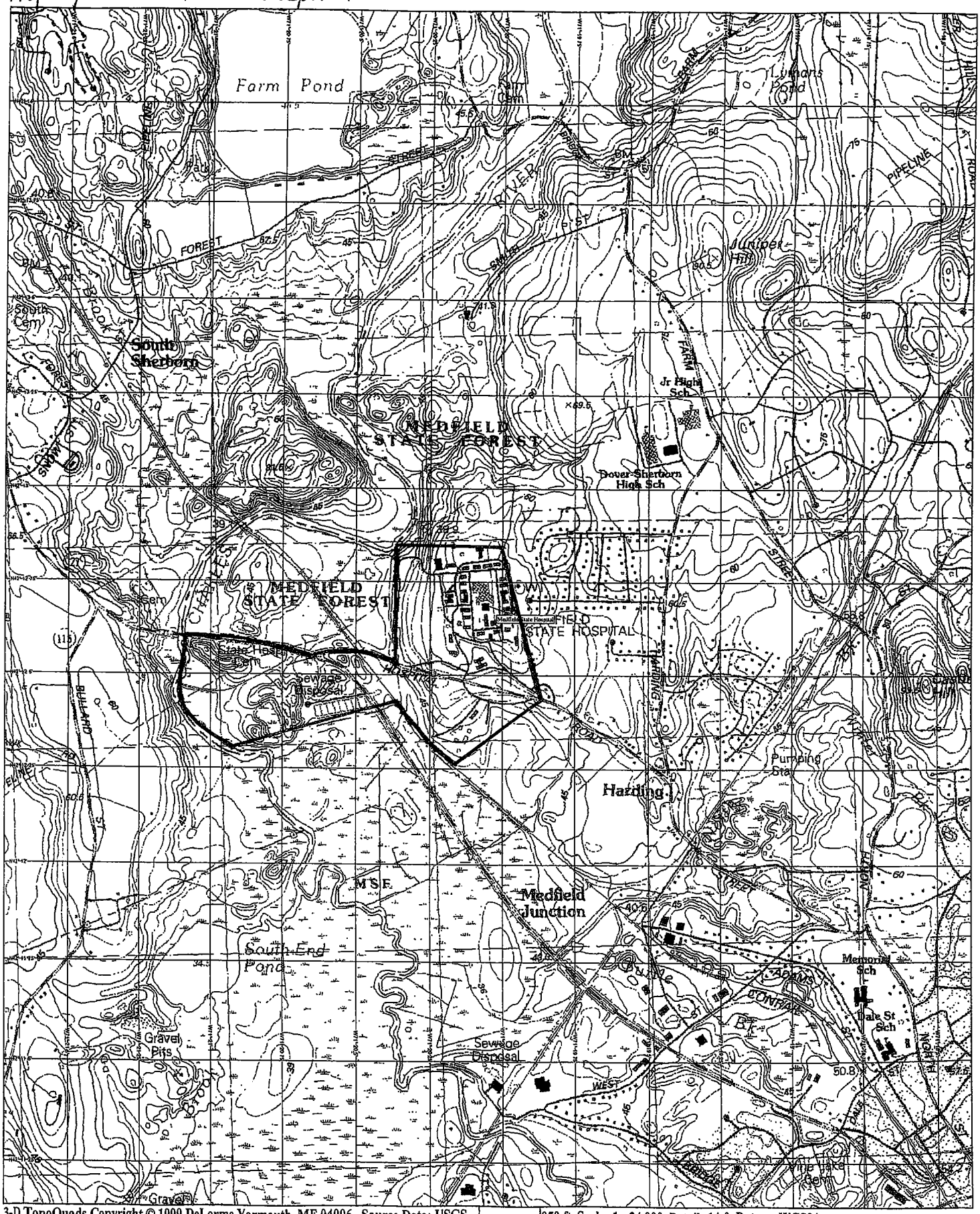
Telephone: (781) 224-4488

REGULATORY AUTHORITY

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

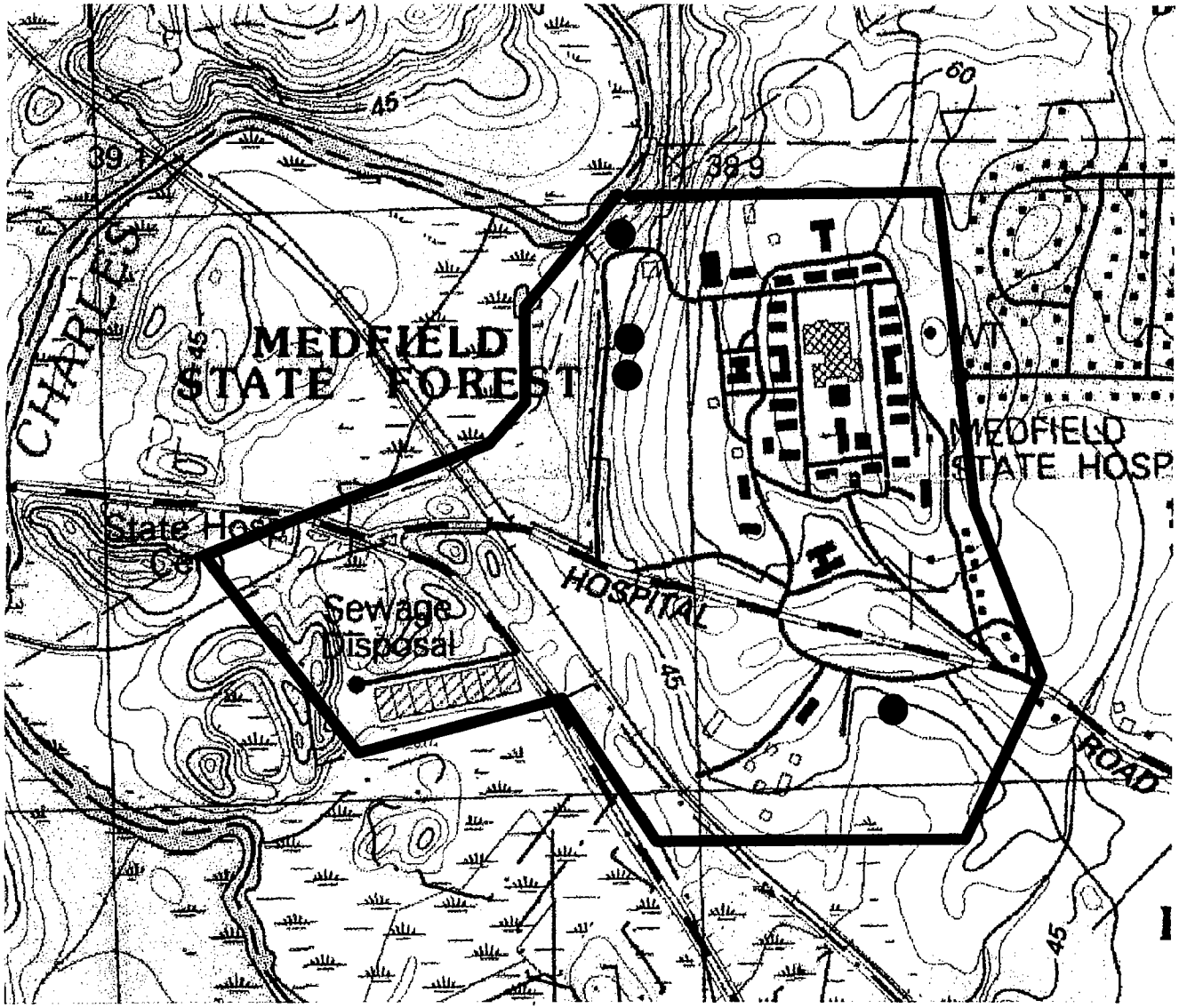
Approximate Property Boundary ——

Property: Medfield State Hospital



3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS 950 ft Scale: 1 : 24,000 Detail: 14-0 Datum: WGS84

DCAM - Medfield State Hospital
Outfall Locus Map



Outfall

Property Boundary

N
W
E
S

Z:_0440 DCAM_Medfield_Outfall.mxb