MAR041143

Hand-enter Your Transmittal Number → W 035921
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
NPDES Stormwater General Permit NOI — Name of Permit Category
Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) — Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Northborough — Name of Firm - Or, if party needing this approval is an individual enter name below:

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

63 Main Street — Street Address

Northborough — City/Town | MA — State | 01532 — Zip Code | (508) 393-5015 — Telephone # and extension

Frederic E. Litchfield, Town Engineer — Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Northborough — Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

63 Main Street — Street Address | e-mail address (optional)

Northborough — City/Town | MA — State | 01532 — Zip Code | (508) 393-5015 — Telephone # and extension

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

Weston & Sampson — Name of Firm Or Individual

Five Centennial Drive — Address

Peabody — City/Town | MA — State | 01960-7985 — Zip Code | (978) 532-1900 — Telephone # and extension

John Meader — 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 JUL 21 2003
Is an Environmental Impact Report Required? ☐ yes ☐ no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☒ no

List any other DEP permits that apply to this project:

Permit Category	**Date of Submission** (tentative or actual)	**Transmittal #** if application already submitted

F. Amount Due

Special Provisions:

☒ Fee Exempt* (city, town or municipal housing authority)(state agency if fee is $100 or less)
☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check Number | Dollar Amount | Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W035921
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

   Frederic E. Litchfield, Jr., P.E., Town Engineer
   Name

   63 Main Street
   Mailing Address

   Northborough — City/Town
   MA 01532 — State

   (508) 393-5015 — Telephone Number
   flitchfield@town.northborough.ma.us — Email (if available)

2. Municipality Name

   Town of Northborough, Massachusetts
   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:

   Mass State Highways (Rte. 20, Rte. 290, Rte 9), MassHighway Depot (at Rtes 9 & 20), Westborough State Hospital.

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

   See Page 10 of Narrative

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
Assabet River (Name)	Unknown (Number)	☒ Yes ☐ No	Metals, nutrients, pathogens, organic enrichment/low DO (Specify)
Bartlett Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Cold Harbor Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Coolidge Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Howard Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Little Chauncy Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Solomon Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Smith Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Stirrup 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)

D. Stormwater Management Program Summary

1. Public Education:

1a
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Distribute/Post Nonpoint Source Pollution Posters	Engineering Dept.	Post in all schools and town buildings

1b
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Air Stormwater Message on Local Cable Channel	Engineering Dept.	Post one message every month

1c
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Obtain and Distribute auto repair shop brochures	Engineering Dept.	Distribute to all impacted local businesses

1d
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Add Stormwater Information to Town's Website	Engineering Dept., GIS Manager	Update information quarterly to address seasonal concerns

1e
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Flyer to Community Residents	Engineering Dept., SuAsCo Watershed Community Council	Flyer distributed to 75% of residents, and compiled and considered municipal and multi-watershed-wide "survey" results

1f
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Lesson Plan for Fifth Grade Students	Engineering Dept., SuAsCo Watershed Community Council	Develop & distribute lesson plan to implement at the Grade 5 level, and lesson plan is taught in one or more Grade 5 classrooms in the community

1g
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Flyer to Community Businesses	Engineering Dept., SuAsCo Watershed Community Council	Flyer distributed to minimum of 50% of businesses in municipality, and stormwater logo displayed by one-half of businesses receiving the flyer

D. Stormwater Management Program Summary (Cont.)

1h
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Media Campaign	Engineering Dept., SuAsCo Watershed Community Council	Media information packet delivered to the local media, and 4 press releases generated and issued to local media and major media outlets

1i
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Video	Engineering Dept., SuAsCo Watershed Community Council	Show stormwater video at a minimum of one public meeting, and air stormwater video at least once on local cable station

2. Public Participation:

2a
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Traveling Display	Engineering Dept., SuAsCo Watershed Community Council	Stormwater display circulates around the community for a minimum of 3 months in permit year #1, and stormwater display is posted at a minimum of 3 different public locations in permit year #1, and stormwater display is also used in future permit years for posting in public places or at stormwater events

2b
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Poster Contest for Fifth Grade Students	Engineering Dept., SuAsCo Watershed Community Council	Poster contest is held and entries are received, judged, and displayed

2c
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Photo Contest for High School Students	Engineering Dept., SuAsCo Watershed Community Council	Photo contest is held and entries are received, judged, and displayed

2d
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Hazardous Materials Collection Day	Engineering Dept.	Collect materials from residents one day per year

D. Stormwater Management Program Summary (Cont.)

2e
BMP ID #

Implement an Annual, Volunteer Stream Clean-up Day Specify Best Management Practice	Engineering Dept. Responsible Dept./Person Name	Hold stream clean-up day once per year Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3a
BMP ID #

Map Outfalls and Receiving Waters Specify Best Management Practice	Asst. DPW Director, GIS Manager Responsible Dept./Person Name	Prepare draft map in 1st year and map 25% of outfalls each following year Specify Measurable Goal

3b
BMP ID #

Review Existing Bylaws and Regulations Specify Best Management Practice	DPW, Engineering Dept., Planning Dept. Responsible Dept./Person Name	Determine whether bylaws & regulations meet EPA requirements Specify Measurable Goal

3c
BMP ID #

Develop Illicit Discharge Detection & Elimination Plan Specify Best Management Practice	DPW, Engineering Dept., Planning Dept. Responsible Dept./Person Name	Make recommendations for plan & begin implementation by the fourth permit year Specify Measurable Goal

3d
BMP ID #

Develop/Modify General Illicit Discharge Bylaw Specify Best Management Practice	DPW, Engineering Dept., Planning Dept. Responsible Dept./Person Name	Propose recommendations for developing a new bylaw or modifying the existing bylaw & make presentations for Town meeting action Specify Measurable Goal

4. Construction Site Runoff Control:

4a
BMP ID #

Review Existing Regulations, and Monitoring & Enforcement Measures Specify Best Management Practice	DPW, Engineering Dept., Planning Dept. Responsible Dept./Person Name	Determine whether required EPA requirements are met Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

4b
BMP ID #

Develop/modify Regulations, and Monitoring & Enforcement Measures	DPW, Engineering Dept., Planning Dept.	Propose recommendations for modifying existing regulations & practices
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4c
BMP ID #

Present New Regulations for Town Meeting Action	DPW, Engineering Dept., Planning Dept.	Make presentations for Town meeting action
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5. Post Construction Runoff Control:

5a
BMP ID #

Review Existing Regulations, and Monitoring & Enforcement Measures	DPW, Engineering Dept., Planning Dept.	Determine whether required EPA requirements are met
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5b
BMP ID #

Develop/modify Regulations, and Monitoring & Enforcement Measures	DPW, Engineering Dept., Planning Dept.	Propose recommendations for modifying existing regulations & practices
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5c
BMP ID #

Present New Regulations for Town Meeting Action	DPW, Engineering Dept., Planning Dept.	Make presentations for Town meeting action
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6a
BMP ID #

Implement Street Sweeping Program	Department of Public Works	Sweep every street once per year
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6b
BMP ID #

Implement Catch Basin Cleaning Program	Department of Public Works	Clean & inspect all catch basins within five year permit cycle
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

6c
BMP ID #

Perform Site Visits to Examine Existing Practices at Facilities	DPW, Engineering Dept.	Target all applicable municipal facilities and visit each annually
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6d
BMP ID #

Train Municipal Employees at Each Facility	DPW, Engineering Dept.	Target all applicable municipal facilities and provide annual refreshers
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6e
BMP ID #

Perform Follow-ups to Ensure Required Practices are Met	DPW, Engineering Dept.	Target all applicable municipal facilities and visit each annually
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

7a
BMP ID #

Prioritize Stormwater System Mapping Along the Assabet River	DPW, GIS Manager	Map outfalls discharging to the Assabet River by the fourth permit year
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7b
BMP ID #

Perform Dry Weather Inspections of Outfalls Along the Assabet River Using Volunteers	DPW, GIS Manager	Inspect outfalls discharging to the Assabet River during dry weather by the fifth permit year
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.

Barry M. Brenner, Town Administrator
Printed Name

Barry M. Brenner — 4/16/2003
Signature — 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 W035921

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
1a	—	—	—	—					—	—	—	—					—	—	—	—	
1b	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1c					—	—	—	—													
1d	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
1e			—	—																	
1f					X		X														
1g											—	—									
1h													—	—	—	—					
1i																	—	—	—	—	
2a			—	—																	
2b							—	—													
2c											—	—									
2d			X				X				X				X				X		
2e		X				X				X				X				X			
3a	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3b					—	—	—	—													
3c					—	—	—	—													
3d					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
4a					—	—	—	—													
4b					—	—	—	—					(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
4c					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5a					—	—	—	—													
5b					—	—	—	—					(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
5c					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6a	X				X				X				X				X				
6b		—	—			—	—			—	—			—	—			—	—		
6c	X				X				X				X				X				
6d				X				X				X				X				X	
6e							X				X				X				X		