



Hand-enter Your Transmittal Number

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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

Type of Project or Activity

Stormwater

Name of Permit Category

## B. Applicant Information - Firm or Individual

Town of Saugus

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

Last Name of Individual

515 Main Street

Street Address

Saugus

City/Town

Mr. Joseph Attubato

Contact Person

First Name of Individual

MI

MA

State

01906

Zip Code

781-231-4145

Telephone # and extension

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Saugus Storm Drain System

Name of Facility, Site or Individual  
same as above

Street Address

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

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

City/Town

Brent McCarthy

Contact Person

MA

State

02139

Zip Code

617-452-6000

Telephone # and extension

LSP Number (21E only)

## E. Permit - Project Coordination

Is this project subject to MEPA review?  yes  no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE 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

## 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



**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:

Mr. Joseph Attubato, Director of Public Works

Name

515 Main Street

Mailing Address

Saugus

City/Town

MA

State

781-231-4145

Telephone Number

Email (if available)

2. Municipality Name

Town of Saugus

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:

Massachusetts District Commission (MDC) roadways

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

JUL 28 2003



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

W040276  
Transmittal Number

**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:	No. of Outfalls	Listed as Impaired?	Impairment
Saugus River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/low DO, pathogens, oil and grease, thermal modifications, flow alteration, and other habitat alterations Specify
Hawkes Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hawkes Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Walden Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Birch Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spring Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Griswold Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crystal Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stevens Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Camp Nihan Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Shute Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fiske Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pines River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Bear Creek Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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**D. Stormwater Management Program Summary**

1. Public Education:

1-1

BMP ID #

Include an article/brochure about stormwater in the annual Consumer Confidence Report.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Article/brochure distributed annually to all residents.  
Specify Measurable Goal

1-2

BMP ID #

Include stormwater information in water and sewer bills once per year.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Inserts mailed in consumer water and sewer bills once per year.  
Specify Measurable Goal

1-3

BMP ID #

Offer to give a stormwater presentation for school children.

Specify Best Management Practice

Department of Public Works or Conservation Commission  
Responsible Dept./Person Name

School superintendent contacted.  
Specify Measurable Goal

1-4

BMP ID #

Maintain signs for pet waste clean-up at schools and parks.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of signs inspected.  
Specify Measurable Goal

1-5

BMP ID #

Give an annual update of the Stormwater Management Plan at a televised Selectmen's meeting.

Specify Best Management Practice

Department of Public Works or Conservation Commission  
Responsible Dept./Person Name

Annual update of the SWMP at a televised Selectmen's meeting.  
Specify Measurable Goal

1-6

BMP ID #

Staff a table with information about stormwater at Founder's Day each year.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Table staffed each year; number of brochures handed out.  
Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with state public notification guidelines at MGL Chapter 39 Section 23B.

Specify Best Management Practice

Town Clerk  
Responsible Dept./Person Name

Notices posted in current locations.  
Specify Measurable Goal



Massachusetts Department of Environmental Protection  
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W040276  
Transmittal Number

**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

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2-2  
BMP ID #  
Provide in-kind support for citizen clean-ups.  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of clean-ups for which services are provided.  
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1  
BMP ID #  
Conduct dry weather outfall screening.  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Percent of outfalls screened.  
Specify Measurable Goal

3-2  
BMP ID #  
Map stormwater outfalls and receiving waters.  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Map created.  
Specify Measurable Goal

3-3  
BMP ID #  
Map the stormwater collection system in a GIS.  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

GIS of stormwater system created.  
Specify Measurable Goal

3-4  
BMP ID #  
Develop and implement a plan to identify and remove non-stormwater discharges to the MS4.  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of illicit connections found and removed.  
Specify Measurable Goal

3-5  
BMP ID #  
Develop a bylaw to require inspection of new construction for correct connection to the sanitary sewer.  
Specify Best Management Practice

Town Attorney  
Responsible Dept./Person Name

Draft bylaw developed and presented to Town Meeting.  
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1  
BMP ID #  
Develop a Construction Site Erosion and Sediment Control

Town Attorney  
Responsible Dept./Person Name

Draft bylaw developed and presented to Town Meeting.

4-2  
BMP ID #  
Require a waste management plan at construction sites

Planning Board, Conservation Commission

Regulatory mechanism in place for requiring a waste

4-3  
BMP ID #  
Continue to review site plans for stormwater impacts.

Planning Board, Inspection Services, Conservation

Protocol for site plan reviews developed.



**BRP WM 08A** NPDES Stormwater General Permit

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

4-4

BMP ID #

Consider public input for new construction sites.

Planning Board and DPW  
Responsible Dept./Person Name

Number of public hearings; complaint log kept.

4-5

BMP ID #

Continue inspection of erosion and sediment controls.

Planning Board, Inspection Services, and Conservation

Number of inspections conducted.

5. Post Construction Runoff Control:

5-1

BMP ID #

Continue Enforcing the Storm Drainage General Requirements and the Hillside Protection Bylaws.

Specify Best Management Practice

Planning Board  
Responsible Dept./Person Name

Number of new project plans reviewed for compliance with the Storm Drainage General Requirements and the Hillside Protection bylaw.

Specify Measurable Goal

5-2

BMP ID #

Specify a stormwater BMP manual to be used for consistent design and performance standards.

Specify Best Management Practice

Town Engineer and Town Attorney  
Responsible Dept./Person Name

BMP manual selected.

Specify Measurable Goal

5-3

BMP ID #

Develop a draft bylaw that ensures long-term maintenance of private structural BMPs.

Specify Best Management Practice

Town Attorney and Planning Board  
Responsible Dept./Person Name

Draft bylaw developed and presented to Town Meeting.

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

Department of Public Works  
Responsible Dept./Person Name

List of sensitive receptors developed, staff notified.

Specify Measurable Goal

6-2

BMP ID #

Sweep all streets twice per year.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Percent of streets swept annually.

Specify Measurable Goal

6-3

BMP ID #

Calibrate salt spreaders twice per year and monitor industry standards and practices.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Maintain documentation of amount of deicers used.

Specify Measurable Goal



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

W040276  
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)

6-4

BMP ID #

Minimize impacts from vehicle maintenance.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Employee training held;  
materials inventory developed.  
Specify Measurable Goal

6-5

BMP ID #

Maintain the storm drain system.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of catch basins  
cleaned annually.  
Specify Measurable Goal

6-6

BMP ID #

Train staff to minimize chemical applications in parks and other landscaped areas.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Employee training held;  
materials inventory developed.  
Specify Measurable Goal

6-7

BMP ID #

Control illegal dumping.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of signs posted;  
number of cleanups  
supported.  
Specify Measurable Goal

6-8

BMP ID #

Hold Annual Household Hazardous Waste Drop-off Day

Specify Best Management Practice

Inspection Services  
Responsible Dept./Person Name

At least one household  
hazardous waste drop-off day  
held per year.  
Specify Measurable Goal

6-9

BMP ID #

Plant a new tree to replace every tree removed by the Town each year.

Specify Best Management Practice

Department of Public Works  
and Tree Committee  
Responsible Dept./Person Name

The same number or more  
trees planted than cut down  
each year.  
Specify Measurable Goal

7. BMPs for Meeting TMDL: **NONE REQUIRED**

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 #



Massachusetts Department of Environmental Protection  
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**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.

Printed Name ANDREW BISIGNANI TOWN MGR  
Signature *Andrew Bisignani* Date 7/13/03



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**

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit						
	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	
1-1																		X				
1-2								X														X
1-3					X																	
1-4			X		X																	
1-5					X																	
1-6					X																	
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