



Hand-enter Your Transmittal Number

1087

W 040422

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

City of Attleboro

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

Last Name of Individual

77 Park Street

Street Address

Attleboro

City/Town

Mr. Edward Tanner

Contact Person

First Name of Individual

MI

MA

State

02703

Zip Code

508-223-2222

Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Attleboro Storm Drainage 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

617452-6000

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

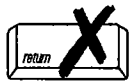


BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

City of Attleboro
Name
77 Park Street
Mailing Address
Attleboro MA
City/Town State
508-223-2222
Telephone Number Email (if available)

2. Municipality Name

Attleboro
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 Highway Department

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

yes pending no



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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
Tenmile River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, nutrients, siltation, organic enrichment/low DO, pathogens, noxious aquatic plants, turbidity Specify
Sevenmile River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	organic enrichment, low DO, pathogens Specify
Dodgeville Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutrient, pathogens, noxious aquatic plants, turbidity Specify
Farmers Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutrients, noxious aquatic plants Specify
Hebronville Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants Specify
Mechanics Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutrients, pathogens, noxious aquatic plants Specify
Luther Reservoir Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	turbidity Specify
Lake Como Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants, turbidity Specify
Speedway Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	metals, nutrients, siltation, organic enrichment, low DO, pathogens, turbidity Specify
Manchester Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Orrs Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cranberry Ponds Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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C. Names of (Presently Known) Receiving Waters (Cont.)

Sweeden's Swamp Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fourmile Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Brook Tributary to Tenmile River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Brook Tributary to Sevenmile River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Thatcher Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bliss Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Streams Tributary to Thatcher Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chartley Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chartley Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Coopers Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bungay River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Blackstone River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Happy Hollow Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Robin Hollow Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed ponds and wetlands Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

<p>1-1 <u>BMP ID #</u> Article/brochure about stormwater mailed to residents and businesses <u>Specify Best Management Practice</u></p>	<p><u>Environmental Planner</u> <u>Responsible Dept./Person Name</u></p>	<p><u>Article/brochure distributed annually</u> <u>Specify Measurable Goal</u></p>
<p>1-2 <u>BMP ID #</u> Update City website to include stormwater management information <u>Specify Best Management Practice</u></p>	<p><u>Environmental Planner/Conservation Commission</u> <u>Responsible Dept./Person Name</u></p>	<p><u>City website updated</u> <u>Specify Measurable Goal</u></p>
<p>1-3 <u>BMP ID #</u> Sponsor Cleanup Days for rivers and water bodies within City limits <u>Specify Best Management Practice</u></p>	<p><u>DPW/Health Dept/Park and Forestry Dept</u> <u>Responsible Dept./Person Name</u></p>	<p><u>Hold City-sponsored Cleanup Days</u> <u>Specify Measurable Goal</u></p>
<p>1-4 <u>BMP ID #</u> Stormwater education program for school children <u>Specify Best Management Practice</u></p>	<p><u>Environmental Planner</u> <u>Responsible Dept./Person Name</u></p>	<p><u>Presentation given to middle schools</u> <u>Specify Measurable Goal</u></p>
<p>1-5 <u>BMP ID #</u> Present stormwater management issues to organizations <u>Specify Best Management Practice</u></p>	<p><u>Environmental Planner</u> <u>Responsible Dept./Person Name</u></p>	<p><u>Presentation given to at least one group annually</u> <u>Specify Measurable Goal</u></p>
<p>1-6 <u>BMP ID #</u> Educate dog owners about picking up dog waste <u>Specify Best Management Practice</u></p>	<p><u>Health Dept/City Clerk</u> <u>Responsible Dept./Person Name</u></p>	<p><u>Pet waste fact sheets mailed to dog owners in annual dog registration mailing</u> <u>Specify Measurable Goal</u></p>
<p>1-7 <u>BMP ID #</u> Install and maintain signs for stormwater management and pet waste clean-up at schools and parks <u>Specify Best Management Practice</u></p>	<p><u>Park and Forestry Dept/Recreation Dept</u> <u>Responsible Dept./Person Name</u></p>	<p><u>Number of signs installed, number of signs inspected</u> <u>Specify Measurable Goal</u></p>



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D. Stormwater Management Program Summary (Cont.)

1-8

BMP ID #
Staff table at annual Earth Day event
Specify Best Management Practice

Health Dept
Responsible Dept./Person Name

Table staffed annually, number of brochures handed out
Specify Measurable Goal

1-9

BMP ID #
Continue to staff a table weekly at "Wednesday Night Market"
Specify Best Management Practice

Health Dept
Responsible Dept./Person Name

Table staffed, number of brochures handed out
Specify Measurable Goal

1-10

BMP ID #
Annual update of Stormwater Management Plan at televised Municipal Council meeting
Specify Best Management Practice

Environmental Planner/DPW
Responsible Dept./Person Name

Annual update of SWMP at Municipal Council meeting
Specify Measurable Goal

1-11

BMP ID #
Appear on local access television talk show to discuss stormwater management
Specify Best Management Practice

Planning Dept/Health Dept/DPW
Responsible Dept./Person Name

Periodic discussion of stormwater management on local access television
Specify Measurable Goal

1-12

BMP ID #
Post information on stormwater management on local access television
Specify Best Management Practice

Environmental Planner
Responsible Dept./Person Name

Information posted and updated on local access channel.
Specify Measurable Goal

1-13

BMP ID #
Post signs and develop and distribute brochures on Wall Street Highway Yard Stormwater Improvements
Specify Best Management Practice

DPW/Environmental Planner
Responsible Dept./Person Name

Signs posted and brochures distributed
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

DPW/Environmental Planner/Health Dept
Responsible Dept./Person Name

Notices posted in designated locations
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>2-2</u> BMP ID # <u>Stencil catch basins with don't dump message</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Number of catch basins stenciled</u> Specify Measurable Goal
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3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # <u>Conduct dry weather outfall screening</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Percent of outfalls screened</u> Specify Measurable Goal
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<u>3-2</u> BMP ID # <u>Map stormwater outfalls and receiving waters</u> Specify Best Management Practice	<u>Environmental Planner</u> Responsible Dept./Person Name	<u>Map created</u> Specify Measurable Goal
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<u>3-3</u> BMP ID # <u>Map stormwater collection system in GIS</u> Specify Best Management Practice	<u>Environmental Planner</u> Responsible Dept./Person Name	<u>GIS of stormwater system created</u> Specify Measurable Goal
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<u>3-4</u> BMP ID # <u>Develop and implement plan to identify and remove non-stormwater discharges</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Number of illicit connections found and removed</u> Specify Measurable Goal
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<u>3-5</u> BMP ID # <u>Develop ordinance that prohibits illicit connections, allows access to buildings, and requires redirection of illicit connections found</u> Specify Best Management Practice	<u>City Attorney/Planning Dept/DPW</u> Responsible Dept./Person Name	<u>Draft ordinance developed and presented to Municipal Council</u> Specify Measurable Goal
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<u>3-6</u> BMP ID # <u>Continue inspection of new construction for correct connection to sanitary sewer</u> Specify Best Management Practice	<u>DPW/Dept of Water and Wastewater</u> Responsible Dept./Person Name	<u>New construction inspected</u> Specify Measurable Goal
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D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID # Develop city-wide construction site erosion and sediment control ordinance for sites greater than 1 acre Specify Best Management Practice	<u>City Attorney/Planning Dept</u> Responsible Dept./Person Name	<u>Draft ordinance developed and presented to Municipal Council</u> Specify Measurable Goal
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<u>4-2</u> BMP ID # Require construction site operator to submit monthly erosion and sediment control reports. Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Inspection reports submitted to City</u> Specify Measurable Goal
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<u>4-3</u> BMP ID # Review site plans for stormwater impacts Specify Best Management Practice	<u>Environmental Planner/Planning Board</u> Responsible Dept./Person Name	<u>Number of site plans reviewed</u> Specify Measurable Goal
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<u>4-4</u> BMP ID # Consideration of public input Specify Best Management Practice	<u>Environmental Planner/Planning Board</u> Responsible Dept./Person Name	<u>Public review and comment periods held; signs posted at construction sites</u> Specify Measurable Goal
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5. Post Construction Runoff Control:

<u>5-1</u> BMP ID # Develop ordinance to apply Performance Standards 2,3,4,7,and 9 of the MA Stormwater Policy to developments disturbing more than 1 acre. Specify Best Management Practice	<u>City Attorney/Planning Dept</u> Responsible Dept./Person Name	<u>Draft ordinance developed and presented to Municipal Council</u> Specify Measurable Goal
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<u>5-2</u> BMP ID # Specify a stormwater BMP manual to be used for consistent design and performance standards. Specify Best Management Practice	<u>Environmental Planner</u> Responsible Dept./Person Name	<u>BMP manual selected.</u> Specify Measurable Goal
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D. Stormwater Management Program Summary (Cont.)

5-3

BMP ID #

Ensure long-term maintenance
of structural BMPs.

Specify Best Management Practice

City Attorney/Planning Dept

Responsible Dept./Person Name

Draft ordinance developed and
presented to Municipal Council

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Employee Training Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Number/percent of DPW
employees who receive
stormwater training each year.

Specify Measurable Goal

6-2

BMP ID #

Continue street and parking lot
sweeping

Specify Best Management Practice

DPW

Responsible Dept./Person Name

All streets and municipal
parking lots swept in spring;
downtown street swept twice
weekly throughout year,
weather permitting; tons of
materials removed from
roadways annually.

Specify Measurable Goal

6-3

BMP ID #

Storm drain maintenance

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Percent of catch basins
cleaned annually.

Specify Measurable Goal

6-4

BMP ID #

Evaluate street sweeping and
catch basin cleaning
equipment.

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Evaluation of existing
equipment

Specify Measurable Goal

6-5

BMP ID #

Roadway deicing

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Reduction in amount of
deicers used (compared to
years with similar snowfall and
deicer demand) and
environmental impacts of
deicers.

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

6-6
BMP ID #

Proper snow disposal
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Designated snow disposal
areas identified.
Specify Measurable Goal

6-7
BMP ID #

Continue spill prevention and
response training at DPW
facility

Specify Best Management Practice

DPW/Health Dept
Responsible Dept./Person Name

Periodic training of employees.
Specify Measurable Goal

6-8
BMP ID #

Develop a written spill
prevention and response plan
for the DPW facility

Specify Best Management Practice

DPW/Health Dept
Responsible Dept./Person Name

Written spill prevention and
response plan developed and
updated annually.
Specify Measurable Goal

6-9
BMP ID #

Continue to maintain
hazardous materials inventory
for materials used or
generated by the City.

Specify Best Management Practice

DPW/Fire Dept/Health Dept
Responsible Dept./Person Name

Maintenance of hazardous
materials inventory system.
Specify Measurable Goal

6-10
BMP ID #

Minimize impacts from vehicle
maintenance.

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Reduction in amount of
hazardous materials used.
Specify Measurable Goal

6-11
BMP ID #

Minimize impacts from vehicle
washing.

Specify Best Management Practice

DPW/Police Dept
Responsible Dept./Person Name

Investigation with specific
recommendations completed.
Resulting implementation of
recommendations scheduled.
Decline in use of soap. Switch
to biodegradable soap.
Specify Measurable Goal

6-12
BMP ID #

Park and landscape
maintenance.

Specify Best Management Practice

Park & Forestry
Dept/Recreation Dept
Responsible Dept./Person Name

Amount of herbicides/fertilizers
used.
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

6-13
 BMP ID #
 Continue tree planting and maintenance program.
 Specify Best Management Practice

Park & Forestry
 Dept/Recreation Dept
 Responsible Dept./Person Name

Number of trees planted.
 Specify Measurable Goal

6-14
 BMP ID #
 Illegal dumping control.
 Specify Best Management Practice

DPW/Health Dept
 Responsible Dept./Person Name

Number of signs posted;
 number of sites cleaned up.
 Specify Measurable Goal

6-15
 BMP ID #
 Continue to hold Annual Household Hazardous Waste Collection Day.
 Specify Best Management Practice

Health Dept
 Responsible Dept./Person Name

Household Hazardous Waste Collection Day held annually.
 Specify Measurable Goal

6-16
 BMP ID #
 Continue to provide monthly drop off days for automotive and other waste products.
 Specify Best Management Practice

Health Dept
 Responsible Dept./Person Name

Monthly waste drop offs for residents provided during non-winter months.
 Specify Measurable Goal

6-17
 BMP ID #
 Continue enforcement of pet waste pick-up ordinance. Empty trash barrels frequently to encourage proper disposal.
 Specify Best Management Practice

Health Dept/Animal Control Officer/DPW/Parks and Recreation Depts
 Responsible Dept./Person Name

Reduction in complaints, if any, of pet waste in public areas; frequency of trash barrel emptying.
 Specify Measurable Goal

6-18
 BMP ID #
 Implement stormwater improvements at the City's Wall Street Highway Yard designed to reduce nonpoint source pollution to the Tenmile River.
 Specify Best Management Practice

DPW/Environmental Planner
 Responsible Dept./Person Name

Construction of stormwater improvement projects.
 Specify Measurable Goal

6-19
 BMP ID #
 Enter into agreement with Historic Preservation Officer to mitigate potential impacts to Blackinton Houses & Park Historic Site.
 Specify Best Management Practice

Environmental Planner
 Responsible Dept./Person Name

Written agreement with Historic Preservation Officer obtained.
 Specify Measurable Goal



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

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.

Judith H. Robbins

Printed Name

Judith H. Robbins
Signature

MAYOR

7/24/03
Date

