



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

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit

Name of Permit Category

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

Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Abington

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

Last Name of Individual
500 Gliniewicz Way

First Name of Individual

MI

Street Address

Abington

MA

02351

(781) 982-2100

City/Town

State

Zip Code

Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Abington

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

500 Gliniewicz Way

Street Address

e-mail address (optional)

Abington

MA

02351

(781) 982-2100

City/Town

State

Zip Code

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

Contact Person

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [ ] yes [x] 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 [x] no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? [ ] yes [x] no

List any other DEP permits that apply to this project:

MUNICIPAL ASSISTANCE UNIT
AUG 20 2003

Permit Category

Date of Submission (tentative or actual)

Transmittal # if application already submitted

F. Amount Due

Special Provisions:

- [x] 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)**

**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:

KEVIN R. DONOVAN, CHAIRMAN BOARD OF SELECTMEN

Name

Town of Abington, 500 Gliniewicz Way

Mailing Address

Town of Abington

MA

City/Town

State

(781) 982-2100

Telephone Number

Email (if available)

2. Municipality Name

Town of Abington

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:

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

MUNICIPAL ASSISTANCE UNIT  
AUG 20 2003



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

**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**

No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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 _____
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 _____
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 _____
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 _____
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 _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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

**D. Stormwater Management Program Summary**

1. Public Education:

1  
BMP ID #

Create a Stormwater Program  
Specify Best Management Practice

Highway Department  
Planning Board  
Conservation Commission  
Board of Health  
Board of Selectmen  
Responsible Dept./Person Name

Abington will present to the public at a public meeting Abington's draft Comprehensive Stormwater Management Program.  
Specify Measurable Goal

2  
BMP ID #

Create a Stormwater Program  
Specify Best Management Practice

Highway Department  
Park & Rec  
Board of Health  
Responsible Dept./Person Name

Abington will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Abington's Comprehensive Stormwater Management Program, including public education and outreach.  
Specify Measurable Goal

3  
BMP ID #

Address specific groups  
Specify Best Management Practice

Highway Department  
Conservation Commission  
Responsible Dept./Person Name

Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.  
Specify Measurable Goal

4  
BMP ID #

Target groups likely to impact storm water  
Specify Best Management Practice

Highway Department  
Board of Health  
Conservation Commission  
Responsible Dept./Person Name

Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance.  
Specify Measurable Goal



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

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Storm Sewer Systems (MS4s)

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Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

1. Public Education (Cont.):

5

BMP ID #

Identify alternative information  
sources

Specify Best Management Practice

Highway Department  
MIS Department

Responsible Dept./Person Name

Abington will post links to stormwater  
BMPs and other water quality  
education resources, including EPA  
and DEP on its website.  
[www.abingtonmass.com](http://www.abingtonmass.com)

Specify Measurable Goal

6

BMP ID #

Identify alternative information  
sources

Specify Best Management Practice

MIS Department

Responsible Dept./Person Name

Abington will also post links on its  
website to the Taunton River  
Watershed Council  
[www.tauntonriver.org](http://www.tauntonriver.org)

Specify Measurable Goal

7

BMP ID #

Utilize local public access channel

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

Public meeting notice and the  
meeting reviewing Abington's  
Comprehensive Stormwater  
Management Program will be posted  
on Abington's local access channel.

Specify Measurable Goal

8

BMP ID #

Develop, conduct and document  
educational programs

Specify Best Management Practice

TRW Liaison

Responsible Dept./Person Name

The Town of Abington will appoint a  
liaison to the Taunton River  
Watershed Council to disseminate  
information to the Town on TRW  
programs and activities.

Specify Measurable Goal

9

BMP ID #

Promote household waste recycling

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

The Town of Abington will work with  
the Town's contracted waste hauler  
and the Board of Health to continue  
to sponsor Regional Hazardous  
Waste Collection Days.

Specify Measurable Goal



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

**BRP WM 08A** NPDES Stormwater General Permit  
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Storm Sewer Systems (MS4s)

W040557  
Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

2. Public Participation:

10

BMP ID #

Storm drain stenciling  
Specify Best Management Practice

Highway Department  
Town Planner  
Responsible Dept./Person Name

Abington will work with local Scout groups to develop a stenciling program. Stenciling will target Abington's subwatersheds.  
Specify Measurable Goal

11

BMP ID #

Community clean-ups  
Specify Best Management Practice

Highway Department  
Abington Conservation Commission  
Plymouth County Mosquito Control  
Responsible Dept./Person Name

Town of Abington will encourage local stream team cleanups, such as those performed at Island Grove Pond, with local residents and area Scout groups. Town will provide notice of event on local access channel and website.  
Specify Measurable Goal

12

BMP ID #

Community clean-ups  
Specify Best Management Practice

Highway Department  
Board of Health  
Responsible Dept./Person Name

Town will provide trucks and other material to support cleanup efforts and disposal of materials.  
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

Inventory and mapping of storm drain system  
Specify Best Management Practice

Grant Writer  
Planning Board  
Board of Health  
Responsible Dept./Person Name

Abington will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Abington's Comprehensive Stormwater Management Program, including public education and outreach.  
Specify Measurable Goal



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

W040557  
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)

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination (Cont.):

14

BMP ID #

Mapping and identification of outfalls and receiving waters  
Specify Best Management Practice

Highway Department  
Board of Assessors  
Board of Selectmen  
Responsible Dept./Person Name

Abington will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.  
Specify Measurable Goal

15

BMP ID #

Identification/description of problem areas  
Specify Best Management Practice

Highway Department  
Board of Selectmen  
Responsible Dept./Person Name

Abington will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding.  
Specify Measurable Goal

16

BMP ID #

Enforcement procedures addressing illicit discharges  
Specify Best Management Practice

Planning Board  
Town Counsel  
Board of Health  
Bylaw Review Committee  
Zoning Board of Appeals  
Responsible Dept./Person Name

Abington will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting.  
Specify Measurable Goal

17

BMP ID #

Public information program regarding hazardous wastes and dumping  
Specify Best Management Practice

Board of Health  
Responsible Dept./Person Name

Abington will provide educational brochures to residents within the member communities promoting proper disposal of household hazardous wastes and conditions for regional collections.  
Specify Measurable Goal

18

BMP ID #

Initiation of recycling programs  
Specify Best Management Practice

Board of Health  
Grant Writer  
Responsible Dept./Person Name

Abington will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.  
Specify Measurable Goal



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

W040557  
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)

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination (Cont.):

19

BMP ID #

Watershed assessments and studies  
Specify Best Management Practice

Conservation Commission  
Board of Health  
Park & Recreation  
Grant Writer

Responsible Dept./Person Name

Abington will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems impacting water quality in Cleveland Pond, Cushing Pond, and Island Grove Pond. These waterbodies have been identified as impaired on DEP's 303d list.

Specify Measurable Goal

20

BMP ID #

Watershed assessments and studies  
Specify Best Management Practice

Board of Selectmen  
Water Department

Responsible Dept./Person Name

The Town of Abington will encourage the Rockland Abington Joint Water Works to apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II.

Specify Measurable Goal

4. Construction Site Runoff Control:

21

BMP ID #

Bylaw: Storm water management regulations for construction sites 1 acre or larger  
Specify Best Management Practice

Planning Board  
Conservation Commission  
Town Counsel  
Board of Health

Zoning Board of Appeals

Responsible Dept./Person Name

Abington will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal





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

**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

22

BMP ID #

Bylaw: Require post-construction runoff controls

Specify Best Management Practice

Planning Board  
Conservation Commission  
Town Counsel  
Board of Health

Zoning Board of Appeals

Responsible Dept./Person Name

Abington will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal

6. Municipal Good Housekeeping:

23

BMP ID #

Develop a municipal Operations and Maintenance Plan

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Using regulations and recommendations from DEP and EPA, Abington will develop and update an operations and maintenance plan to include proper disposal of street sweepings, catchbasin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials.

Specify Measurable Goal

24

BMP ID #

Develop a municipal Operations and Maintenance Plan

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Abington will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.

Specify Measurable Goal

25

BMP ID #

Develop and implement training programs for municipal employees

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Abington will send a minimum of 5 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors, as funding allows.

Specify Measurable Goal



**STORM WATER MANAGEMENT PROGRAM**

Mass. Transmittal No. W04055Z

EPA No. \_\_\_\_\_

**SCHEDULE**

Name of MS4: Abington

BMP ID.	PERMIT YEAR				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																						
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