



Hand-enter Your Transmittal Number

W 036302

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 *File 31214 RO 382537* JUN - 5 2003

BRP WM 08A NPDES Stormwater
 Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
Notice of Intent for Discharges from Small Municipal Separate
 Type of Project or Activity Stormwater Systems (MS4's)

B. Applicant Information - Firm or Individual

Town of Boxborough
 Name of Firm - Or, if party needing this approval is an individual enter name below:
Altieri Alicia
 Last Name of Individual First Name of Individual A MI
29 Middle Road
 Street Address
Boxborough MA 01719 978-263-1116 x112
 City/Town State Zip Code Telephone # and extension
Alicia Altieri alicia.altieri@town.boxborough.ma.us
 Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Boxborough Municipal Storm Sewer Systems
 Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
29 Middle Road same as above
 Street Address e-mail address (optional)
Boxborough MA 01719 978-263-1116 x112
 City/Town State Zip Code Telephone # and extension

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

Same as Section B
 Name of Firm Or Individual
 Address
 City/Town State Zip Code Telephone # and extension
 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 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 June 4, 2003

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

COPY



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:

Alicia A. Altieri
Name
29 Middle Road
Mailing Address
Boxborough MA
City/Town State
(978) 263-1116 alicia.altieri@town.boxborough.ma.us
Telephone Number Email (if available)

2. Municipality Name

Town of Boxborough
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 Avenue (Route 111)

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
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Facility ID (if known)

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
Beaver Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elizabeth Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fort Pond Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Guggins Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Heath Hen Meadow Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Inches Brook 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
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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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



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

I.A

BMP ID #

"No Dumping" mailing

Specify Best Management Practice

ConsCom, BOH

Responsible Dept./Person Name

Number of postal patrons notified

I.B

BMP ID #

Informational brochure on septic maintenance/repair

ConsCom, BOH

Responsible Dept./Person Name

Number of brochures distributed

I.C

BMP ID #

Hazardous Waste education

Specify Best Management Practice

BOS, DPW/Kenneth March

Responsible Dept./Person Name

Number of flyers distributed
 Specify Measurable Goal

I.D

BMP ID #

Environmental Programs

Specify Best Management Practice

ConsCom, Box Cons Trust (BCT)

Number of participants attending program

I.E

BMP ID #

Stewardship Program

Specify Best Management Practice

ConsCom, BCT

Responsible Dept./Person Name

Number of Stewards
 Specify Measurable Goal

2. Public Participation:

II.A

BMP ID #

Distribute Stormwater Plan Draft

Planning Board (PB)/Alicia Altieri, Town Planner

Comments received from boards and commissions

II.B

BMP ID #

Conduct Public Hearing on Plan

PB/ Alicia Altieri, Town Planner

Number of attendees
 Specify Measurable Goal

II.C

BMP ID #

Assess interest in Stream Monitoring

ConsCom

Responsible Dept./Person Name

Number of participants in program

II.D

BMP ID #

Water Resource Study reporting

BOH, Water Resources Committee (WRC)

Number of people reported to at ATM

II.E

BMP ID #

Conduct hearing on parcels for water resource protection

BOH, WRC, PB/Alicia Altieri, Town Planner

Number of attendees
 Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>IIIA</u> BMP ID #		
<u>Map catch basins, manholes and pipes</u>	<u>DPW/Kenneth March, GIS</u> Responsible Dept./Person Name	<u>Number of items mapped on GIS</u>
<u>IIIB</u> BMP ID #		
<u>Dry weather outfall screening</u> Specify Best Management Practice	<u>ConsCom, DPW/Kenneth March</u>	<u>Number of outfalls inspection</u> Specify Measurable Goal
<u>IIIC</u> BMP ID #		
<u>Clean-up/mitigate illicit discharges</u>	<u>DPW/Kenneth March</u> Responsible Dept./Person Name	<u>Number of sites cleaned/mitigated</u>
<u>IIID</u> BMP ID #		
<u>"No Dumping" stencils</u> Specify Best Management Practice	<u>DPW/Kenneth March</u> Responsible Dept./Person Name	<u>Number of stencils</u> Specify Measurable Goal
<u>IIIE</u> BMP ID #		
<u>Environmental Penalty Fees</u> Specify Best Management Practice	<u>Building Inspector</u> Responsible Dept./Person Name	<u>Number of citations issued</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>IV.A</u> BMP ID #		
<u>Review existing regulations</u> Specify Best Management Practice	<u>ConsCom, BOH, PB/Alicia Altieri, Town Planner</u>	<u>Whether existing regulations adequately address runoff</u>
<u>IV.B</u> BMP ID #		
<u>Propose new regulations</u> Specify Best Management Practice	<u>ConsCom, BOH, PB/Alicia Altieri, Town Planner</u>	<u>Propose new regulations</u> Specify Measurable Goal
<u>IV.C</u> BMP ID #		
<u>Enforce existing regulations</u> Specify Best Management Practice	<u>Building Inspector</u> Responsible Dept./Person Name	<u>Number of enforcement/"Stop Work actions taken</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>V.A</u>		
<u>BMP ID #</u>		
<u>Review existing regulations</u>	<u>ConsCom, BOH, PB/Alicia</u>	<u>Whether existing regs address</u>
<u>Specify Best Management Practice</u>	<u>Altieri, Town Planner</u>	<u>runoff control</u>
<u>V.B</u>		
<u>BMP ID #</u>		
<u>Propose new regulations</u>	<u>ConsCom, BOH, PB/Alicia</u>	<u>Propose new regulations at</u>
<u>Specify Best Management Practice</u>	<u>Altieri, Town Planner</u>	<u>ATM or by Public Hearing</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>VIA</u>		
<u>BMP ID #</u>		
<u>Minimize use of road salt</u>	<u>DPW/Kenneth March</u>	<u>Number of storms where</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>reduced salt mix is used</u>
<u>VIB</u>		
<u>BMP ID #</u>		
<u>Town road/building parking lot</u>	<u>DPW/Kenneth March</u>	<u>Number of roads/parking lots</u>
<u>sweeping</u>	<u>Responsible Dept./Person Name</u>	<u>swept</u>
<u>VIC</u>		
<u>BMP ID #</u>		
<u>Catch basin cleaning</u>	<u>DPW/Kenneth March</u>	<u>Number of catch basins</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>cleaned</u>
<u>VID</u>		
<u>BMP ID #</u>		
<u>Municipal building septic</u>	<u>DPW/Kenneth March</u>	<u>Number of systems pumped</u>
<u>pumping</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>VIE</u>		
<u>BMP ID #</u>		
<u>Hazardous Waste Collection</u>	<u>DPW/Kenneth March</u>	<u>Number of collections</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>scheduled/ amount collected</u>
<u>BMP ID #</u>	<u>Also see attached</u>	
	<u>Specify Best Management Practice</u>	



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>IIIA</u> BMP ID #		
<u>Map catch basins, manholes and pipes</u>	<u>DPW/Kenneth March, GIS</u> Responsible Dept./Person Name	<u>Number of items mapped on GIS</u>
<u>IIIB</u> BMP ID #		
<u>Dry weather outfall screening</u> Specify Best Management Practice	<u>ConsCom, DPW/Kenneth March</u>	<u>Number of outfalls inspection</u> Specify Measurable Goal
<u>IIIC</u> BMP ID #		
<u>Clean-up/mitigate illicit discharges</u>	<u>DPW/Kenneth March</u> Responsible Dept./Person Name	<u>Number of sites cleaned/mitigated</u>
<u>IIID</u> BMP ID #		
<u>"No Dumping" stencils</u> Specify Best Management Practice	<u>DPW/Kenneth March</u> Responsible Dept./Person Name	<u>Number of stencils</u> Specify Measurable Goal
<u>IIIE</u> BMP ID #		
<u>Environmental Penalty Fees</u> Specify Best Management Practice	<u>Building Inspector</u> Responsible Dept./Person Name	<u>Number of citations issued</u> Specify Measurable Goal

* Regulatory mechanisms to effectively prohibit illicit discharges - complete

4. Construction Site Runoff Control:

<u>IV.A</u> BMP ID #		
<u>Review existing regulations</u> Specify Best Management Practice	<u>ConsCom, BOH, PB/Alicia Altieri, Town Planner</u>	<u>Whether existing regulations adequately address runoff</u>
<u>IV.B</u> BMP ID #		
<u>Propose new regulations</u> Specify Best Management Practice	<u>ConsCom, BOH, PB/Alicia Altieri, Town Planner</u>	<u>Propose new regulations</u> Specify Measurable Goal
<u>IV.C</u> BMP ID #		
<u>Enforce existing regulations</u> Specify Best Management Practice	<u>Building Inspector</u> Responsible Dept./Person Name	<u>Number of enforcement/"Stop Work" actions taken</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

*revised on December 16, 2003



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

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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID # No Water bodies requiring TDML's in Boxborough	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
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.

Natalie Lashmit, Town Administrator

Printed Name

Natalie Lashmit
Signature

June 2, 2003

Date

ATTACHMENT
BRP WM 08A NPDES Stormwater General Permit

D. Stormwater Management Program Summary (Cont.)

1. Public Education:

BMP ID#: I.F

Specify Best Management Practice: Conduct Yard Waste Management Workshop

Responsible Dept./Person Name: BOS, ConsCom, DPW/Kenneth March

Specify Measurable Goal: Number of attendees

BMP ID#: I.G

Specify Best Management Practice: Update Boxborough Conservation Land and Trail Guide

Responsible Dept./Person Name: ConsCom, GIS, BCT

Specify Measurable Goal: Number of persons who purchase Trail Guide

6. Municipal Good Housekeeping

BMP ID#: VI.F

Specify Best Management Practice: Cover salt storage

Responsible Dept./Person Name: DPW/Kenneth March

Specify Measurable Goal: Salt storage area covered

BMP ID#: VI.G

Specify Best Management Practice: Water Quality Testing of Municipal Buildings

Responsible Dept./Person Name: Board of Health

Specify Measurable Goal: Number of tests performed

BMP ID#: VI.H

Specify Best Management Practice: Monitor 21E Sites

Responsible Dept./Person Name: Board of Health

Specify Measurable Goal: Number of sites monitored

BMP ID#: VI.I

Specify Best Management Practice: Track failed septic systems on GIS

Responsible Dept./Person Name: BOH, GIS

Specify Measurable Goal: Number of failed septic systems entered into GIS

BMP ID#: VI.J

Specify Best Management Practice: Track water quality monitoring results on GIS

Responsible Dept./Person Name: BOH, GIS

Specify Measurable Goal: Number of water quality results entered into GIS



Massachusetts Department of Environmental Protection
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BRP WM 08A NPDES Stormwater General Permit Notice of Intent
for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
F. Example Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
	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 06-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	Next Permit
I.A					X																
I.B									X												
I.C	X				X								X								
I.D																					
I.E				X																	
I.F					X																
I.G																					
II.A			X																		
II.B			X																		
II.C					X																
II.D																					
II.E																					
III.A																					
III.B																					
III.C										X				X							
III.D																					
III.E																					
IV.A																					
IV.B																					
IV.C																					
V.A																					
V.B																					
VI.A																					
VI.B	X				X				X				X								
VI.C	X				X				X			X									
VI.D																					
VI.E			X							X											
VI.F	X										X										
VI.G																					
VI.H																					
VI.I																					
VI.J																					

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