



Hand-enter Your Transmittal Number

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W 036290

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

PAC 384777 RO 384778

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit Notice of Intent
Type of Project or Activity: Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Boxford
Or, if party needing this approval is clearly an individual: Individual's Last Name: First Name: MI

Street Address: 15 Spofford Road
City/Town: Boxford State: MA Zip Code: 01921 Telephone Number: (978) 352-6555 ext.
Contact: David E. Durkee, DPW Superintendent e-mail address (optional): ddurkee@town.boxford.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Boxford DEP Facility Number (if Known)
Street Address: 200 Washington Street e-mail address (optional)
City/Town: Boxford State: MA Zip Code: 01921 Telephone Number: (978) 352-8148 ext.

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

Name of Individual or Firm: Weston & Sampson Engineers, Inc.
Address: 5 Centennial Drive
City/Town: Peabody State: MA Zip Code: 01960 Telephone Number: (978) 532-1900 ext.2221
Contact: Charlene E. Johnston LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (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 #: 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

W036290
Transmittal Number

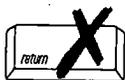
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Storm Sewer Systems (MS4s)

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:

David E. Durkee, DPW Superintendent
Name

15 Spofford Road
Mailing Address

Boxford
City/Town

(978) 352-6555
Telephone Number

MA
State

ddurkee@town.boxford.ma.us
Email (if available)

2. Municipality Name

Boxford
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. 95, Rte. 133, and Rte. 97)

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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D. Stormwater Management Program Summary

1. Public Education:

1a

BMP ID #
Distribute/Post Nonpoint
Source Pollution Posters
Specify Best Management Practice

DPW Superintendent
Responsible Dept./Person Name

Post in all schools and town
buildings
Specify Measurable Goal

1b

BMP ID #
Air Stormwater Message on
Local Cable Access Channel
Specify Best Management Practice

DPW Superintendent
Responsible Dept./Person Name

Post one message every
month
Specify Measurable Goal

1c

BMP ID #
Add Stormwater Information to
Town's Website
Specify Best Management Practice

Web Committee
Responsible Dept./Person Name

Update information quarterly
to address seasonal concerns
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2a

BMP ID #
Form Stormwater Advisory
Committee
Specify Best Management Practice

DPW Superintendent
Responsible Dept./Person Name

Hold meetings twice per year
Specify Measurable Goal

2b

BMP ID #
Hazardous Waste Collection
Specify Best Management Practice

Recycling Committee
Responsible Dept./Person Name

Hold waste collection annually
Specify Measurable Goal

2c

BMP ID #
Waste Oil Collection &
Recycling
Specify Best Management Practice

Recycling Committee
Responsible Dept./Person Name

Collect waste oil from
residents once per month
Specify Measurable Goal

2d

BMP ID #
Implement a Catch Basin
Stenciling Program
Specify Best Management Practice

DPW Superintendent
Responsible Dept./Person Name

Stencil 25% of catch basins
each year
Specify Measurable Goal

2e

BMP ID #
Hold a Stream Clean-up Day
Specify Best Management Practice

Stormwater Advisory
Committee
Responsible Dept./Person Name

Hold clean-up day annually
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p><u>3a</u> BMP ID # Map Outfalls and Receiving Waters Specify Best Management Practice</p>	<p><u>DPW Superintendent/ Conservation Department</u> Responsible Dept./Person Name</p>	<p><u>Map approx. 25% outfalls that drain urbanized areas each yr.</u> Specify Measurable Goal</p>
<p><u>3b</u> BMP ID # Review Existing Bylaws and Regulations Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing bylaws & regs fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>3c</u> BMP ID # Develop Illicit Discharge Detection & Elimination Plan Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Make recommendations for inclusion into proposed plan</u> Specify Measurable Goal</p>
<p><u>3d</u> BMP ID # Develop/Modify General Illicit Discharge Bylaw Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal</p>
<p><u>3e</u> BMP ID # Present Bylaw for Town Meeting Action Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Make Presentations for Town Meeting Action</u> Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p><u>4a</u> BMP ID # Review Existing Site Inspection Practices Specify Best Management Practice</p>	<p><u>Planning Department/ Conservation Department</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing practices fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>4b</u> BMP ID # Develop/Modify Site Inspection Program Specify Best Management Practice</p>	<p><u>Planning Department/ Conservation Department</u> Responsible Dept./Person Name</p>	<p><u>Make recommendations for modifying existing program</u> Specify Measurable Goal</p>
<p><u>4c</u> BMP ID # Review Existing Bylaws and Regulations Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing bylaws & regs fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>4d</u> BMP ID # Develop/Modify Bylaws for Construction Site Runoff Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal</p>
<p><u>4e</u> BMP ID # Present Bylaw for Town Meeting Action Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Make Presentations for Town Meeting Action</u> Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5a</u> BMP ID # Review Existing Site Inspection Practices Specify Best Management Practice	<u>Planning Department/ Conservation Department</u> Responsible Dept./Person Name	<u>Determine if existing practices fulfill EPA requirements</u> Specify Measurable Goal
<u>5b</u> BMP ID # Develop/Modify Inspection & Maintenance Practices Specify Best Management Practice	<u>Planning Department/ Conservation Department</u> Responsible Dept./Person Name	<u>Make recommendations for modifying existing practices</u> Specify Measurable Goal
<u>5c</u> BMP ID # Review Existing Bylaws and Regulations Specify Best Management Practice	<u>Stormwater Advisory Committee</u> Responsible Dept./Person Name	<u>Determine if existing bylaws & regs fulfill EPA requirements</u> Specify Measurable Goal
<u>5d</u> BMP ID # Develop/Modify Bylaws for Post-Construction Site Runoff Specify Best Management Practice	<u>Stormwater Advisory Committee</u> Responsible Dept./Person Name	<u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal
<u>5e</u> BMP ID # Present Bylaw for Town Meeting Action Specify Best Management Practice	<u>Stormwater Advisory Committee</u> Responsible Dept./Person Name	<u>Make Presentations for Town Meeting Action</u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6a</u> BMP ID # Street Sweeping Program Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Sweep all streets once per year</u> Specify Measurable Goal
<u>6b</u> BMP ID # Catch Basin Cleaning Program Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Clean all catch basins once per year</u> Specify Measurable Goal
<u>6c</u> BMP ID # Perform site visits to examine existing practices at facilities Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Target all applicable municipal facilities</u> Specify Measurable Goal
<u>6d</u> BMP ID # Train municipal employees at each facility Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Target all applicable municipal facilities</u> Specify Measurable Goal
<u>6e</u> BMP ID # Perform follow-ups to ensure required practices are met Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Target all applicable municipal facilities</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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.

Alan J. Benson, Town Administrator
Printed Name

Signature

7-30-03
Date

