



Hand-enter Your Transmittal Number

W 035669

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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

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): BRPWW08A
Name of Permit Category: Stormwater
Type of Project or Activity: NPDES Stormwater General Permit

B. Applicant Information (Firm or Individual)

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

Street Address: 45 School Street
City/Town: Brockton State: MA Zip Code: 02301 Telephone Number: (508) 580-7135 ext.
Contact: Robert Smith, DPW Commissioner e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: City of Brockton, Storm Drain System DEP Facility Number (if Known)
Street Address: same as above e-mail address: (optional)
City/Town: State: Zip Code: Telephone Number: ext.

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

Name of Individual or Firm: Camp Dresser and McKee, Inc.
Address: 50 Hampshire Street
City/Town: Cambridge State: MA Zip Code: 02139 Telephone Number: (617) 452-6000 ext.
Contact: Carrie Gilbert 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



One Cambridge Place, 50 Hampshire Street
Cambridge, Massachusetts 02139
tel: 617 452-6000
fax: 617 452-8000

SP

JUL 24 2003
MUNICIPAL ASSISTANCE UNIT

July 21, 2003

Ginny Scarlet
Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street
Worcester, MA 01608

Subject: Brockton, MA NPDES Phase II Notice of Intent

Dear Ms. Scarlet:

On behalf of the City of Brockton, please find attached their completed Notice of Intent (NOI). The NOI has been completed to comply with the EPA's National Pollutant Discharge Elimination System (NPDES) Phase II Stormwater Final Rule.

The programs listed in the attached NOI become part of Brockton's required Stormwater Management Plan through this submission. However, the City recognizes that changes and substitutions to the program can be made by notifying your office through the required annual report.

Please do not hesitate to call either me at 617 452-6663 or Mr. Robert Smith at 508 580-7135.

Very Truly Yours,

Carrie Gilbert
Project Engineer
Camp Dresser & McKee Inc.

cc: Thelma Murphy, EPA Region 1
Robert Smith, Department of Public Works Commissioner, City of Brockton
Craig Young, Superintendent of Operations, City of Brockton
Michael Curtain, General Foreman of Operations, City of Brockton (letter only)
Greg Roy, CDM



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

W035669
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)

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 Brockton
Name
45 School Street
Mailing Address
Brockton MA
City/Town State
(508) 580-7135
Telephone Number
Email (if available)

2. Municipality Name

Brockton
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



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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
Salisbury Plain River Name	33 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Siltation, Pathogens, Suspended Solids, (Other habitat alterations) Specify
Salisbury Brook Name	43 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Siltation, Pathogens Specify
Trout Brook Name	30 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Siltation, Organic enrichment/low DO, Pathogens Specify
Coweasett River Name	25 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Daley Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
West Meadow Brook Name	19 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lovett Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cary Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Edson Brook Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
French Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Matfarder Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Searles Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Upper Porter Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trout Brook Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Leach Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Brook Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hunt Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Black Betty Brook Name	3 Number.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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Dorchester Brook Name	13 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Leonards Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID #	Highway Department Responsible Dept./Person Name	Number of Catch Basins Stenciled Specify Measurable Goal
Stencil Catch Basins Specify Best Management Practice		
1-2 BMP ID #	Department of Public Works Responsible Dept./Person Name	One Collection Day Held per Year Specify Measurable Goal
Household Hazardous Waste Collection Day Specify Best Management Practice		
1-3 BMP ID #	Water and Sewer Departments Responsible Dept./Person Name	Bill Stuffers Mailed, Bill Stuffer Developed in Years 2 and 4 Specify Measurable Goal
Inserts in Water and Sewer Bills Specify Best Management Practice		
1-4 BMP ID #	Operations Responsible Dept./Person Name	Hotline Operated, 24 hours per day, 365 days per year Specify Measurable Goal
Resident Hotline Specify Best Management Practice		
1-5 BMP ID #	City Clerk Responsible Dept./Person Name	Ordinance passed, enforced Specify Measurable Goal
Pooper Scooper Ordinance Specify Best Management Practice		
1-6 BMP ID #	Department of Public Works Responsible Dept./Person Name	One Article Published Each Year Specify Measurable Goal
Newspaper Article Specify Best Management Practice		

2. Public Participation:

2-1 BMP ID #	City Clerk Responsible Dept./Person Name	Notices Posted According to State Guidelines Specify Measurable Goal
Comply with state public notification guidelines Specify Best Management Practice		
2-2 BMP ID #	Department of Public Works Responsible Dept./Person Name	Review Period Held Specify Measurable Goal
Public Review for SWMP Specify Best Management Practice		



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.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Illicit Connection Ordinances
Specify Best Management Practice

City Council
Responsible Dept./Person Name

Ordinances Passed
Specify Measurable Goal

3-2

BMP ID #

Dry Weather Screening
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Outfalls Screened During 4th Permit
Year
Specify Measurable Goal

3-3

BMP ID #

Map Stormwater Outfalls
Specify Best Management Practice

Engineering Department
Responsible Dept./Person Name

Map Created
Specify Measurable Goal

3-4

BMP ID #

Sewer GIS
Specify Best Management Practice

Sewer Department
Responsible Dept./Person Name

GIS created
Specify Measurable Goal

3-5

BMP ID #

Stormdrain GIS
Specify Best Management Practice

Engineering Department
Responsible Dept./Person Name

GIS Created
Specify Measurable Goal

3-6

BMP ID #

Identify and Remove Non-Stormwater
Discharges to MS4
Specify Best Management Practice

Engineering Department
Responsible Dept./Person Name

Prioritized list of outfalls by the end of
the 1st year, field investigations
completed, illicit connections located
and removed with in three years of dry
weather screening
Specify Measurable Goal

3-7 (also BMP #1-3)

BMP ID #

Bill Stuffers in Water and Sewer Bills
Specify Best Management Practice

Water and Sewer Departments
Responsible Dept./Person Name

Illicit Connection Bill Stuffer Created in
Permit Year 2
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Construction Site Erosions and
Sediment Control Ordinances
Specify Best Management Practice

Planning Board, Planning Department
and Engineering Department
Responsible Dept./Person Name

Ordinance developed and presented
to City Council, Enforcement actions
taken after ordinance is passed
Specify Measurable Goal

4-2

BMP ID #

Site Plan Reviews
Specify Best Management Practice

Robert Smith, Craig Young, Jacques
Borges and Howard Newton
Responsible Dept./Person Name

Number of Site Plans Reviewed
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

<u>4-3</u> BMP ID #		
<u>Consideration of Public Input</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Review Periods Held, Signs posted at Construction Sites</u> Specify Measurable Goal
<u>4-4</u> BMP ID #		
<u>Inspection of sediment and erosion controls</u> Specify Best Management Practice	<u>Robert Smith, Craig Young, Jacques Borges and Howard Newton</u> Responsible Dept./Person Name	<u>Number of Inspections Performed</u> Specify Measurable Goal

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #		
<u>Develop a bylaw to apply Standards 2, 3, 4, 7, and 9 of the MA Stormwater Policy to the entire Town</u> Specify Best Management Practice	<u>City Solicitor</u> Responsible Dept./Person Name	<u>Ordinance Developed and Presented to City Council in Permit Year 1</u> Specify Measurable Goal
<u>5-2</u> BMP ID #		
<u>Specify a stormwater BMP manual</u> Specify Best Management Practice	<u>Planning Board and Engineering Department</u> Responsible Dept./Person Name	<u>BMP Manual Selected</u> Specify Measurable Goal
<u>5-3</u> BMP ID #		
<u>Ordinance for Long-term maintenance of BMPs</u> Specify Best Management Practice	<u>Planning Board, Engineering Dept. and City Solicitor</u> Responsible Dept./Person Name	<u>Ordinance Developed and Presented to City Council in Permit Year 1</u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #		
<u>Identify Sensitive Receptors</u> Specify Best Management Practice	<u>Robert Smith, Craig Young, Jacques Borges and Howard Newton</u> Responsible Dept./Person Name	<u>List of sensitive receptors developed in permit year 2, staff training completed</u> Specify Measurable Goal
<u>6-2</u> BMP ID #		
<u>Street Sweeping</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>All Streets Swept Once per Year</u> Specify Measurable Goal
<u>6-3</u> BMP ID #		
<u>Tree Planting Program</u> Specify Best Management Practice	<u>Highway Department, City Planner</u> Responsible Dept./Person Name	<u>Number of Trees Planted</u> Specify Measurable Goal
<u>6-4</u> BMP ID #		
<u>Minimizing Effects from Road Salt</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Spreaders Calibrated Every Year</u> Specify Measurable Goal
<u>6-5</u> BMP ID #		
<u>Vehicle Washing</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Vehicles Washed Correctly</u> Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

<u>6-6</u> <u>BMP ID #</u> <u>Vehicle Maintenance</u> <u>Specify Best Management Practice</u>	<u>Department of Public Works</u> <u>Responsible Dept./Person Name</u>	<u>Employee Training Conducted in Permit Year 1, Materials Inventory Created in Permit Year 2</u> <u>Specify Measurable Goal</u>
<u>6-7</u> <u>BMP ID #</u> <u>Storm Drain Maintenance</u> <u>Specify Best Management Practice</u>	<u>Highway Department</u> <u>Responsible Dept./Person Name</u>	<u>All Catch Basins Cleaned Every 2 yrs</u> <u>Specify Measurable Goal</u>
<u>6-8</u> <u>BMP ID #</u> <u>Park and Landscape Maintenance</u> <u>Specify Best Management Practice</u>	<u>Parks Department</u> <u>Responsible Dept./Person Name</u>	<u>Staff training completed in permit year 2, fertilizer use minimized thereafter</u> <u>Specify Measurable Goal</u>
<u>6-9</u> <u>BMP ID #</u> <u>Illegal Dumping Control</u> <u>Specify Best Management Practice</u>	<u>Department of Public Works</u> <u>Responsible Dept./Person Name</u>	<u>Inventory areas in permit year one, signs posted and staff trained in year 2 and records maintained thereafter.</u> <u>Specify Measurable Goal</u>
<u>6-10</u> <u>BMP ID #</u> <u>River Bank Trash Clean-up</u> <u>Specify Best Management Practice</u>	<u>Highway Department</u> <u>Responsible Dept./Person Name</u>	<u>Clean up conducted throughout year</u> <u>Specify Measurable Goal</u>
<u>6-11</u> <u>BMP ID #</u> <u>BMPs for D.W. Field Park and Municipal Golf Course</u> <u>Specify Best Management Practice</u>	<u>Department of Public Works, Parks Department, Golf Course Personnel</u> <u>Responsible Dept./Person Name</u>	<u>Conduct study BMPs in year 2. Implement study results thereafter.</u> <u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

None of the water bodies in Brockton have assigned TMDLs.

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.

Robert Smith, Department of Public Works Commissioner

Printed Name

Signature

Robert Smith

9-21-03
Date



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. Brockton Storm Water Management Plan TIME FRAMES

Transmittal Number W 035669

Facility ID (if known)

Page 1 of 1

BMP ID	Permit Year One					Permit Year Two					Permit Year Three					Permit Year Four					Permit Year Five				
	Done	Summer 03	Fall 03	Winter 04	Spring 04	Summer 04	Fall 04	Winter 05	Spring 05	Summer 05	Fall 05	Winter 06	Spring 06	Summer 06	Fall 06	Winter 07	Spring 07	Summer 07	Fall 07	Winter 08	Spring 08				
1-1					X																				
1-2		X				X																			
1-3							Write new stuffer																		
1-4																									
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Begin implementing BMPs after selection