

MAR 04 2014 SP-3



Hand-enter Your Transmittal Number

W 041198
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
5 Year Permit
Type of Project or Activity

Stormwater Phase II
Name of Permit Category

B. Applicant Information - Firm or Individual

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

Last Name of Individual
50 Maple Street
Street Address
Milford
City/Town

First Name of Individual
MI

MA
State

01757
Zip Code

508 422-3368
Telephone # and extension

Jeffrey J. Quick, A.I.A.
Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Boston Pre-Release
Name of Facility, Site or Individual
Canterbury Street
Street Address
Boston
City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA
State

Zip Code

Telephone # and extension

D. Application Prepared by (if different from 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

AUG 04 2003

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal #

MUNICIPAL ASSISTANCE UNIT

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



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

W 041198
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:

Department of Correction
Name
50 Maple Street
Mailing Address
Milford MA
City/Town State
508 422-3300
Telephone Number Email (if available)

2. Municipality Name

Boston PreRelease Center Canterbury Street, Boston, Massachusetts
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:

NA This NOI is for a prison and not a municipality

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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MUNICIPAL ASSISTANCE UNIT



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
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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
Manmade Detention Basin Name _____	1 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 _____
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 _____



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D. Stormwater Management Program Summary

1. Public Education:

<u>1</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Publicize and Present Program</u> Specify Measurable Goal
<u>Publicize/Present SW Program</u> Specify Best Management Practice		
<u>2</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Prepare, Distribute Brochures</u> Specify Measurable Goal
<u>Distribute Printed Materials</u> Specify Best Management Practice		
<u>3</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Create and Post Materials</u> Specify Measurable Goal
<u>Intranet Site Postings</u> Specify Best Management Practice		
<u>4</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Goal 20% CB stenciled annual</u> Specify Measurable Goal
<u>Stenciling</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

2. Public Participation:

<u>5</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Form Comm. Meet, Document</u> Specify Measurable Goal
<u>Form Stormwater Committee</u> Specify Best Management Practice		
<u>6</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Solicit Input, Implement Ideas</u> Specify Measurable Goal
<u>Provide Oppor. Staff Input</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>7</u> BMP ID #		
<u>Map Drain System</u> Specify Best Management Practice	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Complete Mapping</u> Specify Measurable Goal
<u>8</u> BMP ID #		
<u>Dry/Wet Weather Surveys</u> Specify Best Management Practice	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Document and Prioritize</u> Specify Measurable Goal
<u>9</u> BMP ID #		
<u>Correct Problem</u> Specify Best Management Practice	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Make Repairs and Document</u> Specify Measurable Goal
<u>10</u> BMP ID #		
<u>Policy for Enforcement</u> Specify Best Management Practice	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Prepare Policy/ Periodic Review</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

4. Construction Site Runoff Control:

<u>11</u> BMP ID #		
<u>Construction Mangement</u> Specify Best Management Practice	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>As necessary (see BMP)</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> </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



BRP WM 08A NPDES Stormwater General Permit
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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>12</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Annual Inspect. and Repairs</u> Specify Measurable Goal
<u>Post Construction Activities</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6. Municipal Good Housekeeping:

<u>13</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Complete in first year of permit</u> Specify Measurable Goal
<u>Develop O&M Plan</u> Specify Best Management Practice		
<u>14</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Complete in year 2 of permit</u> Specify Measurable Goal
<u>Execute O&M Plan</u> Specify Best Management Practice		
<u>15</u> BMP ID #	<u>DOC/DRM</u> Responsible Dept./Person Name	<u>Reevaluate in years 4 and 5</u> Specify Measurable Goal
<u>Long Term Planning</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

NA
 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.

JEFFREY J. QUICK, AIA - DIRECTOR
 Printed Name
 Signature
 Date 07/30/03

NPDES Stormwater Phase II – Guidance for Meeting Endangered Species Eligibility

Verified United States Fish and Wildlife Service (US FWS) and/or National Marine Fisheries

Both of these sources identified both the short-nose sturgeon and dwarf wedge mussels as being specifically identified as needing protection. These two species are specifically found in a marine habitat.

None of the prisons managed by the Department of Correction have discharges which directly enter coastal waters, or enter fresh water wetlands or water bodies that directly discharge into coastal water.

According to the USFWS the entire list of protected (listed as threatened or endangered) are listed below.

Massachusetts -- 24 listings Status E – Endangered T Threatened

Animals -- 21

Status E – Endangered T Threatened

- E Beetle, American burying (*Nicrophorus americanus*)
- T Eagle, bald (lower 48 States) (*Haliaeetus leucocephalus*)
- T Plover, piping (except Great Lakes watershed) (*Charadrius melodus*)
- E Puma (=cougar), eastern (*Puma (=Felis) concolor cougar*)
- E Sea turtle, hawksbill (*Eretmochelys imbricata*)
- E Sea turtle, Kemp's ridley (*Lepidochelys kempii*)
- E Sea turtle, leatherback (*Dermochelys coriacea*)
- T Sea turtle, loggerhead (*Caretta caretta*)
- E Sturgeon, shortnose (*Acipenser brevirostrum*)
- E Tern, roseate (northeast U.S. nesting pop.) (*Sterna dougallii dougallii*)
- T Tiger beetle, northeastern beach (*Cicindela dorsalis dorsalis*)
- T Tiger beetle, Puritan (*Cicindela puritana*)
- T Turtle, bog (=Muhlenberg) (northern) (*Clemmys muhlenbergii*)
- E Turtle, Plymouth redbelly (*Pseudemys rubriventris bangsi*)
- E Wedgemussel, dwarf (*Alasmidonta heterodon*)
- E Whale, blue (*Balaenoptera musculus*)
- E Whale, finback (*Balaenoptera physalus*)
- E Whale, humpback (*Megaptera novaeangliae*)
- E Whale, right (*Balaena glacialis* (incl. *australis*))
- E Whale, Sei (*Balaenoptera borealis*)
- T Wolf, gray Eastern Distinct Population Segment (*Canis lupus*)

Plants -- 3

- E Gerardia, sandplain (*Agalinis acuta*)
- T Pogonia, small whorled (*Isotria medeoloides*)
- E Bulrush, Northeastern (*Scirpus ancistrochaetus*)

Sources for preparation of this Notice of Intent

Department of Environmental Protection Home page for Stormwater

<http://www.state.ma.us/dep/brp/stormwtr/stormhom.htm>

Link to DEP website Stormwater Management Information

<http://www.state.ma.us/dep/brp/stormwtr/stormpub.htm>

STORM WATER MANAGEMENT PROGRAM SUMMARY

MA Transmittal No. W041198

Name: Boston PreRelease

EPA No. _____

Date: 07/28/03

BMP ID	BMP	Responsible Dept./Person	Measurable Goal
Minimum Control Measure 1: Public Education			
1	Publicize the Stormwater Program	Division of Resource Management	Present to the management and staff (including administrative, maintenance and correctional staff) at various meetings the DOC's Comprehensive Stormwater Management Program. Goal - Present program, track attendees, meetings, information covered, and solicit feedback.
2	Distribute printed materials	Division of Resource Management	Distribute EPA and other relevant educational brochures to targeted audiences (DOC staff). Distribution points include staff rooms, meeting rooms and other common places. Goal - prepare and distribute brochures, conduct awareness training and solicit feedback.
3	Create Intranet Materials and Post	Division of Resource Management	Post links to DOC's Stormwater Management program, stormwater BMPs and other water quality education resources, including the EPA and DEP informational links on its Intranet Website. Goal - Post on intranet and periodically update.
4	Storm drain stenciling	Division of Resource Management	Stenciling will be completed at all catch basins except where in conflict with security. Goal - Annually identify 20% of the catch basins and complete stenciling. Conduct periodic inspections and provide information on stenciling program as required.

STORM WATER MANAGEMENT PROGRAM SUMMARY

MA Transmittal No. W041198 Name: Boston PreRelease
 EPA No. _____ Date: 07/28/03

BMP ID	BMP	Responsible Dept./Person	Measurable Goal
Minimum Control Measure 2: Public Participation			
5	Form a Stormwater Committee / Work Group	Division of Resource Management	Form a Department-wide committee for input to this program. Goal : Form Committee and meet every six months.
6	Provide opportunity for staff input.	Division of Resource Management	Include announcements on Intranet, solicit ideas by way of a "suggestion box," include notices with paychecks and post notices in meeting rooms. Goal- Create multiple means of soliciting feedback from DOC staff. Discuss ideas in Stormwater Committee and implement as necessary.
BMP ID	BMP	Responsible Dept./Person	Measurable Goal
Minimum Control Measure 3: Illicit Discharge Detection and Elimination			
7	Complete Mapping	Division of Resource Management	Map all outfalls and receiving bodies of water. Goal - Complete mapping of all DOC facilities and prepare plans of drainage infrastructure. Complete mapping within first year of permit.
8	Conduct Dry Weather and Wet Weather Surveys	Division of Resource Management	Conduct Survey of illicit discharges. Goal - To be conducted in years 2 and 3 of permit.
9	Correct Problem	Division of Resource Management	Procure funding and make necessary repairs within 1 year of finding deficiency. Goal - Remedy within one year.
10	Develop Policy for Enforcement	Division of Resource Management	Prepare internal policy for enforcement of illicit discharges. Goal - Prepare policy. To be reviewed and amended as needed annually after first year of permit.

STORM WATER MANAGEMENT PROGRAM SUMMARY

MA Transmittal No. W041198

Name: Boston PreRelease

EPA No. _____

Date: 07/28/03

BMP ID	BMP	Responsible Dept./Person	Measurable Goal
Minimum Control Measure 4: Construction Site Runoff Control			
11	Storm water management regulations for construction sites, (as required) sites, for disturbed areas of 1 acre or larger.	Division of Resource Management	No construction project with an area of greater than one acre is anticipated within the next five years. DOC will continue to adhere to applicable regulations administered by the local conservation commissions and the DEP. Goal - Ensure any proposed work is in compliance with regulations. Monitor as necessary.
Minimum Control Measure 5: Post Construction Runoff Control			
12	Require post-construction run-off controls. Review existing storm drainage infrastructure.	Division of Resource Management	Formalize a program to inspect existing catch basins and other drainage infrastructure. The program will include a systematic review of drains, prioritization of repairs and improvements as required. Goal - Conduct inspections of existing catch basins and drainage structures on an annual basis. Make repairs in a timely manner.
Minimum Control Measure 6: Municipal Good Housekeeping			
13	Develop an Operations and Maintenance Plan	Division of Resource Management	Using guidelines, regulations and recommendations from DEP and EPA sources. Develop an operations and maintenance plan to include proper disposal of street sweepings, catch basin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials. Goal - To be completed in first year of program. Periodic review and update as needed.
14	Execution of Operations and Maintenance Plan	Division of Resource Management	Execute O & M Plan. Goal - Start implementing in year 2 of Permit
15	Identify applicable, structural and non-structural long-term run-off control strategies BMPs	Division of Resource Management	Facility will review and implement necessary recommendations to maintain compliance with the Stormwater Management Plan. Goal - Conduct reviews in years four and five and implement changes as necessary.

