



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

BRPWM08A
Permit Code: 7 or 8 character code from permit instructions
NPDES Stormwater General Permit
Type of Project or Activity
Stormwater
Name of Permit Category

B. Applicant Information - Firm or Individual

Town of Holbrook
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual
50 North Franklin Street
Street Address
Holbrook
City/Town
Mr. Thomas Cummings
Contact Person
First Name of Individual
MI
State
Zip Code
Telephone # and extension
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Holbrook Storm Drain System
Name of Facility, Site or Individual
same as above
Street Address
City/Town
DEP Facility Number (if Known)
Federal I.D. Number (if Known)
e-mail address (optional)
State
Zip Code
Telephone # and extension

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

Camp Dresser & McKee Inc.
Name of Firm Or Individual
50 Hampshire Street
Address
Cambridge
City/Town
Brent McCarthy
Contact Person
MA
Zip Code
Telephone # and extension
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 _____

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT



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:

Mr. Thomas Cummings, Superintendent of Public Works
Name
70 North Franklin Street
Mailing Address
Holbrook
City/Town MA
781-767-1800
Telephone Number State
Email (if available)

2. Municipality Name

Town of Holbrook
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:

None known.

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
Cochato River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides, pathogens, organic enrichment/low DO Specify
Lake Holbrook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants Specify
Sylvan Lake Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides, priority organics Specify
Porter's Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trout Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tumbling Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver 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



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)

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D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Include an article/flyer about stormwater with the annual Consumer Confidence Report.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Article/flyer distributed annually to all residents.
Specify Measurable Goal

1-2

BMP ID #

Educate Town residents about picking up dog waste.
Specify Best Management Practice

Public Works Department and Town Clerk
Responsible Dept./Person Name

Pet waste fact sheets mailed to all Holbrook residents with the annual census form.
Specify Measurable Goal

1-3

BMP ID #

Stormwater education program for school children.
Specify Best Management Practice

Public Works Department and Conservation Commission
Responsible Dept./Person Name

Middle school principal contacted; presentation given.
Specify Measurable Goal

1-4

BMP ID #

Install and maintain signs for pet waste clean-up at schools and parks.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Number of signs installed, number of signs inspected.
Specify Measurable Goal

1-5

BMP ID #

Annual update of the Stormwater Management Plan at a televised Selectmen's meeting.
Specify Best Management Practice

Stormwater Advisory Committee
Responsible Dept./Person Name

Annual update of the SWMP at a televised Selectmen's meeting.
Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Form Stormwater Advisory Committee (SWAC)
Specify Best Management Practice

Board of Selectmen
Responsible Dept./Person Name

Form committee within six months of submission of Notice of Intent. Meet once during first year of permit, and twice annually thereafter.
Specify Measurable Goal



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2-2
BMP ID #
Comply with state public notification guidelines at MGL Chapter 39 Section 23B.
Specify Best Management Practice

Stormwater Advisory Committee and Town Clerk
Responsible Dept./Person Name

Notices posted in library and current locations.
Specify Measurable Goal

2-3
BMP ID #
Stencil catch basins with "don't dump" message.
Specify Best Management Practice

Public Works Department and Conservation Commission
Responsible Dept./Person Name

Number of catch basins stenciled.
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #
Conduct dry weather outfall screening.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Percent of outfalls screened once during permit term.
Specify Measurable Goal

3-2
BMP ID #
Map stormwater outfalls and receiving waters.
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Map created.
Specify Measurable Goal

3-3
BMP ID #
Investigate the need for mapping the entire stormwater collection system in a GIS.
Specify Best Management Practice

Stormwater Advisory Committee
Responsible Dept./Person Name

Decision on whether to go forward with a stormwater GIS.
Specify Measurable Goal

3-4
BMP ID #
Develop and implement a plan to identify and remove non-
3-5

Public Works Department
Responsible Dept./Person Name

Number of illicit connections found and removed.

3-5
BMP ID #
Continue enforcement of the bylaw that requires inspection of new construction for correct connection to the sanitary sewer.
Specify Best Management Practice

Plumbing Inspector and Public Works Department
Responsible Dept./Person Name

Number of inspections conducted.
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1
BMP ID #
Develop a Construction Site Erosion and Sediment Control bylaw for construction sites greater than 1 acre in area.
Specify Best Management Practice

Stormwater Advisory Committee
Responsible Dept./Person Name

Draft bylaw developed and presented to Town Meeting.
Specify Measurable Goal



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<u>4-2</u> BMP ID # Require a waste management plan at construction sites larger than one acre. Specify Best Management Practice	<u>Planning Board and Conservation Commission</u> Responsible Dept./Person Name	<u>Waste management plan for each construction site larger than one acre.</u> Specify Measurable Goal
<u>4-3</u> BMP ID # Review site plans for stormwater impacts. Specify Best Management Practice	<u>Planning Board and Conservation Commission</u> Responsible Dept./Person Name	<u>Number of site plans reviewed for erosion and sediment control.</u> Specify Measurable Goal
<u>4-4</u> BMP ID # Consideration of public input. Specify Best Management Practice	<u>Planning Board (for subdivisions) and Public Works Department (for Town water and sewer projects)</u> Responsible Dept./Person Name	<u>Plan for accepting public comment developed; signs posted at each construction site.</u> Specify Measurable Goal
<u>4-5</u> BMP ID # Inspection of erosion and sediment controls. Specify Best Management Practice	<u>Number of inspections conducted.</u> Responsible Dept./Person Name	<u>Planning Board and Conservation Commission</u> Specify Measurable Goal
5. Post Construction Runoff Control:		
<u>5-1</u> BMP ID # Develop a draft bylaw to apply Standards 2, 3, 4, 7 and 9 of the Massachusetts Stormwater Policy (MSP) to entire Town. Present the bylaw to Town Meeting. Specify Best Management Practice	<u>Stormwater Advisory Committee</u> Responsible Dept./Person Name	<u>Draft bylaw developed and presented to Town Meeting.</u> Specify Measurable Goal
<u>5-2</u> BMP ID # Specify a stormwater BMP manual to be used for consistent design and performance standards. Specify Best Management Practice	<u>Stormwater Advisory Committee</u> Responsible Dept./Person Name	<u>BMP manual selected.</u> Specify Measurable Goal
<u>5-3</u> BMP ID # Develop a draft bylaw that ensures long-term maintenance of private structural BMPs. Specify Best Management Practice	<u>Stormwater Advisory Committee</u> Responsible Dept./Person Name	<u>Draft bylaw developed and presented to Town Meeting.</u> Specify Measurable Goal



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Facility ID (if known)

5-4

BMP ID #

Enforce the Planning Board regulations that require installation of sewers in new subdivisions.

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

New construction in compliance with Planning Board sewer regulations.

Specify Measurable Goal

5-5

BMP ID #

Evaluate existing structural BMPs for efficiency.

Specify Best Management Practice

Stormwater Advisory Committee

Responsible Dept./Person Name

Create BMP inventory and maintenance plan.

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Identify sensitive receptors (such as wetlands, beaches, etc.) within the Town.

Specify Best Management Practice

Public Works Department

Responsible Dept./Person Name

List of sensitive receptors developed, staff notified.

Specify Measurable Goal

6-2

BMP ID #

Sweep all streets each spring.

Specify Best Management Practice

Public Works Department

Responsible Dept./Person Name

Percent of streets swept annually.

Specify Measurable Goal

6-3

BMP ID #

Sweep all sidewalks each spring.

Specify Best Management Practice

Public Works Department

Responsible Dept./Person Name

Percent of sidewalks swept annually.

Specify Measurable Goal

6-4

BMP ID #

Continue existing road salting procedures.

Specify Best Management Practice

Public Works Department

Responsible Dept./Person Name

Amount of deicing compounds used.

Specify Measurable Goal

6-5

BMP ID #

Minimize impacts from vehicle washing.

Specify Best Management Practice

Stormwater Advisory Committee

Responsible Dept./Person Name

Establish if further vehicle washing controls are needed, and if so, evaluate and select the appropriate controls.

Specify Measurable Goal

6-6

BMP ID #

Minimize impacts from vehicle maintenance.

Specify Best Management Practice

Public Works Department

Responsible Dept./Person Name

Employee training conducted, inventory taken.

Specify Measurable Goal



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6-7

BMP ID #

Maintain the storm drain system.

Specify Best Management Practice

Public Works Department
 Responsible Dept./Person Name

Number of catch basins cleaned annually.

Specify Measurable Goal

6-8

BMP ID #

Minimize pesticide and fertilizer use for parks and other landscaped areas.

Specify Best Management Practice

Public Works Department and Conservation Commission
 Responsible Dept./Person Name

Training conducted; amount of herbicides/fertilizers used.

Specify Measurable Goal

6-9

BMP ID #

Control illegal dumping.

Specify Best Management Practice

Board of Health and Public Works Department
 Responsible Dept./Person Name

Number of signs posted; number of sites cleaned up.

Specify Measurable Goal

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN HOLBROOK

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.

JAMES A. REICHERT

Chair, BOS

9/25 TC/DJH

Printed Name

[Handwritten Signature]

Signature

7-2803
 Date