Hand-enter Your Transmittal Number [MAR041039 A#]

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/transfrm.slm 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

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

First Name of Individual

Street Address

City/Town

Mr. Thomas Cummings
Contact Person

MA 02343 781-767-1800
State Zip Code Telephone # and extension

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

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual
50 Hampshire Street

Address

City/Town

Brent McCarthy
Contact Person

MA 02139 617-452-6000
State Zip Code Telephone # and extension

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☐ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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 4082, Boston, MA 02211

Transmittal Form • rev. 5/03
A. Instructions

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
   
   State
   
   781-767-1800
   
   Telephone Number
   
   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
### 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

### C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cochato River</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Lake Holbrook</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Sylvan Lake</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Porter's Pond</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Trout Brook</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Tumbling Brook</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Beaver Brook</td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Unknown Number</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

**Impairment**
- Pesticides, pathogens, organic enrichment/low DO
- Noxious aquatic plants
- Pesticides, priority organics
- Specify
- Specify
- Specify
- Specify
- Specify
- Specify
- Specify
- Specify
- Specify
- Specify
D. Stormwater Management Program Summary

1. Public Education:

   1-1
   BMP ID #
   Public Works Department
   Public Works Department
   Responsible Dept./Person Name
   Article/flyer distributed annually to all residents.
   Specify Measurable Goal
   Include an article/flyer about stormwater with the annual
   Consumer Confidence Report.
   Specify Best Management Practice

   1-2
   BMP ID #
   Educate Town residents about picking up dog waste.
   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
   Specify Best Management Practice

   1-3
   BMP ID #
   Stormwater education program for school children.
   Public Works Department and Conservation Commission
   Responsible Dept./Person Name
   Middle school principal contacted; presentation given.
   Specify Measurable Goal
   Specify Best Management Practice

   1-4
   BMP ID #
   Install and maintain signs for pet waste clean-up at schools and parks.
   Public Works Department
   Responsible Dept./Person Name
   Number of signs installed, number of signs inspected.
   Specify Measurable Goal
   Specify Best Management Practice

   1-5
   BMP ID #
   Annual update of the Stormwater Management Plan at a televised Selectmen's meeting.
   Stormwater Advisory Committee
   Responsible Dept./Person Name
   Annual update of the SWMP at a televised Selectmen's meeting.
   Specify Measurable Goal
   Specify Best Management Practice

2. Public Participation:

   2-1
   BMP ID #
   Form Stormwater Advisory Committee (SWAC)
   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
   Specify Best Management Practice
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)

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-
Specify Best Management Practice
Public Works Department
Responsible Dept./Person Name
Number of illicit connections found and removed.
Specify Measurable Goal

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
| 4-2 | BMP ID # | Require a waste management plan at construction sites larger than one acre. Specify Best Management Practice | Planning Board and Conservation Commission | Responsible Dept./Person Name | Waste management plan for each construction site larger than one acre. Specify Measurable Goal |
|-----|----------|---------------------------------------------------------------|---------------------------------|---------------------------------------|____________________________________|
| 4-3 | BMP ID # | Review site plans for stormwater impacts. Specify Best Management Practice | Planning Board and Conservation Commission | Responsible Dept./Person Name | Number of site plans reviewed for erosion and sediment control. Specify Measurable Goal |
| 4-4 | BMP ID # | Consideration of public input. Specify Best Management Practice | Planning Board (for subdivisions) and Public Works Department (for Town water and sewer projects) | Responsible Dept./Person Name | Plan for accepting public comment developed; signs posted at each construction site. Specify Measurable Goal |
| 4-5 | BMP ID # | Inspection of erosion and sediment controls. Specify Best Management Practice | Number of inspections conducted. | Responsible Dept./Person Name | Planning Board and Conservation Commission Specify Measurable Goal |

5. Post Construction Runoff Control:

| 5-1 | 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 | Stormwater Advisory Committee | Responsible Dept./Person Name | Draft bylaw developed and presented to Town Meeting. Specify Measurable Goal |
|-----|----------|-----------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|____________________________________|
| 5-2 | BMP ID # | Specify a stormwater BMP manual to be used for consistent design and performance standards. Specify Best Management Practice | Stormwater Advisory Committee | Responsible Dept./Person Name | BMP manual selected. Specify Measurable Goal |
| 5-3 | BMP ID # | Develop a draft bylaw that ensures long-term maintenance of private structural BMPs. Specify Best Management Practice | Stormwater Advisory Committee | Responsible Dept./Person Name | Draft bylaw developed and presented to Town Meeting. Specify Measurable Goal |
## 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**
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. BERTHET
Chair, BOS
[Signature]

9/25/2021
7-28-03

Date