



Hand-enter Your Transmittal Number →

W 040559

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

NPDES Stormwater General Permit

Name of Permit Category

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Holden

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

Last Name of Individual

1204 Main Street

Street Address

Holden

City/Town

First Name of Individual

MI

MA
State

01520
Zip Code

(508) 829-0225

Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Holden

Name of Facility, Site or Individual

1204 Main Street

Street Address

Holden

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA
State

01520
Zip Code

(508) 829-0225

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

City/Town

Mary Burgess

Contact Person

MA
State

02180
Zip Code

(413) 781-0000

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

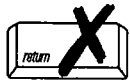
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

[Handwritten Signature]

Name _____
Town of Holden, 1204 Main Street
Mailing Address _____
Town of Holden MA
City/Town State
(508) 829-0225
Telephone Number Email (if available) _____

2. Municipality Name

Town of Holden
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

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



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

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Facility ID (if known)

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

No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
_____ 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
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Specify



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

1. Public Education:

1

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen

Responsible Dept./Person Name

Holden will present to the public at a public meeting Holden's draft Comprehensive Stormwater Management Program.
Specify Measurable Goal

2

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen

Responsible Dept./Person Name

Holden will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Holden's Comprehensive Stormwater Management Program, including public education and outreach.
Specify Measurable Goal

3

BMP ID #

Address specific groups
Specify Best Management Practice

Department of Public Works
Board of Health

Responsible Dept./Person Name

Distribute EPA Educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.
Specify Measurable Goal

4

BMP ID #

Address specific groups
Specify Best Management Practice

Department of Public Works
Board of Health
Planning Department

Responsible Dept./Person Name

The Town of Holden will compile a library of educational materials that can be distributed to youth organizations, the Garden Club, etc. EPA stormwater BMPs targeting specific activities and audiences will be included.
Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

5

BMP ID #

Target groups likely to impact storm
water

Specify Best Management Practice

Department of Public Works

Board of Health

Planning Department

Responsible Dept./Person Name

Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance. Other groups include commercial businesses and waste disposal, parking lot maintenance, and floor drains.

Educational brochures on the proper disposal of household hazardous wastes will be attached to transfer station permits.

Specify Measurable Goal

6

BMP ID #

Promote household waste recycling

Specify Best Management Practice

Department of Public Works

Board of Health

MIS Department

Responsible Dept./Person Name

The Town of Holden and the Board of Health will promote recycling and hazardous waste collection opportunities through brochures and postings on the Town's website and local access channel.

Specify Measurable Goal

7

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works

MIS Department

Responsible Dept./Person Name

Links to stormwater BMPs and other water quality education resources, including EPA and DEP will be posted on Town of Holden's website: www.townofholden.net

Specify Measurable Goal

8

BMP ID #

Utilize local public access channel

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Stormwater BMPs, solicitation for stream team cleanup volunteers, and EPA produced water quality videos will be considered for presentation on Holden's local public access channel.

Specify Measurable Goal



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Bureau of Resource Protection - Watershed Management

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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

9

BMP ID #

Develop, conduct and document
educational programs
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

The Town of Holden Water
Department will apply for funding
assistance from DEP's Source Water
Protection Program for grant
assistance to develop wellhead
protection plans and stormwater
management plans within Zones II.
The proposed tasks will include a
public education component.
Specify Measurable Goal

2. Public Participation:

10

BMP ID #

Conduct public meetings/create
citizen panels
Specify Best Management Practice

Board of Selectmen
Department of Public Works
Responsible Dept./Person Name

The Town of Holden will contact the
Nashua River and Blackstone River
Watershed Associations to review
opportunities in Holden. These
opportunities include hosting a
watershed association meeting in
Holden with notice on website and
local access channel, and televising a
meeting reviewing watershed
activities or needs specific to Holden.
Specify Measurable Goal

11

BMP ID #

Community clean-ups
Specify Best Management Practice

Department of Public Works
MIS Department
Board of Selectmen
Responsible Dept./Person Name

Town of Holden will coordinate local
stream team cleanups with area
Scout groups. Town will provide
notice of event on local access
channel and website.
Specify Measurable Goal



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Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

12

BMP ID #

Mapping of storm water management infrastructure

Specify Best Management Practice

Department of Public Works
Planning Department

Responsible Dept./Person Name

Holden will develop a multi-year plan to complete mapping of entire storm drain system. Development of plan will include review of water, sewer, and other infrastructure.

Specify Measurable Goal

13

BMP ID #

Identification/description of problem areas

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Holden will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan.

Specify Measurable Goal

14

BMP ID #

Enforcement procedures addressing illicit discharges

Specify Best Management Practice

Department of Public Works
Planning Department

Responsible Dept./Person Name

Holden will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed. Metropolitan District Commission grant will support this effort.

Specify Measurable Goal

15

BMP ID #

Initiation of recycling programs

Specify Best Management Practice

Department of Public Works
Board of Health

Responsible Dept./Person Name

Holden will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.

Specify Measurable Goal

4. Construction Site Runoff Control:

16

BMP ID #

Bylaw: Storm water management regulations for construction sites 1 acre or larger

Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals

Responsible Dept./Person Name

Holden will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control (Cont.):

17

BMP ID #

Bylaw: Procedures for creating a
Storm Water Pollution Prevention
Plan (SWPPP)

Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health

Zoning Board of Appeals

Responsible Dept./Person Name

Utilizing funding assistance from
MDC grant, Holden will review
current by-laws and develop and
recommend approval for by-laws
responding to MM4.

Specify Measurable Goal

5. Post Construction Runoff Control:

18

BMP ID #

Bylaw: Require post-construction
runoff controls

Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health

Zoning Board of Appeals

Responsible Dept./Person Name

Holden will review model by-law
developed by DEP in consultation
with the Attorney General's Office.

Specify Measurable Goal

19

BMP ID #

Identify structural and non-structural
long-term runoff control strategies
BMPs

Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health

Zoning Board of Appeals

Responsible Dept./Person Name

Utilizing funding assistance from
MDC grant, Holden will review
current by-laws and develop and
recommend approval for by-laws
responding to MM5.

Specify Measurable Goal

6. Municipal Good Housekeeping:

20

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Using regulations and
recommendations from DEP and
EPA, Holden will develop an
operations and maintenance plan to
include proper disposal of street
sweepings, catchbasin cleanout,
snow disposal, roadway de-icing
procedures, vehicle washing, and
outside storage of materials.

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

21

BMP ID #

Develop and implement training programs for municipal employees
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Holden will send a minimum of 5 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors.
Specify Measurable Goal

22

BMP ID #

Develop a municipal Operations and Maintenance Plan
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Holden will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.
Specify Measurable Goal

6. Municipal Good Housekeeping (Cont.):

23

BMP ID #

Review storm drainage infrastructure needs
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Holden will consider storm drain improvements in development of annual road maintenance plan subject to funding from Chapter 90
Specify Measurable Goal

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



Massachusetts Department of Environmental Protection
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Facility ID (if known)

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.

Brian J. Bullock

Printed Name

Signature

July 17, 2003

Date

STORM WATER MANAGEMENT PROGRAM

Mass. Transmittal No. W040559

EPA No. _____

SCHEDULE

Name of MS4: Holden

BMP ID.	PERMIT YEAR				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				Next Permit	
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08		
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