



Hand-enter Your Transmittal Number

1122

W 041092
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 NPDES Stormwater General Permit
Permit Code: 7 or 8 character code from permit instructions 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 Holliston
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual First Name of Individual MI
703 Washington Street
Street Address
Holliston MA 01746 (508)429-0608
City/Town State Zip Code Telephone # and extension
Paul LeBeau, Town Administrator
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Holliston
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
N/A
Street Address e-mail address (optional)
Holliston MA 01746 (508)429-0608
City/Town State Zip Code Telephone # and extension

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

Comprehensive Environmental Incorporated
Name of Firm Or Individual
64 Dilla Street
Address
Milford MA 01757 800-725-2550
City/Town State Zip Code Telephone # and extension
Rebecca Balke
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

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted

JUL 31 2003
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



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:

Town of Holliston
Name
703 Washington Street
Mailing Address
Holliston MA
City/Town State
508-429-0608 minihana@holliston.k12.ma.us
Telephone Number Email (if available)

2. Municipality Name

Holliston
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

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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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Beaver Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Beaver Brook starts near Sawmill Rd. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Beaver Brook starts near N. Adams St. Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Beaver Brook starts near S. Adams St. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hopping Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Hopping Brook starts near Marshall St. Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chicken Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Chicken Brook starts near Johnson Dr. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Chicken Brook starts near N. Fairview Dr. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Chicken Brook starts near S. Fairview Dr. Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Chicken Brook starts near Cassandra Ln. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Winthrop (LW) Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides, Noxious aquatic plant, and Turbidity
Tributary to LW starts near Rolling Meadow Dr Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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Storm Sewer Systems (MS4s)

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

Tributary to LW starts near Manchester Cir. Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to LW starts near Austin Rd. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Winthrop Canal Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Winthrop Canal starts near Central St. Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Factory Pond Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants, Exotic species
Bogastow Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dopping Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Dopping Brook starts near Jeffrey Ave. Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jar Brook Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Jar Brook starts near Concord St. Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Jar Brook starts near Woods Crossing Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Jar Brook starts near Bald Hill Rd. Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary

1. Public Education:

1A BMP ID # Establish a Classroom Education Program Specify Best Management Practice	Conservation Commission, Water Department and Education Department Responsible Dept./Person Name	Copies of classroom curriculum. Specify Measurable Goal
1B BMP ID # Distribute Brochures and Fact Sheets to Businesses and Residents Specify Best Management Practice	Conservation Commission, Selectmen and Treasurer Collectors Office Responsible Dept./Person Name	Copies of materials. Specify Measurable Goal



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Bureau of Resource Protection - Watershed Management

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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

1C

BMP ID #

Publish Articles on Stormwater
Protection in Local Newspaper
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Clippings of articles and
advertisements printed in local
newspaper.
Specify Measurable Goal

1D

BMP ID #

Develop Stormwater Section
of Town Website
Specify Best Management Practice

Selectman's Office, Highway
Department and Town
Website Manager(s)
Responsible Dept./Person Name

Measure number of hits
annually.
Specify Measurable Goal

1E

BMP ID #

Create a Stormwater
Educational Display
Specify Best Management Practice

Water Department
Responsible Dept./Person Name

Track quantity of take home
materials taken quarterly.
Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Establish a Stormwater
Telephone Hotline
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Record number of phone calls
to hotline, copies of
advertisements.
Specify Measurable Goal

2B

BMP ID #

Distribute Stormwater
Education Material
During Hazardous Waste
Collection Day, Town
Meetings and Elections
Specify Best Management Practice

Board of Selectmen
Responsible Dept./Person Name

Copies of materials.
Specify Measurable Goal

2C

BMP ID #

Conduct River and Pond
Cleanups
Specify Best Management Practice

Conservation Commission and
Lake Winthrop Watershed
Association
Responsible Dept./Person Name

Cleaner streams as
documented by before and
after photographs.
Specify Measurable Goal

2D

BMP ID #

Mark Storm Drains with
Markers or Stencils
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

50 % of storm drains marked
by year 5 with door hangers
placed in associated
neighborhoods.
Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Develop Primary Town Storm Drain System Map
 Specify Best Management Practice

Highway Department
 Responsible Dept./Person Name

70 % of system mapped on GIS.
 Specify Measurable Goal

3B

BMP ID #

Complete Mapping of Stormwater Outfalls
 Specify Best Management Practice

Highway Department
 Responsible Dept./Person Name

All outfalls mapped by year 5.
 Specify Measurable Goal

3C

BMP ID #

Illicit Discharge Prohibition Bylaw
 Specify Best Management Practice

Planning Board and Board of Health
 Responsible Dept./Person Name

Bylaw in place.
 Specify Measurable Goal

3D

BMP ID #

Develop Illicit Discharge Detection and Elimination Plan and Implement Activities
 Specify Best Management Practice

Highway Department, Board of Health
 Responsible Dept./Person Name

All outfalls examined by year 5. Sources traced and results documented within one year of discovery.
 Specify Measurable Goal

3E

BMP ID #

Hold Annual Household Hazardous Waste Collections
 Specify Best Management Practice

Recycling Commission and Board of Selectmen
 Responsible Dept./Person Name

Document quantity of wastes collected annually.
 Specify Measurable Goal

3F

BMP ID #

Incorporate Information on Illicit Discharges into Public Education and Outreach Topics
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

Copies of materials.
 Specify Measurable Goal

3G

BMP ID #

Evaluate Stormwater Discharges to Historic Places
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

Final list of historic places in Holliston. Results of evaluation
 Specify Measurable Goal

3H

BMP ID #

Setup and Advertise a Hotline for Illicit Discharges
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

Log of complaints and actions taken.
 Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

<u>4A</u> BMP ID # Develop Erosion Control Bylaw Specify Best Management Practice	<u>Planning Board and Building Inspector</u> Responsible Dept./Person Name	<u>Bylaw at Town meeting by end of year 2.</u> Specify Measurable Goal
<u>4B</u> BMP ID # Establish a Procedure for the Receipt of Information Submitted by the Public Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of articles.</u> Specify Measurable Goal
<u>4C</u> BMP ID # Develop Guidance for Erosion Controls Specify Best Management Practice	<u>Planning Board, Highway Department, Building Department, Conservation Commission and Consultant</u> Responsible Dept./Person Name	<u>Inspection checklist and documented inspections.</u> Specify Measurable Goal

5. Post Construction Runoff Control:

<u>5A</u> BMP ID # Develop Stormwater Management Control Bylaw Specify Best Management Practice	<u>Planning Board and Building Inspector</u> Responsible Dept./Person Name	<u>Bylaw at Town meeting by end of year 2.</u> Specify Measurable Goal
<u>5B</u> BMP ID # Develop and Implement Inspection Program Specify Best Management Practice	<u>Planning Board, Highway Department, Building Inspector, Conservation Commission and Consultant</u> Responsible Dept./Person Name	<u>Copies of maintenance reports received annually, plus records of inspections completed and results.</u> Specify Measurable Goal
<u>5C</u> BMP ID # Develop BMP Design Standards Specify Best Management Practice	<u>Planning Board, Building Inspector, and Consultant</u> Responsible Dept./Person Name	<u>Copy of improved bylaws as adopted.</u> Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

6A

BMP ID #

Comply with DEP Policy for
Vehicle Washing at All Town
Owned Facilities

Specify Best Management Practice

Police Dept., Fire Dept.,
Highway Department, Pine
Crest Golf Course, Municipal
Facilities Maintenance Dept.,
and Water Dept.

Responsible Dept./Person Name

Copy of employee memo.

Specify Measurable Goal

6B

BMP ID #

Ensure Compliance for Floor
Drain Systems

Specify Best Management Practice

Police Dept., Fire Dept.,
Highway Department, and
Building Dept.

Responsible Dept./Person Name

Record of modification to floor
drain systems.

Specify Measurable Goal

6C

BMP ID #

Evaluate and Implement
Stormwater BMP for Police
Station Parking Lot Runoff

Specify Best Management Practice

Police Department, Highway
Department, Consultant

Responsible Dept./Person Name

Record of BMP construction.

Specify Measurable Goal

6D

BMP ID #

Clean Catch Basins

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Clean all catch basins.

Specify Measurable Goal

6E

BMP ID #

Sweep Streets in Town

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Sweeping schedule. Volume
of sweepings collected.

Specify Measurable Goal

6F

BMP ID #

Develop an Inspection and
Maintenance Plan

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Written schedule. Inspection
checklists. Records of
inspections and maintenance.

Specify Measurable Goal

6G

BMP ID #

Continue Existing Pollution
Prevention and Good
Housekeeping Practices at the
DPW Garage

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Ensure existing practices are
continued.

Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

6H

BMP ID #

Ensure Covered Storage for
Salt Materials at the DPW
Stockyard

Specify Best Management Practice

6I

BMP ID #

Prevent Stormwater Contact
with Vehicle Fueling Station

Specify Best Management Practice

6J

BMP ID #

Evaluate Sediment Loading to
Wetland

Specify Best Management Practice

6K

BMP ID #

Disconnect Utility Sink at DPW
Garage

Specify Best Management Practice

6L

BMP ID #

Document Protocols for
Municipal Operations

Specify Best Management Practice

6M

BMP ID #

Store Absorption Materials for
Large Chemical Spills at
Highway Garage and Install a
Spill Kit at the Fueling Station

Specify Best Management Practice

6N

BMP ID #

Store Batteries Under Cover at
the Recycling Facility

Specify Best Management Practice

6O

BMP ID #

Store Maintenance Items
Under Cover at Pine Crest
Golf Course

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

All salt is covered.

Specify Measurable Goal

Highway Department

Responsible Dept./Person Name

Construction of BMP.

Specify Measurable Goal

Highway Department

Responsible Dept./Person Name

Evaluation report.

Specify Measurable Goal

Highway Department

Responsible Dept./Person Name

Record of modification to sink
drain.

Specify Measurable Goal

Highway Department

Responsible Dept./Person Name

Written Protocols.

Specify Measurable Goal

Highway Department

Responsible Dept./Person Name

Purchase records. Spill kit
installed. Record of memo.

Specify Measurable Goal

Highway Department

Responsible Dept./Person Name

No uncovered outdoor storage
of batteries.

Specify Measurable Goal

Pine Crest Golf Course

Responsible Dept./Person Name

No uncovered materials
outdoors.

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6P

BMP ID #

Comply with Upcoming DEP
Policy for Vehicle Washing at
the Golf Course Maintenance
Facility

Specify Best Management Practice

Pine Crest Golf Course

Responsible Dept./Person Name

Record of memo.

Specify Measurable Goal

6Q

BMP ID #

Prevent Sedimentation to
Adjacent Waterway from Road
Material Storage At Water
Department Maintenance
Facility

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

Record of before and after
photos.

Specify Measurable Goal

6R

BMP ID #

Calibrate Salt Spreading
Equipment

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Record quantity of salt
purchased annually.

Specify Measurable Goal

6S

BMP ID #

Use Low Salt Applications at
Designated Areas

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Document application rate for
Marshal Street compared to
other roads.

Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A

BMP ID #

Develop a Water Quality
Strategy for 303d Waters

Specify Best Management Practice

Highway Department, Board of
Selectmen, and Consultant

Responsible Dept./Person Name

Summary of existing pollution
prevention efforts, future
needs, and responsible
parties. Copy of surface water
quality strategic plan.

Specify Measurable Goal

7B

BMP ID #

Implement BMPs from Water
Quality Strategy

Specify Best Management Practice

Highway Department, Board of
Selectmen, and Consultant

Responsible Dept./Person Name

Photographs, logs, and BMP
descriptions for completed
efforts and water quality
improvements.

Specify Measurable Goal



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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.

Paul LeBeau, Town Administrator

Printed Name

Signature

Date

7/28/03



Massachusetts Department of Environmental Protection
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 for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

F. Storm Water Management Program TIME FRAMES

Transmittal Number **W041092**
 Facility ID (if known) _____
 Page _____ of _____

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit											
	Spring 03	Summer 03	Fall 03	Winter 03	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	
1A																						
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