



Hand-enter Your Transmittal Number

W 040722

1134

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit Notice of Intent
Type of Project or Activity: Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Middleborough
Or, if party needing this approval is clearly an individual: Individual's Last Name: First Name: MI

Street Address: 10 Nickerson Avenue
City/Town: Middleborough State: MA Zip Code: 02347 Telephone Number: (508) 947-0928 ext.
Contact: John F. Healey, Town Manager e-mail address (optional): jhly@middleborough.com

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Middleborough DEP Facility Number (if Known)
Street Address: 10 Nickerson Avenue e-mail address (optional)
City/Town: Middleborough State: MA Zip Code: 02347 Telephone Number: (508) 947-0928 ext.

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

Name of Individual or Firm: Weston & Sampson Engineers, Inc.
Address: 5 Centennial Drive
City/Town: Peabody State: MA Zip Code: 01960 7985 Telephone Number: (978) 532-1900 ext.2392
Contact: Patricia C. Passariello, P.E. LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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 [X] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [X] 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 #: 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 30 2003

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

W040722
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)

MAR041134

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:

John F. Healey, Town Manager

Name

10 Nickerson Avenue

Mailing Address

Middleborough

City/Town

(508) 947-0928

Telephone Number

MA

State

jhly@middleborough.com

Email (if available)

2. Municipality Name

Middleborough

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:

Mass State Highways (Rte. 495, Rte. 28, Rte. 44, Rte. 18, and Rte. 105 from Rte. 28 to the Lakeville Town line.)

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



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

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
Nemasket River Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Taunton River Name	2 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
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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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

<p>1a BMP ID # Distribute/Post Nonpoint Source Pollution Posters Specify Best Management Practice</p>	<p>Town Manager Responsible Dept./Person Name</p>	<p>Post in all schools and town buildings Specify Measurable Goal</p>
<p>1b BMP ID # Air Stormwater Message on Local Cable Access Channel Specify Best Management Practice</p>	<p>Town Manager Responsible Dept./Person Name</p>	<p>Post one message every month Specify Measurable Goal</p>
<p>1c BMP ID # Obtain and Distribute Auto Repair Shop Brochures Specify Best Management Practice</p>	<p>Town Manager Responsible Dept./Person Name</p>	<p>Distribute to all impacted local businesses Specify Measurable Goal</p>
<p>1d BMP ID # Add Stormwater Information to Town's Website Specify Best Management Practice</p>	<p>Town Manager Responsible Dept./Person Name</p>	<p>Update information quarterly to address seasonal concerns Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>

2. Public Participation:

<p>2a BMP ID # Expand Citizen's Advisory Committee Specify Best Management Practice</p>	<p>Town Manager Responsible Dept./Person Name</p>	<p>Hold quarterly meetings Specify Measurable Goal</p>
<p>2b BMP ID # Collect & Recycle Waste Oil from residents Specify Best Management Practice</p>	<p>Highway Department Responsible Dept./Person Name</p>	<p>Collect waste oil at least once per month from residents Specify Measurable Goal</p>
<p>2c BMP ID # Collect Paint from Residents Specify Best Management Practice</p>	<p>Highway Department Responsible Dept./Person Name</p>	<p>Collect paint from residents on at least a quarterly basis Specify Measurable Goal</p>
<p>2d BMP ID # Implement a Catch Basin Stenciling Program Specify Best Management Practice</p>	<p>Town Manager Responsible Dept./Person Name</p>	<p>Stencil 25% of catch basins each year Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>



BRP WM 08A NPDES Stormwater General Permit
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p>3a BMP ID # _____ Map Outfalls and Receiving Waters _____ Specify Best Management Practice _____</p>	<p>Town Manager _____ Responsible Dept./Person Name _____</p>	<p>Map 25% of outfalls that drain urbanized areas each year _____ Specify Measurable Goal _____</p>
<p>3b BMP ID # _____ Review Existing Bylaws and Regulations _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Determine if existing bylaws & regs fulfill EPA requirements _____ Specify Measurable Goal _____</p>
<p>3c BMP ID # _____ Develop Illicit Discharge Detection & Elimination Plan _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Make recommendations for inclusion into proposed plan _____ Specify Measurable Goal _____</p>
<p>3d BMP ID # _____ Develop/Modify General Illicit Discharge Bylaw _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Propose recommendations for modifying/developing bylaw _____ Specify Measurable Goal _____</p>
<p>3e BMP ID # _____ Present Bylaw for Town Meeting Action _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Make Presentations for Town Meeting Action _____ Specify Measurable Goal _____</p>

4. Construction Site Runoff Control:

<p>4a BMP ID # _____ Review Existing Site Inspection Practices _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Determine if existing practices fulfill EPA requirements _____ Specify Measurable Goal _____</p>
<p>4b BMP ID # _____ Develop/Modify Site Inspection Program _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Make recommendations for modifying existing program _____ Specify Measurable Goal _____</p>
<p>4c BMP ID # _____ Review Existing Bylaws and Regulations _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Determine if existing bylaws & regs fulfill EPA requirements _____ Specify Measurable Goal _____</p>
<p>4d BMP ID # _____ Develop/Modify Bylaw for Construction Site Runoff _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Propose recommendations for modifying/developing bylaw _____ Specify Measurable Goal _____</p>
<p>4e BMP ID # _____ Present Bylaw for Town Meeting Action _____ Specify Best Management Practice _____</p>	<p>Planning Department _____ Responsible Dept./Person Name _____</p>	<p>Make Presentations for Town Meeting Action _____ Specify Measurable Goal _____</p>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5a BMP ID # Review Existing Site Inspection Practices Specify Best Management Practice	Planning Department Responsible Dept./Person Name	Determine if existing practices fulfill EPA requirements Specify Measurable Goal
5b BMP ID # Develop/Modify Inspection & Maintenance Practices Specify Best Management Practice	Planning Department Responsible Dept./Person Name	Make recommendations for modifying existing practices Specify Measurable Goal
5c BMP ID # Review Existing Bylaws and Regulations Specify Best Management Practice	Planning Department Responsible Dept./Person Name	Determine if existing bylaws & regs fulfill EPA requirements Specify Measurable Goal
5d BMP ID # Develop/Modify Bylaws for Post-Construction Site Runoff Specify Best Management Practice	Planning Department Responsible Dept./Person Name	Propose recommendations for modifying/developing bylaw Specify Measurable Goal
5e BMP ID # Present Bylaw for Town Meeting Action Specify Best Management Practice	Planning Department Responsible Dept./Person Name	Make Presentations for Town Meeting Action Specify Measurable Goal

6. Municipal Good Housekeeping:

6a BMP ID # Street Sweeping Program Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Sweep all streets twice per year Specify Measurable Goal
6b BMP ID # Catch Basin Cleaning Program Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Check catch basins quarterly & clean up to twice per year Specify Measurable Goal
6c BMP ID # Perform Site Visits to Examine Existing Practices at Facilities Specify Best Management Practice	Town Manager Responsible Dept./Person Name	Target all applicable municipal facilities Specify Measurable Goal
6d BMP ID # Train Municipal Employees at Each Town Facility Specify Best Management Practice	Town Manager Responsible Dept./Person Name	Target all applicable municipal facilities Specify Measurable Goal
6e BMP ID # Perform Follow-ups to Ensure Required Practices are Met Specify Best Management Practice	Town Manager Responsible Dept./Person Name	Target all applicable municipal facilities Specify Measurable Goal
BMP ID #	Specify Best Management Practice	



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D. Stormwater Management Program Summary (cont.)

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
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.

Wayne C. Perkins
Printed Name
Signature
Date 7-28-03



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)**

F. Storm Water Management Program TIME FRAMES

Transmittal Number W040722

Facility ID (if known)

Page 1 of 1

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 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06		Spring 06	Summer 06	Fall 07	Winter 07-08
1a																	
1b																	
1c																	
1d			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2a																	
2b																	
2c	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2d																	
3a																	
3b																	
3c																	
3d																	
3e																	
4a																	
4b																	
4c																	
4d																	
4e																	
5a																	
5b																	
5c																	
5d																	
5e																	
6a	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6b	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6c																	
6d																	
6e																	

(YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED)

(YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED)

(YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED)