

MA R041143



Hand-enter Your Transmittal Number

W 035921  
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 NPDES Stormwater General Permit NOI  
Permit Code: 7 or 8 character code from permit instructions Name of Permit Category  
Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)  
Type of Project or Activity

## B. Applicant Information - Firm or Individual

Town of Northborough  
Name of Firm - Or, if party needing this approval is an individual enter name below:  
Last Name of Individual First Name of Individual MI  
63 Main Street  
Street Address  
Northborough MA 01532 (508) 393-5015  
City/Town State Zip Code Telephone # and extension  
Frederic E. Litchfield, Town Engineer  
Contact Person e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Northborough  
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)  
63 Main Street  
Street Address e-mail address (optional)  
Northborough MA 01532 (508) 393-5015  
City/Town State Zip Code Telephone # and extension

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

Weston & Sampson  
Name of Firm Or Individual  
Five Centennial Drive  
Address  
Peabody MA 01960-7985 (978) 532-1900  
City/Town State Zip Code Telephone # and extension  
John Meader  
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 JUL 21 2003  
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:

Frederic E. Litchfield, Jr., P.E., Town Engineer

Name

63 Main Street

Mailing Address

Northborough

City/Town

(508) 393-5015

Telephone Number

MA 01532

State

flitchfield@town.northborough.ma.us

Email (if available)

2. Municipality Name

Town of Northborough, Massachusetts

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. 20, Rte. 290, Rte 9), MassHighway Depot (at Rtes 9 & 20), Westborough State Hospital.

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

*See Page 10 of Narrative*



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

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**BRP WM 08A NPDES Stormwater General Permit**

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

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
Assabet River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, nutrients, pathogens, organic enrichment/low DO Specify
Bartlett Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cold Harbor Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Coolidge Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Howard Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Chauncy Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Solomon Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Smith Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stirrup 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
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



**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)**

W035921  
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Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

**1a**

BMP ID # \_\_\_\_\_  
 Distribute/Post Nonpoint Source  
 Pollution Posters \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept. \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Post in all schools and town buildings \_\_\_\_\_  
 Specify Measurable Goal \_\_\_\_\_

**1b**

BMP ID # \_\_\_\_\_  
 Air Stormwater Message on Local  
 Cable Channel \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept. \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Post one message every month \_\_\_\_\_  
 Specify Measurable Goal \_\_\_\_\_

**1c**

BMP ID # \_\_\_\_\_  
 Obtain and Distribute auto repair  
 shop brochures \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept. \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Distribute to all impacted local  
 businesses \_\_\_\_\_  
 Specify Measurable Goal \_\_\_\_\_

**1d**

BMP ID # \_\_\_\_\_  
 Add Stormwater Information to Town's  
 Website \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept., GIS Manager \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Update information quarterly to  
 address seasonal concerns \_\_\_\_\_  
 Specify Measurable Goal \_\_\_\_\_

**1e**

BMP ID # \_\_\_\_\_  
 Stormwater Flyer to Community  
 Residents \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept., SuAsCo  
 Watershed Community Council \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Flyer distributed to 75% of residents,  
 and compiled and considered  
 municipal and multi-watershed-wide  
 "survey" results \_\_\_\_\_  
 Specify Measurable Goal \_\_\_\_\_

**1f**

BMP ID # \_\_\_\_\_  
 Stormwater Lesson Plan for Fifth  
 Grade Students \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept., SuAsCo  
 Watershed Community Council \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Develop & distribute lesson plan to  
 implement at the Grade 5 level, and  
 lesson plan is taught in one or more  
 Grade 5 classrooms in the community  
 Specify Measurable Goal \_\_\_\_\_

**1g**

BMP ID # \_\_\_\_\_  
 Stormwater Flyer to Community  
 Businesses \_\_\_\_\_  
 Specify Best Management Practice \_\_\_\_\_

Engineering Dept., SuAsCo  
 Watershed Community Council \_\_\_\_\_  
 Responsible Dept./Person Name \_\_\_\_\_

Flyer distributed to minimum of 50% of  
 businesses in municipality, and  
 stormwater logo displayed by one-half  
 of businesses receiving the flyer  
 Specify Measurable Goal \_\_\_\_\_



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)

W035921  
Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

**1h**

BMP ID #  
Stormwater Media Campaign  
Specify Best Management Practice

Engineering Dept., SuAsCo  
Watershed Community Council  
Responsible Dept./Person Name

Media information packet delivered to the local media, and 4 press releases generated and issued to local media and major media outlets  
Specify Measurable Goal

**1i**

BMP ID #  
Stormwater Video  
Specify Best Management Practice

Engineering Dept., SuAsCo  
Watershed Community Council  
Responsible Dept./Person Name

Show stormwater video at a minimum of one public meeting, and air stormwater video at least once on local cable station  
Specify Measurable Goal

**2. Public Participation:**

**2a**

BMP ID #  
Stormwater Traveling Display  
Specify Best Management Practice

Engineering Dept., SuAsCo  
Watershed Community Council  
Responsible Dept./Person Name

Stormwater display circulates around the community for a minimum of 3 months in permit year #1, and stormwater display is posted at a minimum of 3 different public locations in permit year #1, and stormwater display is also used in future permit years for posting in public places or at stormwater events  
Specify Measurable Goal

**2b**

BMP ID #  
Stormwater Poster Contest for Fifth Grade Students  
Specify Best Management Practice

Engineering Dept., SuAsCo  
Watershed Community Council  
Responsible Dept./Person Name

Poster contest is held and entries are received, judged, and displayed  
Specify Measurable Goal

**2c**

BMP ID #  
Stormwater Photo Contest for High School Students  
Specify Best Management Practice

Engineering Dept., SuAsCo  
Watershed Community Council  
Responsible Dept./Person Name

Photo contest is held and entries are received, judged, and displayed  
Specify Measurable Goal

**2d**

BMP ID #  
Implement Hazardous Materials Collection Day  
Specify Best Management Practice

Engineering Dept.  
Responsible Dept./Person Name

Collect materials from residents one day per year  
Specify Measurable Goal



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

**2e**

BMP ID #

Implement an Annual, Volunteer Stream Clean-up Day  
Specify Best Management Practice

Engineering Dept.  
Responsible Dept./Person Name

Hold stream clean-up day once per year  
Specify Measurable Goal

**3. Illicit Discharge Detection and Elimination:**

**3a**

BMP ID #

Map Outfalls and Receiving Waters  
Specify Best Management Practice

Asst. DPW Director, GIS Manager  
Responsible Dept./Person Name

Prepare draft map in 1<sup>st</sup> year and map 25% of outfalls each following year  
Specify Measurable Goal

**3b**

BMP ID #

Review Existing Bylaws and Regulations  
Specify Best Management Practice

DPW, Engineering Dept., Planning Dept.  
Responsible Dept./Person Name

Determine whether bylaws & regulations meet EPA requirements  
Specify Measurable Goal

**3c**

BMP ID #

Develop Illicit Discharge Detection & Elimination Plan  
Specify Best Management Practice

DPW, Engineering Dept., Planning Dept.  
Responsible Dept./Person Name

Make recommendations for plan & begin implementation by the fourth permit year  
Specify Measurable Goal

**3d**

BMP ID #

Develop/Modify General Illicit Discharge Bylaw  
Specify Best Management Practice

DPW, Engineering Dept., Planning Dept.  
Responsible Dept./Person Name

Propose recommendations for developing a new bylaw or modifying the existing bylaw & make presentations for Town meeting action  
Specify Measurable Goal

**4. Construction Site Runoff Control:**

**4a**

BMP ID #

**Review Existing Regulations, and Monitoring & Enforcement Measures**  
Specify Best Management Practice

DPW, Engineering Dept., Planning Dept.  
Responsible Dept./Person Name

Determine whether required EPA requirements are met  
Specify Measurable Goal



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Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

**4b**

<u>BMP ID #</u>	<u>DPW, Engineering Dept., Planning Dept.</u>	<u>Propose recommendations for modifying existing regulations &amp; practices</u>
<u>Develop/modify Regulations, and Monitoring &amp; Enforcement Measures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**4c**

<u>BMP ID #</u>	<u>DPW, Engineering Dept., Planning Dept.</u>	<u>Make presentations for Town meeting action</u>
<u>Present New Regulations for Town Meeting Action</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**5. Post Construction Runoff Control:**

**5a**

<u>BMP ID #</u>	<u>DPW, Engineering Dept., Planning Dept.</u>	<u>Determine whether required EPA requirements are met</u>
<u>Review Existing Regulations, and Monitoring &amp; Enforcement Measures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**5b**

<u>BMP ID #</u>	<u>DPW, Engineering Dept., Planning Dept.</u>	<u>Propose recommendations for modifying existing regulations &amp; practices</u>
<u>Develop/modify Regulations, and Monitoring &amp; Enforcement Measures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**5c**

<u>BMP ID #</u>	<u>DPW, Engineering Dept., Planning Dept.</u>	<u>Make presentations for Town meeting action</u>
<u>Present New Regulations for Town Meeting Action</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**6. Municipal Good Housekeeping:**

**6a**

<u>BMP ID #</u>	<u>Department of Public Works</u>	<u>Sweep every street once per year</u>
<u>Implement Street Sweeping Program</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**6b**

<u>BMP ID #</u>	<u>Department of Public Works</u>	<u>Clean &amp; inspect all catch basins within five year permit cycle</u>
<u>Implement Catch Basin Cleaning Program</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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W035921  
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Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

**6c**

<u>BMP ID #</u>	<u>DPW, Engineering Dept.</u>	<u>Target all applicable municipal facilities and visit each annually</u>
<u>Perform Site Visits to Examine Existing Practices at Facilities</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**6d**

<u>BMP ID #</u>	<u>DPW, Engineering Dept.</u>	<u>Target all applicable municipal facilities and provide annual refreshers</u>
<u>Train Municipal Employees at Each Facility</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**6e**

<u>BMP ID #</u>	<u>DPW, Engineering Dept.</u>	<u>Target all applicable municipal facilities and visit each annually</u>
<u>Perform Follow-ups to Ensure Required Practices are Met</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**7. BMPs for Meeting TMDL:**

**7a**

<u>BMP ID #</u>	<u>DPW, GIS Manager</u>	<u>Map outfalls discharging to the Assabet River by the fourth permit year</u>
<u>Prioritize Stormwater System Mapping Along the Assabet River</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**7b**

<u>BMP ID #</u>	<u>DPW, GIS Manager</u>	<u>Inspect outfalls discharging to the Assabet River during dry weather by the fifth permit year</u>
<u>Perform Dry Weather Inspections of Outfalls Along the Assabet River Using Volunteers</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**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.

Barry M. Brenner, Town Administrator

Printed Name

Barry M. Brenner

Signature

7/16/2003

Date





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 W035921

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 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08		
1a																							
1b																							
1c																							
1d	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1e																							
1f					X																		
1g																							
1h																							
1i																							
2a																							
2b																							
2c																							
2d			X			X																	
2e		X			X					X													
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3d																							
4a																							
4b																							
4c																							
5a																							
5b																							
5c																							
6a	X				X																		
6b																							
6c	X				X																		
6d			X			X																	
6e						X																	

(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)

(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)

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