



Hand-enter Your Transmittal Number →

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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

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 Saugus

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

Last Name of Individual

515 Main Street

Street Address

Saugus

City/Town

Mr. Joseph Attubato

Contact Person

First Name of Individual

MI

MA

State

01906

Zip Code

781-231-4145

Telephone # and extension

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Saugus Storm Drain System

Name of Facility, Site or Individual  
same as above

Street Address

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual

50 Hampshire Street

Address

Cambridge

City/Town

Brent McCarthy

Contact Person

MA

State

02139

Zip Code

617-452-6000

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

JUL 28 2003

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)**

**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
Saugus River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/low DO, pathogens, oil and grease, thermal modifications, flow alteration, and other habitat alterations Specify
Hawkes Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hawkes Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Walden Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Birch Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spring Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Griswold Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crystal Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stevens Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Camp Nihan Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Shute Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fiske Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pines River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Bear Creek 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



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Storm Sewer Systems (MS4s)

**D. Stormwater Management Program Summary**

1. Public Education:

1-1

BMP ID #

Include an article/brochure about stormwater in the annual Consumer Confidence Report.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Article/brochure distributed annually to all residents.

Specify Measurable Goal

1-2

BMP ID #

Include stormwater information in water and sewer bills once per year.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Inserts mailed in consumer water and sewer bills once per year.

Specify Measurable Goal

1-3

BMP ID #

Offer to give a stormwater presentation for school children.

Specify Best Management Practice

Department of Public Works or Conservation Commission  
Responsible Dept./Person Name

School superintendent contacted.

Specify Measurable Goal

1-4

BMP ID #

Maintain signs for pet waste clean-up at schools and parks.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of signs inspected.

Specify Measurable Goal

1-5

BMP ID #

Give an annual update of the Stormwater Management Plan at a televised Selectmen's meeting.

Specify Best Management Practice

Department of Public Works or Conservation Commission  
Responsible Dept./Person Name

Annual update of the SWMP at a televised Selectmen's meeting.

Specify Measurable Goal

1-6

BMP ID #

Staff a table with information about stormwater at Founder's Day each year.

Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Table staffed each year; number of brochures handed out.

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with state public notification guidelines at MGL Chapter 39 Section 23B.

Specify Best Management Practice

Town Clerk  
Responsible Dept./Person Name

Notices posted in current locations.

Specify Measurable Goal



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Facility ID (if known)

<u>2-2</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Number of clean-ups for which services are provided.</u> Specify Measurable Goal
<u>Provide in-kind support for citizen clean-ups.</u> Specify Best Management Practice		

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Percent of outfalls screened.</u> Specify Measurable Goal
<u>Conduct dry weather outfall screening.</u> Specify Best Management Practice		

<u>3-2</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Map created.</u> Specify Measurable Goal
<u>Map stormwater outfalls and receiving waters.</u> Specify Best Management Practice		

<u>3-3</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>GIS of stormwater system created.</u> Specify Measurable Goal
<u>Map the stormwater collection system in a GIS.</u> Specify Best Management Practice		

<u>3-4</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Number of illicit connections found and removed.</u> Specify Measurable Goal
<u>Develop and implement a plan to identify and remove non-stormwater discharges to the MS4.</u> Specify Best Management Practice		

<u>3-5</u> BMP ID #	<u>Town Attorney</u> Responsible Dept./Person Name	<u>Draft bylaw developed and presented to Town Meeting.</u> Specify Measurable Goal
<u>Develop a bylaw to require inspection of new construction for correct connection to the sanitary sewer.</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Town Attorney</u> Responsible Dept./Person Name	<u>Draft bylaw developed and presented to Town Meeting.</u>
<u>Develop a Construction Site Erosion and Sediment Control</u>		

<u>4-2</u> BMP ID #	<u>Planning Board, Conservation Commission</u>	<u>Regulatory mechanism in place for requiring a waste</u>
<u>Require a waste management plan at construction sites</u>		

<u>4-3</u> BMP ID #	<u>Planning Board, Inspection Services, Conservation</u>	<u>Protocol for site plan reviews developed.</u>
<u>Continue to review site plans for stormwater impacts.</u>		



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<p><u>4-4</u> BMP ID # Consider public input for new construction sites. Specify Best Management Practice</p>	<p><u>Planning Board and DPW</u> Responsible Dept./Person Name</p>	<p><u>Number of public hearings; complaint log kept.</u></p>
<p><u>4-5</u> BMP ID # Continue inspection of erosion and sediment controls. Specify Best Management Practice</p>	<p><u>Planning Board, Inspection Services, and Conservation</u> Responsible Dept./Person Name</p>	<p><u>Number of inspections conducted.</u></p>
<p><b>5. Post Construction Runoff Control:</b></p>		
<p><u>5-1</u> BMP ID # Continue Enforcing the Storm Drainage General Requirements and the Hillside Protection Bylaws. Specify Best Management Practice</p>	<p><u>Planning Board</u> Responsible Dept./Person Name</p>	<p><u>Number of new project plans reviewed for compliance with the Storm Drainage General Requirements and the Hillside Protection bylaw.</u> Specify Measurable Goal</p>
<p><u>5-2</u> BMP ID # Specify a stormwater BMP manual to be used for consistent design and performance standards. Specify Best Management Practice</p>	<p><u>Town Engineer and Town Attorney</u> Responsible Dept./Person Name</p>	<p><u>BMP manual selected.</u> Specify Measurable Goal</p>
<p><u>5-3</u> BMP ID # Develop a draft bylaw that ensures long-term maintenance of private structural BMPs. Specify Best Management Practice</p>	<p><u>Town Attorney and Planning Board</u> Responsible Dept./Person Name</p>	<p><u>Draft bylaw developed and presented to Town Meeting.</u> Specify Measurable Goal</p>
<p><b>6. Municipal Good Housekeeping:</b></p>		
<p><u>6-1</u> BMP ID # Identify sensitive receptors (such as wetlands, beaches, etc.) within the Town. Specify Best Management Practice</p>	<p><u>Department of Public Works</u> Responsible Dept./Person Name</p>	<p><u>List of sensitive receptors developed, staff notified.</u> Specify Measurable Goal</p>
<p><u>6-2</u> BMP ID # Sweep all streets twice per year. Specify Best Management Practice</p>	<p><u>Department of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Percent of streets swept annually.</u> Specify Measurable Goal</p>
<p><u>6-3</u> BMP ID # Calibrate salt spreaders twice per year and monitor industry standards and practices. Specify Best Management Practice</p>	<p><u>Department of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Maintain documentation of amount of deicers used.</u> Specify Measurable Goal</p>



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6-4 BMP ID # Minimize impacts from vehicle maintenance. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Employee training held; materials inventory developed. Specify Measurable Goal
6-5 BMP ID # Maintain the storm drain system. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of catch basins cleaned annually. Specify Measurable Goal
6-6 BMP ID # Train staff to minimize chemical applications in parks and other landscaped areas. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Employee training held; materials inventory developed. Specify Measurable Goal
6-7 BMP ID # Control illegal dumping. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of signs posted; number of cleanups supported. Specify Measurable Goal
6-8 BMP ID # Hold Annual Household Hazardous Waste Drop-off Day Specify Best Management Practice	Inspection Services Responsible Dept./Person Name	At least one household hazardous waste drop-off day held per year. Specify Measurable Goal
6-9 BMP ID # Plant a new tree to replace every tree removed by the Town each year. Specify Best Management Practice	Department of Public Works and Tree Committee Responsible Dept./Person Name	The same number or more trees planted than cut down each year. Specify Measurable Goal

7. BMPs for Meeting TMDL: **NONE REQUIRED**

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



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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.

\_\_\_\_\_  
 Printed Name *ANDREW BISIGNANI TOWN MGR*

\_\_\_\_\_  
 Signature *Andrew Bisignani*

\_\_\_\_\_  
 Date *7/13/03*





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

**F. Storm Water Management Program TIME FRAMES**

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	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
1-1									X								X			
1-2							X													X
1-3				X																
1-4			X	X		X													X	
1-5				X																
1-6						X													X	
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