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Hand-enter Your Transmittal Number

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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): BRPWM08
Name of Permit Category: NPDES STORMWATER PERMIT
Type of Project or Activity: NOTICE OF INTENT
JUL - 8 2003
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (Firm or Individual)

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

Street Address: 10 PEARL STREET
City/Town: STOUGHTON, State: MA, Zip Code: 02072, Telephone Number: (781) 341-1300 ext.264
Contact: WILLIAM MCDOWELL, e-mail address (optional): bmcowell@stoughton.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: TOWN OF STOUGHTON, DEP Facility Number (if Known)
Street Address: 10 PEARL STREET, e-mail address (optional)
City/Town: STOUGHTON, State: MA, Zip Code: 02072, Telephone Number: (781) 341-1300 ext.264

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

Name of Individual or Firm: WILLIAM E McDOWELL, PE
Address: 10 PEARL STREET
City/Town: STOUGHTON, State: MA, Zip Code: 02072, Telephone Number: ( ) ext.
Contact: 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 [X] 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



**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:

**JUL - 8 2003**

Lawrence J. Barrett, Supt. Stoughton Public Works

Name

950 Central Street

Mailing Address

Stoughton, MA

City/Town

(781)-341-2112

Telephone Number

MA

State

02072

Email (if available)

**MUNICIPAL ASSISTANCE UNIT**

2. Municipality Name

Town of Stoughton

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:

N/A

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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**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
Steep Hill Brook Name	28 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2200, Noxious Aquatic Plants
Queset Brook Name	9 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2200, Nox. Aqu. Plants 2500, Turbidity
Dorchester Brook Name	14 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Redwing Brook Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lovett Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Meadow Brook Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1200, Org. enrich./Low DO 1700, Pathogens
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
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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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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**D. Stormwater Management Program Summary**

1. Public Education:

1 BMP ID # _____ Classroom Education (Middle School) _____	Eng'g Department Responsible Dept./Person Name _____	Administer course test to entire 7 <sup>th</sup> Grade Class _____
2 BMP ID # _____ Prepare S/W video Specify Best Management Practice _____	Eng'g Dept./High School Students _____	Production of Video for local access cable _____
3 BMP ID # _____ Stencil specified storm drains Specify Best Management Practice _____	Highway Dept. Responsible Dept./Person Name _____	Identify individ. watersheds Specify Measurable Goal _____
4 BMP ID # _____ Create S/W Fliers Specify Best Management Practice _____	S/W Commission Responsible Dept./Person Name _____	delivery of Fliers to residents Specify Measurable Goal _____
_____ BMP ID # _____ Specify Best Management Practice _____	_____ Responsible Dept./Person Name _____	_____ Specify Measurable Goal _____

2. Public Participation:

5 BMP ID # _____ Create Stormwater (S/W) Commission _____	Board of Selectmen Responsible Dept./Person Name _____	Ceation of Committee/public meetings _____
6 BMP ID # _____ S/W Comm reviews NOI Specify Best Management Practice _____	S/W Comm Responsible Dept./Person Name _____	S/W goals prioritized and published _____
7 BMP ID # _____ S/W Comm creates Technical Committee (T/C) _____	S/W Comm. Responsible Dept./Person Name _____	tech committee meetings Specify Measurable Goal _____
8 BMP ID # _____ T/C creates Rules and Regs for new constr. _____	Tech Comm. Responsible Dept./Person Name _____	publication of Rules and Regs Specify Measurable Goal _____
_____ BMP ID # _____ Specify Best Management Practice _____	_____ Responsible Dept./Person Name _____	_____ Specify Measurable Goal _____



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

3. Illicit Discharge Detection and Elimination:

9 BMP ID # Map existing drain facilities in Stoughton	Eng'g Dept. Responsible Dept./Person Name	Final system Map Specify Measurable Goal
10 BMP ID # Create software application for flow direction determination	Eng'g. Dept. Responsible Dept./Person Name	Model existing system Specify Measurable Goal
11 BMP ID # Perform closed circuit TV inspection of suspect areas	Eng'g. Dept./Highway Supt.. Responsible Dept./Person Name	all drains inspected Specify Measurable Goal
12 BMP ID # Create Illicit Connection by- law	S/W Comm. T/C Responsible Dept./Person Name	Stormwater by law passed at Annual Town Meeting
13 BMP ID # Perform testing Specify Best Management Practice	Eng Dept. Responsible Dept./Person Name	Ongoing inventory of data Specify Measurable Goal

4. Construction Site Runoff Control:

14 BMP ID # Selection of Town standard BMP's	T/C Responsible Dept./Person Name	standards published by 12/03 Specify Measurable Goal
15 BMP ID # Selection of S/W mgmt Measures	T/C and S/W Comm Responsible Dept./Person Name	Enforced during all construction
16 BMP ID # T/C creates S/E guidelines Specify Best Management Practice	T/C Responsible Dept./Person Name	publish guidelines Specify Measurable Goal
17 BMP ID # Enforcement of Guidelines Specify Best Management Practice	Eng'g. Dept./ Conservation Commission	Enforced during all construction
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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

5. Post Construction Runoff Control:

<u>18</u> BMP ID #	<u>T/C to educate Plan Board &amp; ZBA</u> Specify Best Management Practice	<u>T/C S/W Comm.</u> Responsible Dept./Person Name	<u>Identify needed changes in exist Rules and Regs/By-Laws</u>
<u>19</u> BMP ID #	<u>Draft req'd changes</u> Specify Best Management Practice	<u>T/C, S/W Comm.</u> Responsible Dept./Person Name	<u>creation of new By-Laws</u> Specify Measurable Goal
<u>20</u> BMP ID #	<u>Ongoing review of S/W Impact</u> Specify Best Management Practice	<u>T/C, S/W Comm, Eng'g Dept.</u> Responsible Dept./Person Name	<u>Each project to be reviewed prior to construction</u>
<u>21</u> BMP ID #	<u>Require deed restrictions</u> Specify Best Management Practice	<u>Eng'g Dept., Plan Board</u> Responsible Dept./Person Name	<u>Ensure long term maint. by property owner</u>
<u>          </u> BMP ID #	<u>          </u> Specify Best Management Practice	<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>22</u> BMP ID #	<u>Catch Basin Cleaning</u> Specify Best Management Practice	<u>Highway Supt.</u> Responsible Dept./Person Name	<u>Prevent TSS discharge</u> Specify Measurable Goal
<u>23</u> BMP ID #	<u>Regular Street Sweeping</u> Specify Best Management Practice	<u>Highway Supt.</u> Responsible Dept./Person Name	<u>Prevent TSS buildup in CB's, road</u>
<u>24</u> BMP ID #	<u>Erosion and sed. Contol for all project in town</u>	<u>Plan Board, Eng'g Dept.</u> Responsible Dept./Person Name	<u>Prevent TSS migration to street surfaces</u>
<u>25</u> BMP ID #	<u>Inside storage of all Haz. Mat'ls</u>	<u>PWD Supt.</u> Responsible Dept./Person Name	<u>No Haz Mat leaks/spills</u> Specify Measurable Goal
<u>26</u> BMP ID #	<u>Obtain "No exposure rating from EPA for MSGP sites</u>	<u>Eng'g Dept./PWD Supt.</u> Responsible Dept./Person Name	<u>obtain no exposure rating from EPA</u>
<u>          </u> BMP ID #	<u>          </u>	<u>          </u>	<u>          </u>



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Facility ID (if known) \_\_\_\_\_

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

7. BMPs for Meeting TMDL:

27

BMP ID # \_\_\_\_\_

I.D. ALL MS4 outfalls  
Specify Best Management Practice \_\_\_\_\_

Eng'g. Dept.  
Responsible Dept./Person Name \_\_\_\_\_

ALL outfalls ID'ed on Map  
Specify Measurable Goal \_\_\_\_\_

28

BMP ID # \_\_\_\_\_

ID MS4 Pollutants  
Specify Best Management Practice \_\_\_\_\_

Eng'g. Dept.  
Responsible Dept./Person Name \_\_\_\_\_

All outfalls tested  
Specify Measurable Goal \_\_\_\_\_

29

BMP ID # \_\_\_\_\_

Find source of pollutant loading  
\_\_\_\_\_

Eng'g. Dept.  
Responsible Dept./Person Name \_\_\_\_\_

all pollutants noted are sourced  
\_\_\_\_\_

30

BMP ID # \_\_\_\_\_

mitigate pollutant loading  
Specify Best Management Practice \_\_\_\_\_

T/C S/W Comm  
Responsible Dept./Person Name \_\_\_\_\_

stop pollutant loading at source  
\_\_\_\_\_

31

BMP ID # \_\_\_\_\_

Draft S/W Action Plan  
Specify Best Management Practice \_\_\_\_\_

S/W Comm/Eng. Dept.  
Responsible Dept./Person Name \_\_\_\_\_

10 Year Plan for S/W mgmt.  
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.

Mark Stankiewicz, Town Manager

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

June 20, 2003

Date \_\_\_\_\_

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		
1	X				X				X				X				X					X	
2		X		X																			
3									X														
4																							
5		X		X																			
6					X																		
7						X																	
8							X																
9	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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22		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
26	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
27	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
28																							
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