



Hand-enter Your Transmittal Number

W 036131

1240

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
Type of Project or Activity: Municipal Separate Storm Sewer Systems (MS4)

B. Applicant Information (Firm or Individual)

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

Street Address: 308 Main St.
City/Town: Sturbridge State: MA Zip Code: 01566 Telephone Number: (508) 347-2500 ext.
Contact: James Malloy, Town Administrator e-mail address (optional): jmalloy@town.sturbridge.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: DEP Facility Number (if Known)
Town of Sturbridge
Street Address: 308 Main St e-mail address (optional)
City/Town: Sturbridge State: MA Zip Code: 01566 Telephone Number: (508) 347-2500 ext.

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

Name of Individual or Firm: Tighe & Bond Consulting Engineers
Address: 324 Grove St
City/Town: Worcester State: MA Zip Code: 01605 Telephone Number: (508) 754-2201 ext.
Contact: Suzanne L. Pisano, P.E. LSP Number (21E only)

JUL 30 2003 MUNICIPAL ASSISTANCE UNIT

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [] 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 [] 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

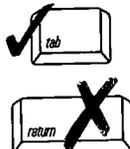


BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

Town of Sturbridge, c/o Town Administrator
Name
308 Main Street
Mailing Address
Sturbridge MA 01566
City/Town State
508-347-2500 jmalloy@town.sturbridge.ma.us
Telephone Number Email (if available)

2. Municipality Name

Sturbridge
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 Highway Dept., Massachusetts Turnpike Authority

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

JUL 24 2003
MUNICIPAL ASSISTANCE UNIT



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
Cedar Pond Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cedar Lake Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Long Pond Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Quinebaug River (and associated streams, unnamed ponds and wetlands)	To be determined Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Pathogens
Pistol Pond Name	To be determined Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants
Hobbs Brook (and associated streams, unnamed ponds, and wetlands)	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Pond associated with McKinstry Brook	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Alum Pond Name	To be determined Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/ low DO
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



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

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education: SEE ATTACHMENT A FOR ADDITIONAL BMP INFORMATION

1A
BMP ID #

Community Website

Town Administrator

Post educational information including DEP and EPA stormwater links, Year 1. Create community stormwater page, Year 2. Advertise various programs encouraging stormwater pollution prevention. Post seasonally targeted stormwater pollution prevention initiatives, and update quarterly, Year 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1B
BMP ID #

Newspaper press releases

Town Administrator

1 per year in local newspaper, Year 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1C
BMP ID #

Hazardous Waste Collection Day

Board of Health

Monthly collection days with public advertisement, Year 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1D
BMP ID #

Educational Displays

Conservation Commission

One display at municipal building per year, Years 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1E
BMP ID #

Local Cable Access

Town Administrator

Post at least one informational bulletin annually, Year 1 - 5. Post seasonal targeted bulletins throughout Years 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1F
BMP ID #

Classroom Education - Recycling

Board of Health

Annual visit to Recycling Center by elementary school students to learn about recycling process, Years 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1G
BMP ID #

Classroom Education - Stormwater

Town Administrator / School Science Department

Incorporate at least 1 stormwater topic into Science curriculum annually, Years 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A		
<u>BMP ID #</u>		
Adopt-a-Road Program	DPW / Town Administrator	Initiate program, Year 1. Support annual clean-up of community roadways, Years 2 - 5.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
2B		
<u>BMP ID #</u>		
Storm drain Stenciling	Conservation Commission / DPW	Volunteer effort focusing on new lake annually, Years 1 - 5. Storm drains will be stenciled and cleaned.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
2C		
<u>BMP ID #</u>		
Earth Day Community Cleanup	Conservation Commission / Board of Health / DPW / Town Administrator	Annual cleanup of Community in April, Year 2 - 5.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
2D		
<u>BMP ID #</u>		
Adopt-a-Stream Program	Conservation Commission / DPW	Survey and clean-up of Quinebaug River by volunteers and students, Years 2 - 5.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
2E		
<u>BMP ID #</u>		
Lake and Pond Management Program	Conservation Commission	Volunteer effort testing water quality and documenting water conditions, Years 1 - 5.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
2F		
<u>BMP ID #</u>		
Volunteer Lake Monitoring	Conservation Commission	Data collection and lake management plan development, Years 1 - 5.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
2G		
<u>BMP ID #</u>		
Watershed Organization Meeting	Town Administrator / Conservation Commission	Initiate program, Year 1. Coordinate meeting of Watershed Organizations annually to discuss Stormwater issues Year 2 - 5.
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A		
BMP ID # _____		
Mapping Stormwater Outfalls	DPW	Identify outfalls in Town, Year 1. Map and inspect / verify 25% of outfalls, Year 2 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3B		
BMP ID # _____		
Non-Stormwater Discharge Bylaw	Town Administrator / DPW / Board of Selectman	Evaluate existing procedures and Bylaws, Year 1. Draft new Bylaw, Year 2. Propose for adoption, Year 3. Enforce new Bylaw, Year 3 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3C		
BMP ID # _____		
Develop Illicit Discharge Plan	Town Administrator / DPW	Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3D		
BMP ID # _____		
Illegal Dumping	DPW	Post signage at common dumping areas, Year 1. Weekly cleanup of illegally dumped trash, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3E		
BMP ID # _____		
Non-Stormwater Discharges	DPW	Perform dry season inspections of outfalls in conjunction with BMP 3A, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3F		
BMP ID # _____		
DPW Employee Education	DPW	Training Year 1 to recognize illicit discharges. Annual refresher Year 2-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3G		
BMP ID # _____		
Failing Septic Systems	Board of Health	Information is collected and updated continuously to assist in the identification of problem areas. Data incorporated onto map, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4A		
BMP ID # _____		
Construction Site Runoff Bylaw for projects > 1 acre	Conservation Commission / Planning Board	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforcement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

4B
BMP ID # _____
Plan review _____ Conservation Commission / Planning Board _____ Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

4C
BMP ID # _____
Inspection / Reporting _____ Building Inspector _____ Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

5. Post Construction Runoff Control:

5A
BMP ID # _____
Post Construction Runoff Bylaw _____ Conservation Commission / Planning Board _____ Review current Bylaw Year 1. Draft amendments Year 2. Propose adoption for Year 3. Enforcement Year 3-5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

5B
BMP ID # _____
Construction site plan review _____ Conservation Commission / Planning Board _____ Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

5C
BMP ID # _____
Stormwater System Maintenance Plan _____ Board of Selectmen _____ Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

6. Municipal Good Housekeeping:

6A
BMP ID # _____
Catch Basin Program _____ DPW _____ Clean all catch basins at least once per year, Years 1 - 5
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

6B
BMP ID # _____
Street Sweeping and Parking Lot Cleaning _____ DPW _____ Sweep all streets once per year (12 week program beginning in late March), Year 1 - 5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____

6C
BMP ID # _____
Recycling Program _____ Board of Health _____ Maintain current recycling program, Years 1 - 5. Annually evaluate program, and adjust as needed, Years 1 - 5.
Specify Best Management Practice _____ Responsible Dept./Person Name _____ Specify Measurable Goal _____



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6D BMP ID #		
Town Composting Program	Board of Health	Collection of yard waste from residents to be composted. Composted material screened and offered to residents as loom, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6E BMP ID #		
Used Oil Collection	Board of Health	Collect used oil from residents at Recycling Center for proper disposal and recycling, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6F BMP ID #		
Trash Disposal	Board of Health	Collection of solid waste from residents at Recycling Center, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A BMP ID #		
See Section 7 of the attached narrative, Appendix A		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7B BMP ID #		
See Section 7 of the attached narrative, Appendix A		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7C BMP ID #		
See Section 7 of the attached narrative, Appendix A		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7D BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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

W036131
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)

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.

James Malloy, Town Administrator

Printed Name

Signature

7/28/03
Date

