1.18

Hand-enter Your Transmittal Number W 036302
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).

Logged

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

A. Permit Information FAC 31214 RO 382537

JUN - 5 2003

BRP WM 08A — Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater — Name of Permit Category

Notice of Intent for Discharges from Small Municipal Separate Stormwater Systems (MS4's) — Type of Project or Activity

Done

B. Applicant Information – Firm or Individual

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

Altieri — **Last Name** of Individual

Alicia — **First Name** of Individual

A — MI

29 Middle Road — Street Address

Boxborough — City/Town

MA — State

01719 — Zip Code

978-263-1116 x112 — Telephone # and extension

Alicia Altieri — Contact Person

alicia.altieri@town.boxborough.ma.us — e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Boxborough — Name of Facility, Site or Individual

Municipal Storm Sewer Systems — DEP Facility Number (if Known)

Federal I.D. Number (if Known)

29 Middle Road — Street Address

same as above — e-mail address (optional)

Boxborough — City/Town

MA — State

01719 — Zip Code

978-263-1116 x112 — Telephone # and extension

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

Same as Section B — Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

Contact Person

LSP Number (21E only)

For DEP Use Only
Permit No.
Rec'd Date
Reviewer

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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

Check Number

Dollar Amount

June 4, 2003 — 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

COPY

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

BRP WM 08A NPDES Stormwater General Permit

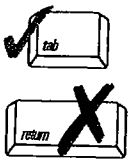
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W036302
Transmittal Number

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:

Alicia A. Altieri
Name

29 Middle Road
Mailing Address

Boxborough
City/Town

MA
State

(978) 263-1116
Telephone Number

alicia.altieri@town.boxborough.ma.us
Email (if available)

2. Municipality Name

Town of Boxborough
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:

Massachusetts Avenue (Route 111)

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

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
Beaver Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Elizabeth Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Fort Pond Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Guggins Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Heath Hen Meadow Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Inches Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify
(Name)	(Number)	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
I.A	"No Dumping" mailing	ConsCom, BOH	Number of postal patrons notified
I.B	Informational brochure on septic maintenance/repair	ConsCom, BOH	Number of brochures distributed
I.C	Hazardous Waste education	BOS, DPW/Kenneth March	Number of flyers distributed
I.D	Environmental Programs	ConsCom, Box Cons Trust (BCT)	Number of participants attending program
I.E	Stewardship Program	ConsCom, BCT	Number of Stewards

2. Public Participation:

BMP ID #			
II.A	Distribute Stormwater Plan Draft	Planning Board (PB)/Alicia Altieri, Town Planner	Comments received from boards and commissions
II.B	Conduct Public Hearing on Plan	PB/ Alicia Altieri, Town Planner	Number of attendees
II.C	Assess interest in Stream Monitoring	ConsCom	Number of participants in program
II.D	Water Resource Study reporting	BOH, Water Resources Committee (WRC)	Number of people reported to at ATM
II.E	Conduct hearing on parcels for water resource protection	BOH, WRC, PB/Alicia Altieri, Town Planner	Number of attendees

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
IIIA	Map catch basins, manholes and pipes	DPW/Kenneth March, GIS	Number of items mapped on GIS
IIIB	Dry weather outfall screening	ConsCom, DPW/Kenneth March	Number of outfalls inspection
IIIC	Clean-up/mitigate illicit discharges	DPW/Kenneth March	Number of sites cleaned/mitigated
IIID	"No Dumping" stencils	DPW/Kenneth March	Number of stencils
IIIE	Environmental Penalty Fees	Building Inspector	Number of citations issued

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
IV.A	Review existing regulations	ConsCom, BOH, PB/Alicia Altieri, Town Planner	Whether existing regulations adequately address runoff
IV.B	Propose new regulations	ConsCom, BOH, PB/Alicia Altieri, Town Planner	Propose new regulations
IV.C	Enforce existing regulations	Building Inspector	Number of enforcement/"Stop Work actions taken

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
V.A	Review existing regulations	ConsCom, BOH, PB/Alicia Altieri, Town Planner	Whether existing regs address runoff control
V.B	Propose new regulations	ConsCom, BOH, PB/Alicia Altieri, Town Planner	Propose new regulations at ATM or by Public Hearing

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
VIA	Minimize use of road salt	DPW/Kenneth March	Number of storms where reduced salt mix is used
VIB	Town road/building parking lot sweeping	DPW/Kenneth March	Number of roads/parking lots swept
VIC	Catch basin cleaning	DPW/Kenneth March	Number of catch basins cleaned
VID	Municipal building septic pumping	DPW/Kenneth March	Number of systems pumped
VIE	Hazardous Waste Collection	DPW/Kenneth March	Number of collections scheduled/ amount collected
	Also see attached		

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)

W036302
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

IIIA BMP ID #		
Map catch basins, manholes and pipes Specify Best Management Practice	DPW/Kenneth March, GIS Responsible Dept./Person Name	Number of items mapped on GIS Specify Measurable Goal
IIIB BMP ID #		
Dry weather outfall screening Specify Best Management Practice	ConsCom, DPW/Kenneth March Responsible Dept./Person Name	Number of outfalls inspection Specify Measurable Goal
IIIC BMP ID #		
Clean-up/mitigate illicit discharges Specify Best Management Practice	DPW/Kenneth March Responsible Dept./Person Name	Number of sites cleaned/mitigated Specify Measurable Goal
IIID BMP ID #		
"No Dumping" stencils Specify Best Management Practice	DPW/Kenneth March Responsible Dept./Person Name	Number of stencils Specify Measurable Goal
IIIE BMP ID #		
Environmental Penalty Fees Specify Best Management Practice	Building Inspector Responsible Dept./Person Name	Number of citations issued Specify Measurable Goal

* Regulatory mechanisms to effectively prohibit illicit discharges - complete

4. Construction Site Runoff Control:

IV.A BMP ID #		
Review existing regulations Specify Best Management Practice	ConsCom, BOH, PB/Alicia Altieri, Town Planner Responsible Dept./Person Name	Whether existing regulations adequately address runoff Specify Measurable Goal
IV.B BMP ID #		
Propose new regulations Specify Best Management Practice	ConsCom, BOH, PB/Alicia Altieri, Town Planner Responsible Dept./Person Name	Propose new regulations Specify Measurable Goal
IV.C BMP ID #		
Enforce existing regulations Specify Best Management Practice	Building Inspector Responsible Dept./Person Name	Number of enforcement/"Stop Work actions taken 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

*revised on December 16, 2003

CC: Natalie Lashmit, Town Administrator

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	No Water bodies requiring TDML's in Boxborough		

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.

Natalie Lashmit, Town Administrator
Printed Name

Natalie Lashmit
Signature

June 2, 2003
Date

ATTACHMENT
BRP WM 08A NPDES Stormwater General Permit

D. Stormwater Management Program Summary (Cont.)

1. Public Education:

BMP ID#: I.F

Specify Best Management Practice: Conduct Yard Waste Management Workshop

Responsible Dept./Person Name: BOS, ConsCom, DPW/Kenneth March

Specify Measurable Goal: Number of attendees

BMP ID#: I.G

Specify Best Management Practice: Update Boxborough Conservation Land and Trail Guide

Responsible Dept./Person Name: ConsCom, GIS, BCT

Specify Measurable Goal: Number of persons who purchase Trail Guide

6. Municipal Good Housekeeping

BMP ID#: VI.F

Specify Best Management Practice: Cover salt storage

Responsible Dept./Person Name: DPW/Kenneth March

Specify Measurable Goal: Salt storage area covered

BMP ID#: VI.G

Specify Best Management Practice: Water Quality Testing of Municipal Buildings

Responsible Dept./Person Name: Board of Health

Specify Measurable Goal: Number of tests performed

BMP ID#: VI.H

Specify Best Management Practice: Monitor 21E Sites

Responsible Dept./Person Name: Board of Health

Specify Measurable Goal: Number of sites monitored

BMP ID#: VI.I

Specify Best Management Practice: Track failed septic systems on GIS

Responsible Dept./Person Name: BOH, GIS

Specify Measurable Goal: Number of failed septic systems entered into GIS

BMP ID#: VI.J

Specify Best Management Practice: Track water quality monitoring results on GIS

Responsible Dept./Person Name: BOH, GIS

Specify Measurable Goal: Number of water quality results entered into GIS

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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W036302

Facility ID (if known)

Page ____ of ____

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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	Next Permit
I.A					X																
I.B									X												
I.C	X				X				X				X				X				
I.D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
I.E				X																	
I.F					X																
I.G	—	—	—	—	—	—	—														
II.A		X																			
II.B			X																		
II.C					X																
II.D	—	—	—	—	—																
II.E					—	—	—	—	—												
III.A	—	—	—		—	—	—		—	—	—		—	—	—		—	—			
III.B											X			X				X			
III.C																					
III.D	—	—	—	—	—	—	—	—	—	—	—				—	—	—	—	—	—	
III.E	—	—	—	—	—	—	—	—	—	—	—										
IV.A	—	—	—	—	—	—	—	—													
IV.B									—	—	—	—	—	—	—	—	—	—	—	—	
IV.C	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
V.A	—	—	—	—	—	—	—	—													
V.B									—	—	—	—	—	—	—	—	—	—	—	—	
VI.A	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VI.B	X				X				X				X				X				
VI.C	X				X				X				X				X				
VI.D									—	—	—										
VI.E			X				X				X				X				X		
VI.F	X																				
VI.G					—	—	—	—					—	—	—	—					
VI.H	—	—	—	—	—	—	—	—	—	—	—	—					—	—	—	—	
VI.I	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VI.J	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	