1096

Hand-enter Your Transmittal Number → **W 035669**

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: Stormwater
Type of Project or Activity: NPDES Stormwater General Permit

B. Applicant Information (Firm or Individual)

Name of Firm: City of Brockton

Or, if party needing this approval is clearly an individual:

Individual's Last Name:	First Name	MI

Street Address: 45 School Street			
City/Town: Brockton	State: MA	Zip Code: 02301	Telephone Number: (508) 580-7135 ext.
Contact: Robert Smith, DPW Commissioner		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: City of Brockton, Storm Drain System			DEP Facility Number (if Known)
Street Address: same as above			e-mail address: (optional)
City/Town	State	Zip Code	Telephone Number: ( ) ext.

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

Name of Individual or Firm: Camp Dresser and McKee, Inc.			
Address: 50 Hampshire Street			
City/Town: Cambridge	State: MA	Zip Code: 02139	Telephone Number: (617) 452-6000 ext.
Contact: Carrie Gilbert		LSP Number (21E only)	

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOEA 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:

Permit Category	Date of Submission (tentative or actual)	Transmittal Number (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 #:	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		

SP

CDM
One Cambridge Place, 50 Hampshire Street
Cambridge, Massachusetts 02139
tel: 617 452-6000
fax: 617 452-8000

JUL 24 2003

MUNICIPAL ASSISTANCE UNIT

July 21, 2003

Ginny Scarlet
Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street
Worcester, MA 01608

Subject: Brockton, MA NPDES Phase II Notice of Intent

Dear Ms. Scarlet:

On behalf of the City of Brockton, please find attached their completed Notice of Intent (NOI). The NOI has been completed to comply with the EPA's National Pollutant Discharge Elimination System (NPDES) Phase II Stormwater Final Rule.

The programs listed in the attached NOI become part of Brockton's required Stormwater Management Plan through this submission. However, the City recognizes that changes and substitutions to the program can be made by notifying your office through the required annual report.

Please do not hesitate to call either me at 617 452-6663 or Mr. Robert Smith at 508 580-7135.

Very Truly Yours,

Carrie Gilbert

Carrie Gilbert
Project Engineer
Camp Dresser & McKee Inc.

cc: Thelma Murphy, EPA Region 1
Robert Smith, Department of Public Works Commissioner, City of Brockton
Craig Young, Superintendent of Operations, City of Brockton
Michael Curtain, General Foreman of Operations, City of Brockton (letter only)
Greg Roy, CDM

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

BRP WM 08A NPDES Stormwater General Permit

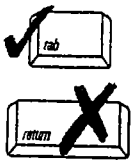
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035669
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:

City of Brockton
Name

45 School Street
Mailing Address

Brockton
City/Town

MA
State

(508) 580-7135
Telephone Number

Email (if available)

2. Municipality Name

Brockton
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: _

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

BRP WM 08A NPDES Stormwater General Permit

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

W035669
Transmittal Number

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Salisbury Plain River	33	☒ Yes ☐ No	Siltation, Pathogens, Suspended Solids, (Other habitat alterations)
Salisbury Brook	43	☒ Yes ☐ No	Siltation, Pathogens
Trout Brook	30	☒ Yes ☐ No	Siltation, Organic enrichment/low DO, Pathogens
Coweesett River	25	☐ Yes ☒ No	
Daley Brook	3	☐ Yes ☒ No	
West Meadow Brook	19	☐ Yes ☒ No	
Lovett Brook	4	☐ Yes ☒ No	
Cary Brook	1	☐ Yes ☒ No	
Edson Brook	12	☐ Yes ☒ No	
French Brook	4	☐ Yes ☒ No	
Matfarder Brook	5	☐ Yes ☒ No	
Searles Brook	3	☐ Yes ☒ No	
Upper Porter Pond	1	☐ Yes ☒ No	
Trout Brook Pond	1	☐ Yes ☒ No	
Leach Brook	1	☐ Yes ☒ No	
Beaver Brook	8	☐ Yes ☒ No	
Hunt Pond	2	☐ Yes ☒ No	
Black Betty Brook	3	☐ Yes ☒ No	

Dorchester Brook Name	13 Number	☐ Yes ☒ No	Specify
Leonards Pond Name	4 Number	☐ Yes ☒ No	Specify

D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID #		
Stencil Catch Basins Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Number of Catch Basins Stenciled Specify Measurable Goal
1-2 BMP ID #		
Household Hazardous Waste Collection Day Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	One Collection Day Held per Year Specify Measurable Goal
1-3 BMP ID #		
Inserts in Water and Sewer Bills Specify Best Management Practice	Water and Sewer Departments Responsible Dept./Person Name	Bill Stuffers Mailed, Bill Stuffer Developed in Years 2 and 4 Specify Measurable Goal
1-4 BMP ID #		
Resident Hotline Specify Best Management Practice	Operations Responsible Dept./Person Name	Hotline Operated, 24 hours per day, 365 days per year Specify Measurable Goal
1-5 BMP ID #		
Pooper Scooper Ordinance Specify Best Management Practice	City Clerk Responsible Dept./Person Name	Ordinance passed, enforced Specify Measurable Goal
1-6 BMP ID #		
Newspaper Article Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	One Article Published Each Year Specify Measurable Goal

2. Public Participation:

2-1 BMP ID #		
Comply with state public notification guidelines Specify Best Management Practice	City Clerk Responsible Dept./Person Name	Notices Posted According to State Guidelines Specify Measurable Goal
2-2 BMP ID #		
Public Review for SWMP Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Review Period Held Specify Measurable Goal

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
3-1	Illicit Connection Ordinances	City Council	Ordinances Passed
3-2	Dry Weather Screening	Highway Department	Outfalls Screened During 4th Permit Year
3-3	Map Stormwater Outfalls	Engineering Department	Map Created
3-4	Sewer GIS	Sewer Department	GIS created
3-5	Stormdrain GIS	Engineering Department	GIS Created
3-6	Identify and Remove Non-Stormwater Discharges to MS4	Engineering Department	Prioritized list of outfalls by the end of the 1st year, field investigations completed, illicit connections located and removed with in three years of dry weather screening
3-7 (also BMP #1-3)	Bill Stuffers in Water and Sewer Bills	Water and Sewer Departments	Illicit Connection Bill Stuffer Created in Permit Year 2

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Construction Site Erosions and Sediment Control Ordinances	Planning Board, Planning Department and Engineering Department	Ordinance developed and presented to City Council, Enforcement actions taken after ordinance is passed
4-2	Site Plan Reviews	Robert Smith, Craig Young, Jacques Borges and Howard Newton	Number of Site Plans Reviewed

D. Stormwater Management Program Summary (Cont.)

4-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Consideration of Public Input	Department of Public Works	Review Periods Held, Signs posted at Construction Sites

4-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspection of sediment and erosion controls	Robert Smith, Craig Young, Jacques Borges and Howard Newton	Number of Inspections Performed

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a bylaw to apply Standards 2, 3, 4, 7, and 9 of the MA Stormwater Policy to the entire Town	City Solicitor	Ordinance Developed and Presented to City Council in Permit Year 1

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Specify a stormwater BMP manual	Planning Board and Engineering Department	BMP Manual Selected

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Ordinance for Long-term maintenance of BMPs	Planning Board, Engineering Dept. and City Solicitor	Ordinance Developed and Presented to City Council in Permit Year 1

6. Municipal Good Housekeeping:

6-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Identify Sensitive Receptors	Robert Smith, Craig Young, Jacques Borges and Howard Newton	List of sensitive receptors developed in permit year 2, staff training completed

6-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping	Highway Department	All Streets Swept Once per Year

6-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Tree Planting Program	Highway Department, City Planner	Number of Trees Planted

6-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Minimizing Effects from Road Salt	Highway Department	Spreaders Calibrated Every Year

6-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Vehicle Washing	Department of Public Works	Vehicles Washed Correctly

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-6	Vehicle Maintenance	Department of Public Works	✓ Employee Training Conducted in Permit Year 1, Materials Inventory Created in Permit Year 2
6-7	Storm Drain Maintenance	Highway Department	All Catch Basins Cleaned Every 2 yrs
6-8	Park and Landscape Maintenance	Parks Department	Staff training completed in permit year 2, fertilizer use minimized thereafter
6-9	Illegal Dumping Control	Department of Public Works	Inventory areas in permit year one, signs posted and staff trained in year 2 and records maintained thereafter.
6-10	River Bank Trash Clean-up	Highway Department	Clean up conducted throughout year
6-11	BMPs for D.W. Field Park and Municipal Golf Course	Department of Public Works, Parks Department, Golf Course Personnel	Conduct study BMPs in year 2. Implement study results thereafter.

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

None of the water bodies in Brockton have assigned TMDLs.

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.

Robert Smith, Department of Public Works Commissioner
Printed Name

Robert D Smith
Signature

9-21-03
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. Brockton Storm Water Management Plan TIME FRAMES

Transmittal Number W 035669

Facility ID (if known) _____

Page 1 of 1

		Permit Year One				Permit Year Two				Permit Year Three				Permit Year Four				Permit Year Five			
BMP ID.	Done	Summer 03	Fall 03	Winter 04	Spring 04	Summer 04	Fall 04	Winter 05	Spring 05	Summer 05	Fall 05	Winter 06	Spring 06	Summer 06	Fall 06	Winter 07	Spring 07	Summer 07	Fall 07	Winter 08	Spring 08
1-1					X				X				X				X				X
1-2			X				X				X				X				X		
1-3		Write new stuffer												Write new stuffer							
1-4																					
1-5	X																				
1-6				X				X				X				X				X	
2-1																					
2-2		X																			
3-1	X																				
3-2														X	X						
3-3	X																				
3-4	X																				
3-5																					
3-6																					
3-7		Write new stuffer												Write new stuffer							
4-1										Enforce after ordinance has passed											
4-2																					
4-3																					
4-4																					
5-1						Complete when ordinance is passed																
5-2																					
5-3						Complete when ordinance is passed															
6-1							X														
6-2					X				X				X								
6-3																	X				X
6-4				X				X				X				X				X	
6-5																					
6-6																					
6-7																					
6-8						Conduct staff training and implement															
6-9																					
6-10																					
6-11											Begin implementing BMPs after selection										