Hand-enter Your Transmittal Number → MAR041039 AH

W 040236
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
Stormwater — Name of Permit Category
NPDES Stormwater General Permit — Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual | First Name of Individual | MI

50 North Franklin Street — Street Address

Holbrook — City/Town | MA — State | 02343 — Zip Code | 781-767-1800 — Telephone # and extension

Mr. Thomas Cummings — Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Holbrook Storm Drain System — Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

same as above — Street Address | e-mail address (optional)

City/Town | 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 | MA — State | 02139 — Zip Code | 617-452-6000 — Telephone # and extension

Brent McCarthy — Contact Person | LSP Number (21E only)

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

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 | 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

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

BRP WM 08A NPDES Stormwater General Permit

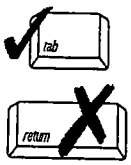
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040236
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:

   Mr. Thomas Cummings, Superintendent of Public Works
   Name

   70 North Franklin Street
   Mailing Address

   Holbrook — City/Town
   MA — State

   781-767-1800 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Holbrook
   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:

   None known.

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Cochato River	Unknown	☒ Yes ☐ No	Pesticides, pathogens, organic enrichment/low DO
Lake Holbrook	Unknown	☒ Yes ☐ No	Noxious aquatic plants
Sylvan Lake	Unknown	☒ Yes ☐ No	Pesticides, priority organics
Porter's Pond	Unknown	☐ Yes ☒ No	
Trout Brook	Unknown	☐ Yes ☒ No	
Tumbling Brook	Unknown	☐ Yes ☒ No	
Beaver Brook	Unknown	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Include an article/flyer about stormwater with the annual Consumer Confidence Report.	Public Works Department	Article/flyer distributed annually to all residents.
1-2	Educate Town residents about picking up dog waste.	Public Works Department and Town Clerk	Pet waste fact sheets mailed to all Holbrook residents with the annual census form.
1-3	Stormwater education program for school children.	Public Works Department and Conservation Commission	Middle school principal contacted; presentation given.
1-4	Install and maintain signs for pet waste clean-up at schools and parks.	Public Works Department	Number of signs installed, number of signs inspected.
1-5	Annual update of the Stormwater Management Plan at a televised Selectmen's meeting.	Stormwater Advisory Committee	Annual update of the SWMP at a televised Selectmen's meeting.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Form Stormwater Advisory Committee (SWAC)	Board of Selectmen	Form committee within six months of submission of Notice of Intent. Meet once during first year of permit, and twice annually thereafter.

2-2 BMP ID #		
Comply with state public notification guidelines at MGL Chapter 39 Section 23B. Specify Best Management Practice	Stormwater Advisory Committee and Town Clerk Responsible Dept./Person Name	Notices posted in library and current locations. Specify Measurable Goal
2-3 BMP ID #		
Stencil catch basins with "don't dump" message. Specify Best Management Practice	Public Works Department and Conservation Commission Responsible Dept./Person Name	Number of catch basins stenciled. Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1 BMP ID #		
Conduct dry weather outfall screening. Specify Best Management Practice	Public Works Department Responsible Dept./Person Name	Percent of outfalls screened once during permit term. Specify Measurable Goal
3-2 BMP ID #		
Map stormwater outfalls and receiving waters. Specify Best Management Practice	Public Works Department Responsible Dept./Person Name	Map created. Specify Measurable Goal
3-3 BMP ID #		
Investigate the need for mapping the entire stormwater collection system in a GIS. Specify Best Management Practice	Stormwater Advisory Committee Responsible Dept./Person Name	Decision on whether to go forward with a stormwater GIS. Specify Measurable Goal
3-4 BMP ID #		
Develop and implement a plan to identify and remove non-	Public Works Department Responsible Dept./Person Name	Number of illicit connections found and removed.
3-5 BMP ID #		
Continue enforcement of the bylaw that requires inspection of new construction for correct connection to the sanitary sewer. Specify Best Management Practice	Plumbing Inspector and Public Works Department Responsible Dept./Person Name	Number of inspections conducted. Specify Measurable Goal

4. Construction Site Runoff Control:

4-1 BMP ID #		
Develop a Construction Site Erosion and Sediment Control bylaw for construction sites greater than 1 acre in area. Specify Best Management Practice	Stormwater Advisory Committee Responsible Dept./Person Name	Draft bylaw developed and presented to Town Meeting. Specify Measurable Goal

4-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Require a waste management plan at construction sites larger than one acre.	Planning Board and Conservation Commission	Waste management plan for each construction site larger than one acre.

4-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Review site plans for stormwater impacts.	Planning Board and Conservation Commission	Number of site plans reviewed for erosion and sediment control.

4-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Consideration of public input.	Planning Board (for subdivisions) and Public Works Department (for Town water and sewer projects)	Plan for accepting public comment developed; signs posted at each construction site.

4-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspection of erosion and sediment controls.	Number of inspections conducted.	Planning Board and Conservation Commission

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a draft bylaw to apply Standards 2, 3, 4, 7 and 9 of the Massachusetts Stormwater Policy (MSP) to entire Town. Present the bylaw to Town Meeting.	Stormwater Advisory Committee	Draft bylaw developed and presented to Town Meeting.

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Specify a stormwater BMP manual to be used for consistent design and performance standards.	Stormwater Advisory Committee	BMP manual selected.

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a draft bylaw that ensures long-term maintenance of private structural BMPs.	Stormwater Advisory Committee	Draft bylaw developed and presented to Town Meeting.

5-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Enforce the Planning Board regulations that require installation of sewers in new subdivisions.	Planning Board	New construction in compliance with Planning Board sewer regulations.

5-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Evaluate existing structural BMPs for efficiency.	Stormwater Advisory Committee	Create BMP inventory and maintenance plan.

6. Municipal Good Housekeeping:

6-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Identify sensitive receptors (such as wetlands, beaches, etc.) within the Town.	Public Works Department	List of sensitive receptors developed, staff notified.

6-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Sweep all streets each spring.	Public Works Department	Percent of streets swept annually.

6-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Sweep all sidewalks each spring.	Public Works Department	Percent of sidewalks swept annually.

6-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue existing road salting procedures.	Public Works Department	Amount of deicing compounds used.

6-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Minimize impacts from vehicle washing.	Stormwater Advisory Committee	Establish if further vehicle washing controls are needed, and if so, evaluate and select the appropriate controls.

6-6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Minimize impacts from vehicle maintenance.	Public Works Department	Employee training conducted, inventory taken.

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-7	Maintain the storm drain system.	Public Works Department	Number of catch basins cleaned annually.
6-8	Minimize pesticide and fertilizer use for parks and other landscaped areas.	Public Works Department and Conservation Commission	Training conducted; amount of herbicides/fertilizers used.
6-9	Control illegal dumping.	Board of Health and Public Works Department	Number of signs posted; number of sites cleaned up.

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN HOLBROOK

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 A. REICHERT Chair, BOS 9/25 TC/DSH
Printed Name

Signature

7-28-03
Date