**Hand-enter Your Transmittal Number** → **W 040722** 1134

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 Notice of Intent |
| Type of Project or Activity: Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) |

## B. Applicant Information (Firm or Individual)

| | | | |
|---|---|---|---|
| Name of Firm: Town of Middleborough | | | |
| ***Or, if party needing this approval is clearly an individual:*** | | | |
| Individual's Last Name: | First Name | | MI |
| Street Address: 10 Nickerson Avenue | | | |
| City/Town: Middleborough | State: MA | Zip Code: 02347 | Telephone Number: (508) 947-0928 ext. |
| Contact: John F. Healey, Town Manager | e-mail address (optional): jhly@middleborough.com | | |

## C. Facility, Site or Individual Requiring Approval

| | | | |
|---|---|---|---|
| Name of Facility, Site or Individual: Town of Middleborough | DEP Facility Number (if Known) | | |
| Street Address: 10 Nickerson Avenue | e-mail address: (optional) | | |
| City/Town: Middleborough | State: MA | Zip Code: 02347 | Telephone Number: (508) 947-0928 ext. |
| Contact: Patricia C. Passariello, P.E. | LSP Number (21E only) | | |

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

| | | | |
|---|---|---|---|
| Name of Individual or Firm: Weston & Sampson Engineers, Inc. | | | |
| Address: 5 Centennial Drive | | | |
| City/Town: Peabody | State: MA | Zip Code: 01960 7985 | Telephone Number: (978) 532-1900 ext.2392 |

## 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

JUL 30 2003 2003
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rev: 03/21/00

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT

MAR041134

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

# BRP WM 08A NPDES Stormwater General Permit

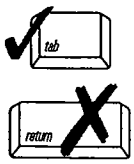
## Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040722
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:

John F. Healey, Town Manager
Name

10 Nickerson Avenue
Mailing Address

Middleborough
City/Town

MA
State

(508) 947-0928
Telephone Number

jhly@middleborough.com
Email (if available)

2. Municipality Name

Middleborough
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 State Highways (Rte. 495, Rte. 28, Rte. 44, Rte. 18, and Rte. 105 from Rte. 28 to the Lakeville Town line.)

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 |
|---|---|---|---|
| Nemasket River | 11 | ☐ Yes ☒ No | |
| Taunton River | 2 | ☐ Yes ☒ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ 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)**

W040722
Transmittal Number

Facility ID (if known)

## D. Stormwater Management Program Summary

1. Public Education:

| | | |
|---|---|---|
| 1a<br>BMP ID # | | |
| Distribute/Post Nonpoint Source Pollution Posters<br>Specify Best Management Practice | Town Manager<br>Responsible Dept./Person Name | Post in all schools and town buildings<br>Specify Measurable Goal |
| 1b<br>BMP ID # | | |
| Air Stormwater Message on Local Cable Access Channel<br>Specify Best Management Practice | Town Manager<br>Responsible Dept./Person Name | Post one message every month<br>Specify Measurable Goal |
| 1c<br>BMP ID # | | |
| Obtain and Distribute Auto Repair Shop Brochures<br>Specify Best Management Practice | Town Manager<br>Responsible Dept./Person Name | Distribute to all impacted local businesses<br>Specify Measurable Goal |
| 1d<br>BMP ID # | | |
| Add Stormwater Information to Town's Website<br>Specify Best Management Practice | Town Manager<br>Responsible Dept./Person Name | Update information quarterly to address seasonal concerns<br>Specify Measurable Goal |
| BMP ID # | | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

2. Public Participation:

| | | |
|---|---|---|
| 2a<br>BMP ID # | | |
| Expand Citizen's Advisory Committee<br>Specify Best Management Practice | Town Manager<br>Responsible Dept./Person Name | Hold quarterly meetings<br>Specify Measurable Goal |
| 2b<br>BMP ID # | | |
| Collect & Recycle Waste Oil from residents<br>Specify Best Management Practice | Highway Department<br>Responsible Dept./Person Name | Collect waste oil at least once per month from residents<br>Specify Measurable Goal |
| 2c<br>BMP ID # | | |
| Collect Paint from Residents<br>Specify Best Management Practice | Highway Department<br>Responsible Dept./Person Name | Collect paint from residents on at least a quarterly basis<br>Specify Measurable Goal |
| 2d<br>BMP ID # | | |
| Implement a Catch Basin Stenciling Program<br>Specify Best Management Practice | Town Manager<br>Responsible Dept./Person Name | Stencil 25% of catch basins each year<br>Specify Measurable Goal |
| BMP ID # | | |
| Specify Best Management Practice | Responsible Dept./Person Name | 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 |
|---|---|---|---|
| 3a | Map Outfalls and Receiving Waters | Town Manager | Map 25% of outfalls that drain urbanized areas each year |
| 3b | Review Existing Bylaws and Regulations | Planning Department | Determine if existing bylaws & regs fulfill EPA requirements |
| 3c | Develop Illicit Discharge Detection & Elimination Plan | Planning Department | Make recommendations for inclusion into proposed plan |
| 3d | Develop/Modify General Illicit Discharge Bylaw | Planning Department | Propose recommendations for modifying/developing bylaw |
| 3e | Present Bylaw for Town Meeting Action | Planning Department | Make Presentations for Town Meeting Action |

4. Construction Site Runoff Control:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 4a | Review Existing Site Inspection Practices | Planning Department | Determine if existing practices fulfill EPA requirements |
| 4b | Develop/Modify Site Inspection Program | Planning Department | Make recommendations for modifying existing program |
| 4c | Review Existing Bylaws and Regulations | Planning Department | Determine if existing bylaws & regs fulfill EPA requirements |
| 4d | Develop/Modify Bylaw for Construction Site Runoff | Planning Department | Propose recommendations for modifying/developing bylaw |
| 4e | Present Bylaw for Town Meeting Action | Planning Department | Make Presentations for Town Meeting Action |

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

5. Post Construction Runoff Control:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 5a | Review Existing Site Inspection Practices | Planning Department | Determine if existing practices fulfill EPA requirements |
| 5b | Develop/Modify Inspection & Maintenance Practices | Planning Department | Make recommendations for modifying existing practices |
| 5c | Review Existing Bylaws and Regulations | Planning Department | Determine if existing bylaws & regs fulfill EPA requirements |
| 5d | Develop/Modify Bylaws for Post-Construction Site Runoff | Planning Department | Propose recommendations for modifying/developing bylaw |
| 5e | Present Bylaw for Town Meeting Action | Planning Department | Make Presentations for Town Meeting Action |

6. Municipal Good Housekeeping:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 6a | Street Sweeping Program | Highway Department | Sweep all streets twice per year |
| 6b | Catch Basin Cleaning Program | Highway Department | Check catch basins quarterly & clean up to twice per year |
| 6c | Perform Site Visits to Examine Existing Practices at Facilities | Town Manager | Target all applicable municipal facilities |
| 6d | Train Municipal Employees at Each Town Facility | Town Manager | Target all applicable municipal facilities |
| 6e | Perform Follow-ups to Ensure Required Practices are Met | Town Manager | Target all applicable municipal facilities |
| | | | |

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

7. BMPs for Meeting TMDL:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | 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.

Wayne C. Perkins
Printed Name

Signature

7-28-03
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. Storm Water Management Program TIME FRAMES

Transmittal Number W040722

Facility ID (if known)



| | 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 |
| 1a | — | — | — | — | — | | | | — | — | — | — | | | | | | | | | |
| 1b | | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 1c | | | — | — | — | — | — | — | — | — | — | — | | | | | — | — | — | — | |
| 1d | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| | | | | | | | | | | | | | | | | | | | | | |
| 2a | | | — | — | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| 2b | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 2c | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| 2d | | | | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| | | | | | | | | | | | | | | | | | | | | | |
| 3a | | | | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 3b | | | | | — | — | — | — | | | | | | | | | | | | | |
| 3c | | | | | — | — | — | — | | | | | | | | | | | | | |
| 3d | | | | | — | — | — | — | (YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED) | | | | | | | | | | | | |
| 3e | | | | | | | | | — | — | — | — | — | — | — | — | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 4a | | | | | — | — | — | — | | | | | | | | | | | | | |
| 4b | | | | | — | — | — | — | | | | | | | | | | | | | |
| 4c | | | | | — | — | — | — | | | | | | | | | | | | | |
| 4d | | | | | — | — | — | — | (YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED) | | | | | | | | | | | | |
| 4e | | | | | | | | | — | — | — | — | — | — | — | — | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 5a | | | | | — | — | — | — | | | | | | | | | | | | | |
| 5b | | | | | — | — | — | — | | | | | | | | | | | | | |
| 5c | | | | | — | — | — | — | | | | | | | | | | | | | |
| 5d | | | | | — | — | — | — | (YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED) | | | | | | | | | | | | |
| 5e | | | | | | | | | — | — | — | — | — | — | — | — | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 6a | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | | |
| 6b | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | | |
| 6c | | | | | | | | | — | — | — | — | | | | | | | | | |
| 6d | | | | | | | | | — | — | — | — | | | | | | | | | |
| 6e | | | | | | | | | | | | | — | — | — | — | — | — | — | — | |