MAR 041059 AH

Hand-enter Your Transmittal Number → W 040276
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 Saugus — Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

515 Main Street — Street Address
Saugus — City/Town | MA — State | 01906 — Zip Code | 781-231-4145 — Telephone # and extension
Mr. Joseph Attubato — Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Saugus 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

F. Amount Due

JUL 28 2003

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

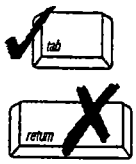
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040276
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. Joseph Attubato, Director of Public Works
   Name

   515 Main Street
   Mailing Address

   Saugus — City/Town
   MA — State

   781-231-4145 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Saugus
   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 District Commission (MDC) roadways

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 28 2003

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)

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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
Saugus River (Name)	Unknown (Number)	☒ Yes ☐ No	Organic enrichment/low DO, pathogens, oil and grease, thermal modifications, flow alteration, and other habitat alterations (Specify)
Hawkes Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Hawkes Brook (Name)	Unknown (Number)	☒ Yes ☐ No	Pathogens (Specify)
Walden Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Birch Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Spring Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Griswold Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Crystal Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Stevens Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Camp Nihan Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Shute Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Fiske Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Pines River (Name)	Unknown (Number)	☒ Yes ☐ No	Pathogens (Specify)
Bear Creek (Name)	Unknown (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
1-1	Include an article/brochure about stormwater in the annual Consumer Confidence Report.	Department of Public Works	Article/brochure distributed annually to all residents.
1-2	Include stormwater information in water and sewer bills once per year.	Department of Public Works	Inserts mailed in consumer water and sewer bills once per year.
1-3	Offer to give a stormwater presentation for school children.	Department of Public Works or Conservation Commission	School superintendent contacted.
1-4	Maintain signs for pet waste clean-up at schools and parks.	Department of Public Works	Number of signs inspected.
1-5	Give an annual update of the Stormwater Management Plan at a televised Selectmen's meeting.	Department of Public Works or Conservation Commission	Annual update of the SWMP at a televised Selectmen's meeting.
1-6	Staff a table with information about stormwater at Founder's Day each year.	Department of Public Works	Table staffed each year; number of brochures handed out.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Comply with state public notification guidelines at MGL Chapter 39 Section 23B.	Town Clerk	Notices posted in current locations.

2-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Provide in-kind support for citizen clean-ups.	Department of Public Works	Number of clean-ups for which services are provided.

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Conduct dry weather outfall screening.	Department of Public Works	Percent of outfalls screened.

3-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map stormwater outfalls and receiving waters.	Department of Public Works	Map created.

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map the stormwater collection system in a GIS.	Department of Public Works	GIS of stormwater system created.

3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and implement a plan to identify and remove non-stormwater discharges to the MS4.	Department of Public Works	Number of illicit connections found and removed.

3-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a bylaw to require inspection of new construction for correct connection to the sanitary sewer.	Town Attorney	Draft bylaw developed and presented to Town Meeting.

4. Construction Site Runoff Control:

4-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a Construction Site Erosion and Sediment Control	Town Attorney	Draft bylaw developed and presented to Town Meeting.

4-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Require a waste management plan at construction sites	Planning Board, Conservation Commission	Regulatory mechanism in place for requiring a waste

4-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue to review site plans for stormwater impacts.	Planning Board, Inspection Services, Conservation	Protocol for site plan reviews developed.

4-4 BMP ID #		
Consider public input for new construction sites. 4-5 BMP ID #	Planning Board and DPW Responsible Dept./Person Name	Number of public hearings; complaint log kept.
Continue inspection of erosion and sediment controls.	Planning Board, Inspection Services, and Conservation	Number of inspections conducted.

5. Post Construction Runoff Control:

5-1 BMP ID #		
Continue Enforcing the Storm Drainage General Requirements and the Hillside Protection Bylaws. Specify Best Management Practice	Planning Board Responsible Dept./Person Name	Number of new project plans reviewed for compliance with the Storm Drainage General Requirements and the Hillside Protection bylaw. Specify Measurable Goal
5-2 BMP ID #		
Specify a stormwater BMP manual to be used for consistent design and performance standards. Specify Best Management Practice	Town Engineer and Town Attorney Responsible Dept./Person Name	BMP manual selected. Specify Measurable Goal
5-3 BMP ID #		
Develop a draft bylaw that ensures long-term maintenance of private structural BMPs. Specify Best Management Practice	Town Attorney and Planning Board Responsible Dept./Person Name	Draft bylaw developed and presented to Town Meeting. Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1 BMP ID #		
Identify sensitive receptors (such as wetlands, beaches, etc.) within the Town. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	List of sensitive receptors developed, staff notified. Specify Measurable Goal
6-2 BMP ID #		
Sweep all streets twice per year. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Percent of streets swept annually. Specify Measurable Goal
6-3 BMP ID #		
Calibrate salt spreaders twice per year and monitor industry standards and practices. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Maintain documentation of amount of deicers used. Specify Measurable Goal

6-4 BMP ID #		
Minimize impacts from vehicle maintenance. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Employee training held; materials inventory developed. Specify Measurable Goal
6-5 BMP ID #		
Maintain the storm drain system. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of catch basins cleaned annually. Specify Measurable Goal
6-6 BMP ID #		
Train staff to minimize chemical applications in parks and other landscaped areas. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Employee training held; materials inventory developed. Specify Measurable Goal
6-7 BMP ID #		
Control illegal dumping. Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of signs posted; number of cleanups supported. Specify Measurable Goal
6-8 BMP ID #		
Hold Annual Household Hazardous Waste Drop-off Day Specify Best Management Practice	Inspection Services Responsible Dept./Person Name	At least one household hazardous waste drop-off day held per year. Specify Measurable Goal
6-9 BMP ID #		
Plant a new tree to replace every tree removed by the Town each year. Specify Best Management Practice	Department of Public Works and Tree Committee Responsible Dept./Person Name	The same number or more trees planted than cut down each year. Specify Measurable Goal

7. BMPs for Meeting TMDL: **NONE REQUIRED**

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

Massachusetts Department of Environmental Protection
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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.

Printed Name: ANDREW BISIGNANI TOWN MGR

Signature: Andrew Bisignani

Date: 7/15/03

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 W040276

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
1-1						X				X				X				X			
1-2								X				X				X				X	
1-3					X				X				X				X				
1-4			X		X		X		X		X		X		X		X		X		
1-5					X				X				X				X				
1-6							X				X				X				X		
2-1																					
2-2		As requested				As requested				As requested				As requested				As requested			
3-1	Done in Fall 2002																				
3-2																					
3-3																					
3-4																					
3-5													Done if passed by Town Meeting								
4-1													Done if passed by Town Meeting								
4-2																					
4-3																					
4-4																					
4-5																					
5-1																					
5-2					Done																
5-3													Done if passed by Town Meeting								
6-1				X	Done																
6-2			X		X		X		X		X		X		X		X		X		
6-3				X				X				X				X				X	
6-4																					
6-5																					
6-6				X																	
6-7																					
6-8	X				X				X				X				X				
6-9																					