MAR04 1063

Hand-enter Your Transmittal Number ► **W 035130**

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):
BRPWM08

Name of Permit Category:
NPDES STORMWATER PERMIT

JUL - 8 2003

Type of Project or Activity:
NOTICE OF INTENT

MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (Firm or Individual)

Name of Firm:
TOWN OF STOUGHTON

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

Individual's Last Name:	First Name	MI

Street Address
10 PEARL STREET

City/Town	State	Zip Code	Telephone Number
STOUGHON,	MA	02072	(781) 341-1300 ext.264

Contact:
WILLIAM MCDOWELL

e-mail address (optional)
bmcdowell@stoughton.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
TOWN OF STOUGHTON

DEP Facility Number (if Known)

Street Address
10 PEARL STREET

e-mail address:
(optional)

City/Town	StateM	Zip Code	Telephone Number
STOUGHTON	A	02072	(781) 341-1300 ext.264

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

Name of Individual or Firm:
WILLIAM E McDOWELL, PE

Address
10 PEARL STREET

City/Town	State	Zip Code	Telephone Number
STOUGHTON	MA	02072	( ) ext.

Contact:

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

rev: 03/21/00

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

BRP WM 08A NPDES Stormwater General Permit

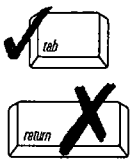
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 035130
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:

JUL - 8 2003

Lawrence J. Barrett, Supt. Stoughton Public Works
Name

950 Central Street
Mailing Address

MUNICIPAL ASSISTANCE UNIT

Stoughton, MA
City/Town

MA 02072
State

(781)-341-2112
Telephone Number

Email (if available)

2. Municipality Name

Town of Stoughton
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:

N/A

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)

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
Steep Hill Brook	28	☒ Yes ☐ No	2200, Noxious Aquatic Plants
Queset Brook	9	☒ Yes ☐ No	2200, Nox. Aqu. Plants 2500,Turbidity
Dorchester Brook	14	☐ Yes ☒ No	
Redwing Brook	9	☐ Yes ☒ No	
Lovett Brook	5	☐ Yes ☒ No	
Beaver Meadow Brook	6	☒ Yes ☐ No	1200, Org. enrich./Low DO 1700, Pathogens
		☐ 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)

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1	Classroom Education (Middle School)	Eng'g Department	Administer course test to entire 7th Grade Class
2	Prepare S/W video	Eng'g Dept./High School Students	Production of Video for local access cable
3	Stencil specified storm drains	Highway Dept.	Identify individ. watersheds
4	Create S/W Fliers	S/W Commission	delivery of Fliers to residents

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5	Create Stormwater (S/W) Commission	Board of Selectmen	Ceation of Committee/public meetings
6	S/W Comm reviews NOI	S/W Comm	S/W goals prioritized and published
7	S/W Comm creates Technical Commitee (T/C)	S/W Comm.	tech committee meetings
8	T/C creates Rules and Regs for new constr.	Tech Comm.	publication of Rules and Regs

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
9		
Map existing drain facilities in Stoughton	Eng'g Dept.	Final system Map
10		
Create software application for flow direction determination	Eng'g. Dept.	Model existing system
11		
Perform closed circuit TV inspection of suspect areas	Eng'g. Dept/Highway Supt..	all drains inspected
12		
Create Illicit Connection by-law	S/W Comm. T/C	Stormwater by law passed at Annual Town Meeting
13		
Perform testing (Specify Best Management Practice)	Eng Dept.	Ongoing inventory of data

4. Construction Site Runoff Control:

BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
14		
Selection of Town standard BMP's	T/C	standards published by 12/03
15		
Selection of S/W mgmt Measures	T/C and S/W Comm	Enforced during all construction
16		
T/C creates S/E guidelines (Specify Best Management Practice)	T/C	publish guidelines
17		
Enforcement of Guidelines (Specify Best Management Practice)	Eng'g. Dept./ Conservation Commission	Enforced during all construction
(Specify Best Management Practice)	(Responsible Dept./Person Name)	(Specify Measurable Goal)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
18	T/C to educate Plan Board & ZBA	T/C S/W Comm.	Identify needed changes in exist Rules and Regs/By-Laws
19	Draft req'd changes	T/C, S/W Comm.	creation of new By-Laws
20	Ongoing review of S/W Impact	T/C, S/W Comm, Eng'g Dept.	Each project to be reviewed prior to construction
21	Require deed restrictions	Eng'g Dept., Plan Board	Ensure long term maint. by property owner

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
22	Catch Basin Cleaning	Highway Supt.	Prevent TSS discharge
23	Regular Street Sweeping	Highway Supt.	Prevent TSS buildup in CB's, road
24	Erosion and sed. Contol for all project in town	Plan Board, Eng'g Dept.	Prevent TSS migration to street surfaces
25	Inside storage of all Haz. Mat'ls	PWD Supt.	No Haz Mat leaks/spills
26	Obtain "No exposure rating from EPA for MSGP sites	Eng'g Dept./PWD Supt.	obtain no exposure rating from EPA

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

27 BMP ID #		
I.D. ALL MS4 outfalls Specify Best Management Practice	Eng'g. Dept. Responsible Dept./Person Name	ALL outfalls ID'ed on Map Specify Measurable Goal
28 BMP ID #		
ID MS4 Pollutants Specify Best Management Practice	Eng'g. Dept. Responsible Dept./Person Name	All outfalls tested Specify Measurable Goal
29 BMP ID #		
Find source of pollutant loading Specify Best Management Practice	Eng'g. Dept. Responsible Dept./Person Name	all pollutants noted are sourced Specify Measurable Goal
30 BMP ID #		
mitigate pollutant loading Specify Best Management Practice	T/C S/W Comm Responsible Dept./Person Name	stop pollutant loading at source Specify Measurable Goal
31 BMP ID #		
Draft S/W Action Plan Specify Best Management Practice	S/W Comm/Eng. Dept. Responsible Dept./Person Name	10 Year Plan for S/W mgmt. 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.

Mark Stankiewicz, Town Manager
Printed Name

Signature

June 20, 2003
Date

BRP WM 08A
SWMP Time Frames

Town of STOUGHTON

DEP Transmittal # _____

BMP ID #	PERMIT YEAR ONE: Spring 03	Summer 03	Fall 03	Winter 03-04	PERMIT YEAR TWO: Spring 04	Summer 04	Fall 04	Winter 04-05	PERMIT YEAR THREE: Spring 05	Summer 05	Fall 05	Winter 05-06	PERMIT YEAR FOUR: Spring 06	Summer 06	Fall 06	Winter 06-07	PERMIT YEAR FIVE: Spring 07	Summer 07	Fall 07	Winter 07-08	Next Permit	
1	X				X				X				X				X				X	ONGOING
2				X																		
3		X				X				X												
4											X	X										
5		X	X																			
6				X																		
7					X	X																
8							X	X	X	X	X	X										
9	X	X	X	X	X	X	X	X	X	X	X	X										
10										X	X	X	X	X								
11								X	X			X	X			X	X					
12											X	X			X	X						
13								X	X			X	X			X	X			X	X	ONGOING
14										X	X	X										
15									X	X												
16							X	X														
17													X	X	X	X	X	X	X	X	X	ONGOING
18													X	X								
19															X	X						
20																	X	X				
21															X	X	X	X	X	X	X	ONGOING
22		X	X			X	X			X	X			X	X			X	X		X	ONGOING
23	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X			ONGOING
24	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	ONGOING
25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	ONGOING
26	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	ONGOING
27	X	X	X	X	X	X	X	X	X	X	X	X										
28									X	X	X		X	X	X		X	X	X		X	ONGOING
29													X	X	X	X	X	X	X	X	X	ONGOING
30																	X	X	X	X	X	ONGOING
31													X	X	X	X						