1240

Hand-enter Your Transmittal Number → **W 036131**

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
Type of Project or Activity: Municipal Separate Storm Sewer Systems (MS4)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Sturbridge

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

Individual's Last Name:	First Name	MI

Street Address: 308 Main St.			
City/Town: Sturbridge	State: MA	Zip Code: 01566	Telephone Number: (508) 347-2500 ext.
Contact: James Malloy, Town Administrator		e-mail address (optional): jmalloy@town.sturbridge.ma.us	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Sturbridge			DEP Facility Number (if Known)
Street Address: 308 Main St			e-mail address: (optional)
City/Town: Sturbridge	State: MA	Zip Code: 01566	Telephone Number: (508) 347-2500 ext.

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

Name of Individual or Firm: Tighe & Bond Consulting Engineers			
Address: 324 Grove St			
City/Town: Worcester	State: MA	Zip Code: 01605	Telephone Number: (508) 754-2201 ext.
Contact: Suzanne L. Pisano, P.E.		LSP Number (21E only)	

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

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

W036131
Transmittal Number

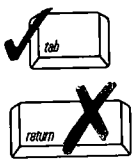
BRP WM 08A NPDES Stormwater General Permit

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

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:

Town of Sturbridge, c/o Town Administrator
Name

308 Main Street
Mailing Address

Sturbridge
City/Town

MA 01566
State

508-347-2500
Telephone Number

jmalloy@town.sturbridge.ma.us
Email (if available)

2. Municipality Name

Sturbridge
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 Highway Dept., Massachusetts Turnpike Authority

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 2 0 2003
MUNICIPAL ASSISTANCE UNIT

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
Cedar Pond (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Cedar Lake (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Long Pond (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Quinebaug River (and associated streams, unnamed ponds and wetlands)	To be determined (Number)	☒ Yes ☐ No	Metals, Pathogens
Pistol Pond (Name)	To be determined (Number)	☒ Yes ☐ No	Noxious aquatic plants
Hobbs Brook (and associated streams, unnamed ponds, and wetlands)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Unnamed Pond associated with McKinstry Brook	To be determined (Number)	☐ Yes ☒ No	(Specify)
Alum Pond (Name)	To be determined (Number)	☒ Yes ☐ No	Organic enrichment/ low DO
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(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:

SEE ATTACHMENT A FOR ADDITIONAL BMP INFORMATION

1A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Community Website	Town Administrator	Post educational information including DEP and EPA stormwater links, Year 1. Create community stormwater page, Year 2. Advertise various programs encouraging stormwater pollution prevention. Post seasonally targeted stormwater pollution prevention initiatives, and update quarterly, Year 1 - 5.

1B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Newspaper press releases	Town Administrator	1 per year in local newspaper, Year 1 - 5.

1C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Hazardous Waste Collection Day	Board of Health	Monthly collection days with public advertisement, Year 1 - 5.

1D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Educational Displays	Conservation Commission	One display at municipal building per year, Years 1 - 5.

1E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Local Cable Access	Town Administrator	Post at least one informational bulletin annually, Year 1 - 5. Post seasonal targeted bulletins throughout Years 1-5.

1F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Classroom Education - Recycling	Board of Health	Annual visit to Recycling Center by elementary school students to learn about recycling process, Years 1 - 5.

1G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Classroom Education - Stormwater	Town Administrator / School Science Department	Incorporate at least 1 stormwater topic into Science curriculum annually, Years 1 - 5.

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A BMP ID #		
Adopt-a-Road Program Specify Best Management Practice	DPW / Town Administrator Responsible Dept./Person Name	Initiate program, Year 1. Support annual clean-up of community roadways, Years 2 - 5. Specify Measurable Goal
2B BMP ID #		
Storm drain Stenciling Specify Best Management Practice	Conservation Commission / DPW Responsible Dept./Person Name	Volunteer effort focusing on new lake annually, Years 1 - 5. Storm drains will be stenciled and cleaned. Specify Measurable Goal
2C BMP ID #		
Earth Day Community Cleanup Specify Best Management Practice	Conservation Commission / Board of Health / DPW / Town Administrator Responsible Dept./Person Name	Annual cleanup of Community in April, Year 2 - 5. Specify Measurable Goal
2D BMP ID #		
Adopt-a-Stream Program Specify Best Management Practice	Conservation Commission / DPW Responsible Dept./Person Name	Survey and clean-up of Quinebaug River by volunteers and students, Years 2 - 5. Specify Measurable Goal
2E BMP ID #		
Lake and Pond Management Program Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	Volunteer effort testing water quality and documenting water conditions, Years 1 - 5. Specify Measurable Goal
2F BMP ID #		
Volunteer Lake Monitoring Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	Data collection and lake management plan development, Years 1 - 5. Specify Measurable Goal
2G BMP ID #		
Watershed Organization Meeting Specify Best Management Practice	Town Administrator / Conservation Commission Responsible Dept./Person Name	Initiate program, Year 1. Coordinate meeting of Watershed Organizations annually to discuss Stormwater issues, Year 2 - 5 Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A BMP ID #		
Mapping Stormwater Outfalls Specify Best Management Practice	DPW Responsible Dept./Person Name	Identify outfalls in Town, Year 1. Map and inspect / verify 25% of outfalls, Year 2 - 5. Specify Measurable Goal
3B BMP ID #		
Non-Stormwater Discharge Bylaw Specify Best Management Practice	Town Administrator / DPW / Board of Selectman Responsible Dept./Person Name	Evaluate existing procedures and Bylaws, Year 1. Draft new Bylaw, Year 2. Propose for adoption, Year 3. Enforce new Bylaw, Year 3 - 5. Specify Measurable Goal
3C BMP ID #		
Develop Illicit Discharge Plan Specify Best Management Practice	Town Administrator / DPW Responsible Dept./Person Name	Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5 Specify Measurable Goal
3D BMP ID #		
Illegal Dumping Specify Best Management Practice	DPW Responsible Dept./Person Name	Post signage at common dumping areas, Year 1. Weekly cleanup of illegally dumped trash, Years 1 - 5. Specify Measurable Goal
3E BMP ID #		
Non-Stormwater Discharges Specify Best Management Practice	DPW Responsible Dept./Person Name	Perform dry season inspections of outfalls in conjunction with BMP 3A, Years 1 - 5. Specify Measurable Goal
3F BMP ID #		
DPW Employee Education Specify Best Management Practice	DPW Responsible Dept./Person Name	Training Year 1 to recognize illicit discharges. Annual refresher Year 2-5 Specify Measurable Goal
3G BMP ID #		
Failing Septic Systems Specify Best Management Practice	Board of Health Responsible Dept./Person Name	Information is collected and updated continuously to assist in the identification of problem areas. Data incorporated onto map, Year 1-5. Specify Measurable Goal

4. Construction Site Runoff Control:

4A BMP ID #		
Construction Site Runoff Bylaw for projects > 1 acre Specify Best Management Practice	Conservation Commission / Planning Board Responsible Dept./Person Name	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforcement Year 3-5. Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

4B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Plan review	Conservation Commission / Planning Board	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.

4C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspection / Reporting	Building Inspector	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post Construction Runoff Bylaw	Conservation Commission / Planning Board	Review current Bylaw Year 1. Draft amendments Year 2. Propose adoption for Year 3. Enforcement Year 3-5.

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction site plan review	Conservation Commission / Planning Board	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.

5C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater System Maintenance Plan	Board of Selectmen	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.

6. Municipal Good Housekeeping:

6A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin Program	DPW	Clean all catch basins at least once per year, Years 1 - 5

6B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping and Parking Lot Cleaning	DPW	Sweep all streets once per year (12 week program beginning in late March), Year 1 - 5.

6C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Recycling Program	Board of Health	Maintain current recycling program, Years 1 - 5. Annually evaluate program, and adjust as needed, Years 1 - 5.

D. Stormwater Management Program Summary (Cont.)

6D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Town Composting Program	Board of Health	Collection of yard waste from residents to be composted. Composted material screened and offered to residents as loom, Years 1 - 5.

6E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Used Oil Collection	Board of Health	Collect used oil from residents at Recycling Center for proper disposal and recycling, Years 1 - 5.

6F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Trash Disposal	Board of Health	Collection of solid waste from residents at Recycling Center, Years 1 - 5.

7. BMPs for Meeting TMDL:

7A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
See Section 7 of the attached narrative, Appendix A		

7B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
See Section 7 of the attached narrative, Appendix A		

7C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
See Section 7 of the attached narrative, Appendix A		

7D
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.

James Malloy, Town Administrator
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 **W0036131**

Facility ID (if known)

Minimum Control	BMP ID	Description of BMP	Permit Year 1				Permit Year 2				Permit Year 3				Permit Year 4				Permit Year 5				
			Spring '03	Summer '03	Fall '03	Winter '03	Spring '04	Summer '04	Fall '04	Winter '04	Spring '05	Summer '05	Fall '05	Winter '05	Spring '06	Summer '06	Fall '06	Winter '06	Spring '07	Summer '07	Fall '07	Winter '07	Next Permit
No. 1 - Public Education / Outreach Program	1A	Community Website	Permit not in effect																				
	1B	Newspaper press releases			X				X				X				X				X		X
	1C	Hazardous Waste Collection Day																					
	1D	Educational Displays		X				X				X				X				X			X
	1E	Local Cable Access																					
	1F	Classroom Education - Recycling																					
	1G	Classroom Education - Stormwater																					
No. 2 - Public Involvement / Participation	2A	Adopt-a-Road Program																					
	2B	Storm drain Stenciling																					
	2C	Earth Day Community Cleanup					X				X				X				X				X
	2D	Adopt-a-Stream Program					X				X				X				X				X
	2E	Lake and Pond Management Program																					
	2F	Volunteer Lake Monitoring																					
	2G	Watershed Organization Meeting		X				X				X				X				X			X
No. 3 - Illicit Discharge Detection and Elimination	3A	Mapping Stormwater Outfalls																					
	3B	Non-Stormwater Discharge Bylaw																					
	3C	Develop Illicit Discharge Plan																					
	3D	Illegal Dumping																					
	3E	Non-Stormwater Discharges		X				X				X				X				X			X
	3F	DPW Employee Education				X				X				X				X					X
	3G	Failing Septic Systems																					
No. 4 - Construction Site Runoff Control	4A	Construction Site Runoff Bylaw for projects > 1 acre																					
	4B	Plan review																					
	4C	Inspection / Reporting																					
No. 5 - Post-Construction	5A	Post Construction Runoff Bylaw																					
	5B	Construction site plan review																					
	5C	Stormwater System Maintenance Plan																					
No. 6 - Good Housekeeping	6A	Catch Basin Program																					
	6B	Street Sweeping and Parking Lot Cleaning																					
	6C	Recyling Program																					
	6D	Town Composting Program																					
	6E	Used Oil Collection																					
	6F	Trash Disposal																					