



MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

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*The Commonwealth of Massachusetts*

*Executive Office for Administration and Finance*

*Division of Capital Asset Management*

*One Ashburton Place*

*Boston, Massachusetts 02108*

*Tel: (617) 727-4050*

*Fax: (617) 727-5363*

ERIC A. KRISS  
SECRETARY, ADMINISTRATION  
& FINANCE

DAVID B. PERINI  
COMMISSIONER

July 28, 2003

United States Environmental Protection Agency  
Municipal Assistance Unit (CMU)  
One Congress Street, Suite 1100  
Boston, MA 02114-2023

Massachusetts Department of Environmental Protection  
Division of Watershed Management  
627 Main Street, 2<sup>nd</sup> Floor  
Worcester, MA 01608

Massachusetts Department of Environmental Protection  
PO Box 4062  
Boston, MA 02211

JUL 31 2003  
MUNICIPAL ASSISTANCE UNIT

RE: Request for Permit Coverage: July 2003  
National Pollutant Elimination Discharge System (NPDES) General Permit for Storm Water  
Discharges from a Small Municipal Separate Storm Sewer System (MS4)  
Division of Capital Asset Management (DCAM) Surplus Properties  
Medfield State Hospital NOI Letter

To Whom It May Concern:

In order to comply with the NPDES Phase II Storm Water regulations, the Division of Capital Asset Management (DCAM) enlisted the services of Malcolm Pirnie, Inc. (MPI) to conduct site assessments at selected DCAM surplus properties to assess each property's potential for storm water pollution and to gather information. Based on the assessment of each property, and review of the final Phase II NPDES storm water permit requirements, a preliminary determination was made whether a property should submit a Notice of Intent (NOI) or waiver letter. This letter concerns the Medfield State Hospital (Property) located in the town of Medfield, Massachusetts. Based on an assessment completed by MPI, and review by DCAM, it was concluded that the Phase II NPDES storm water requirements should apply to this site. Thus this letter that includes the NOI and Transmittal Form for Permit Application and Payment is submitted for your

consideration. The site assessment letter report is attached as Appendix A to provide information justifying the necessity of the permit request.

The following information has been completed for the NOI:

- Section B: Applicant information
- Section C: Names of presently known receiving waters
- Section D: Storm water management summary
- Section E: Certification
- Section F: Storm water management program time frames

In addition, the eligibility criteria status for “listed species” and historic properties has been checked on the NOI. Section B, Item 5 of the NOI has been checked as “yes” for “listed species” and critical habitat because a formal letter (Appendix A, Attachment D) received from the Massachusetts Natural Heritage and Endangered Species Program (NHESP) does not state that species listed by the U.S. Fish and Wildlife and the EPA exist within the vicinity of the Property. Section B, Item 6 of the NOI has been checked as “pending” for historic properties because the Massachusetts Historical Commission (MHC) has not yet responded as to whether historic sites are affected by the Property.

If you have any questions or require any additional information, please do not hesitate to contact me at 617-727-4030.

Very truly yours,

DCAM

A handwritten signature in black ink, appearing to read 'Mark Roberts', written over a horizontal line.

Mark Roberts, P.E.  
Project Manager

cc: Robert Winn, Malcolm Pirnie  
MADEP, Division of Watershed Management  
MADEP, w/ Transmittal Form only



## Hand-enter Your Transmittal Number

W 037313

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:

Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

### B. Applicant Information (Firm or Individual)

Name of Firm:

Division of Capital Asset Management

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

Individual's Last Name:

First Name

MI

Street Address

One Ashburton Place, 15<sup>th</sup> Floor

City/Town

Boston

State

MA

Zip Code

02108

Telephone Number

(617) 727-4030

ext.

Contact:

Michael McKimmey, P.E., Deputy Commissioner

e-mail address (optional)

### C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual

Medfield State Hospital

DEP Facility Number (if Known)

Street Address

Hospital Road

e-mail address:

(optional)

City/Town

Medfield

State

MA

Zip Code

02052

Telephone Number

( )

ext.

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

Name of Individual or Firm:

Malcolm Pirnie, Inc.

Address

500 Edgewater Drive, Suite 566

City/Town

Wakefield

State

MA

Zip Code

01880

Telephone Number

(781) 224-4488

ext.

Contact:

Robert Winn, P.E.

LSP Number (21E only)

### E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOE 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



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

W037313

Transmittal Number

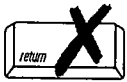
**BRP WM 08A NPDES Stormwater General Permit**

**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:

Michael McKimmey, P.E., Division of Capital Asset Management

Name

One Ashburton Place, 15<sup>th</sup> Floor

Mailing Address

Boston

Massachusetts

City/Town

State

(617) 727-4030,

Telephone Number

Email (if available)

2. Municipality Name

The Commonwealth of Massachusetts, Division of Capital Asset Management: Medfield State  
Hospital

3. Legal Status:

☐ Federal

☐ City/Town

☒ State

☐ Tribal

☐ Private

☐ Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

Not Applicable

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

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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)

**D. Stormwater Management Program Summary**

1. Public Education:

1A

BMP ID #

Not Applicable

Specify Best Management Practice

Not Applicable

Responsible Dept./Person Name

Not Applicable

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 #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

N/A

BMP ID #

Not Applicable

Specify Best Management Practice

Not Applicable

Responsible Dept./Person Name

Not Applicable

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 #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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**BRP WM 08A NPDES Stormwater General Permit**

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

Facility ID (if known)

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

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Conduct dry weather sampling  
of outfalls.

Mark Roberts

Responsible Dept./Person Name

Based on results, determine if  
outfalls are polluted.

3B

BMP ID #

If outfalls are polluted,  
determine the source.

Mark Roberts

Responsible Dept./Person Name

Identify outfalls' tributaries and  
investigate drainage system.

3C

BMP ID #

If outfalls are polluted,  
eliminate the sources.

Mark Roberts

Responsible Dept./Person Name

Resample outfalls to verify  
polluted sources are removed.

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

4. Construction Site Runoff Control:

N/A

BMP ID #

Not Applicable

Specify Best Management Practice

Not Applicable

Responsible Dept./Person Name

Not Applicable

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 #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

Facility ID (if known)

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

5. Post Construction Runoff Control:

|                                  |                               |                         |
|----------------------------------|-------------------------------|-------------------------|
| N/A                              |                               |                         |
| BMP ID #                         |                               |                         |
| Not Applicable                   | Not Applicable                | Not Applicable          |
| 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 #                         |                               |                         |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| BMP ID #                         |                               |                         |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

6. Municipal Good Housekeeping:

|                                  |                               |                              |
|----------------------------------|-------------------------------|------------------------------|
| 6A                               |                               |                              |
| BMP ID #                         |                               |                              |
| Employee training.               | Mark Roberts                  | Number of employees trained. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal      |
| 6B                               |                               |                              |
| BMP ID #                         |                               |                              |
| Materials management.            | Mark Roberts                  | Amount of debris removed     |
| Specify Best Management Practice | Responsible Dept./Person Name | from Property.               |
| 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 #                         |                               |                              |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal      |



Massachusetts Department of Environmental Protection  
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W037313

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)

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

7. BMPs for Meeting TMDL:

N/A

BMP ID #

Not Applicable

Specify Best Management Practice

Not Applicable

Responsible Dept./Person Name

Not Applicable

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 #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

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.

Kenneth M. Tilden, Deputy Director

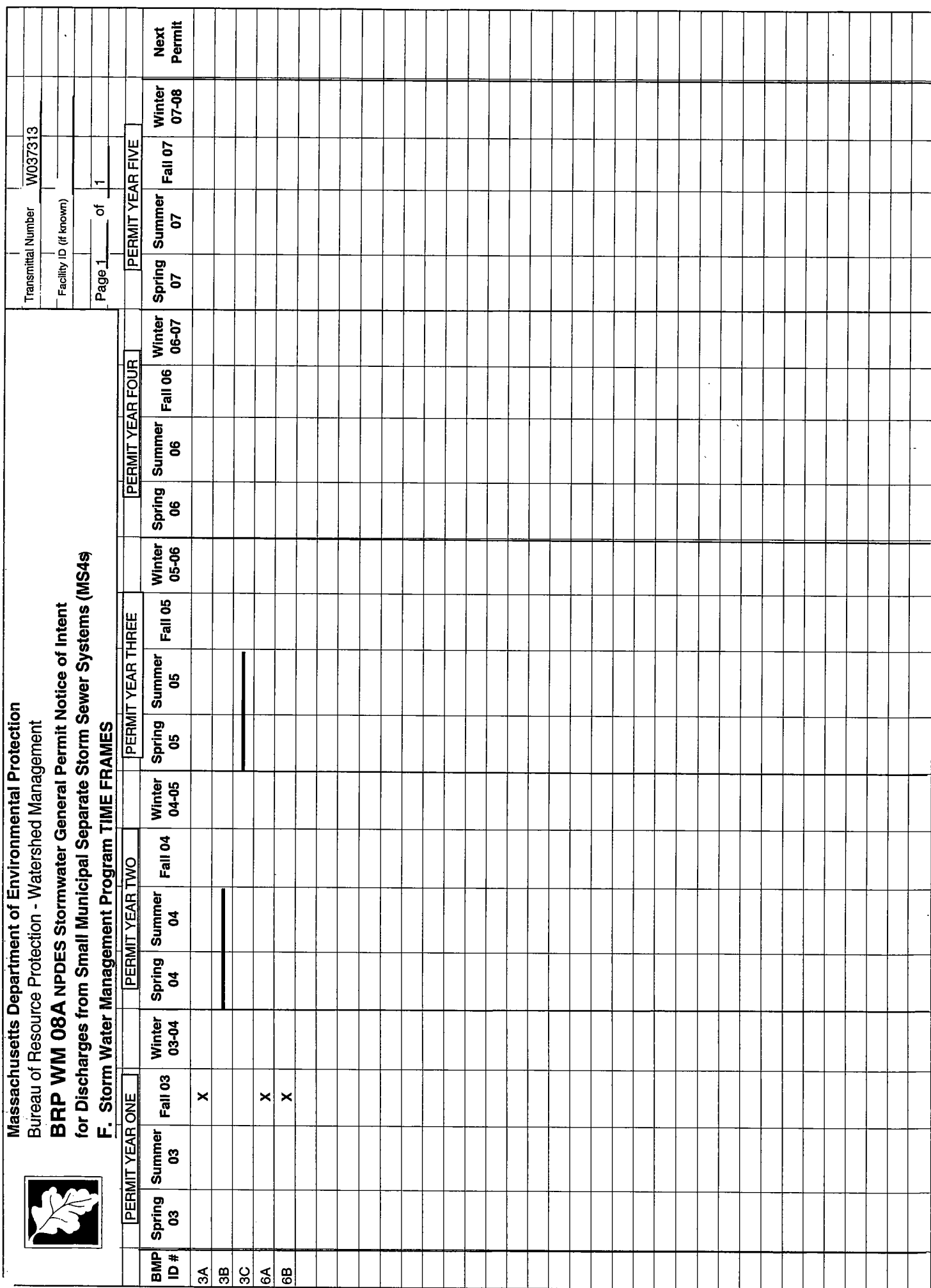
Printed Name

*Kenneth M. Tilden*

Signature

*7/28/03*

Date



**APPENDIX A**  
**Assessment Letter Report**

July 25, 2003

Mr. Mark Roberts, P.E.  
Project Manager  
Division of Capital Asset Management  
One Ashburton Place, 15<sup>th</sup> Floor  
Boston, MA 02108

RE: Division of Capital Asset Management (DCAM) Surplus Properties  
Medfield State Hospital Assessment Letter Report

Dear Mr. Roberts:

In accordance with our February 5, 2003 proposal, Malcolm Pirnie, Inc. (MPI) has completed a site assessment at the Medfield State Hospital (Property) to determine if the Property is required to meet the National Pollutant Discharge Elimination System (NPDES) Phase II Storm Water regulations. The Property is located in Medfield, Massachusetts. A site visit was conducted on March 26, 2003.

The following sections describe the type of information documented during the assessment, including visual observations made during our site visit and conclusions based on our assessment. The Division of Capital Asset Management (DCAM) provided a map of the Property that identifies existing features and buildings. DCAM also provided a knowledgeable person to assist during our site assessment.

#### **A. Assessment Data**

The site assessment focused on the storm water conveyance system, potential storm water pollution issues, and any observed outfalls and discharges. Prior to each Property site visit, an assessment was completed to identify drainage piping on based available mapping, nearby waterbodies, waterbodies on the Massachusetts 303(d) List of Impaired Waters, waterbodies on the Massachusetts Year 2002 Integrated List of Waters, threatened or endangered species, and historic sites on or near the Property.

The following information was documented:

- Storm Water Assessment
  - Site description
  - Property description
  - Site activity

- Buildings on site
  - Based on available mapping, the location of:
    - Buildings
    - Outfalls
    - Drainage directions
    - Nearby waterbodies
    - Noticeable pollution issues
    - Drainage piping and structures that discharge offsite
  - Visible Observations
  - Waterbodies on the Massachusetts 303(d) List of Waters
  - Waterbodies on the Massachusetts Year 2002 Integrated List of Waters
  - Visible pollution issues
  - Potential pollution issues
  - Other observations
- Outfall Assessment
    - Pipe type and size
    - Evidence of flow
    - Visual inspection of flow (i.e., color, odor, turbidity, structural damage, and presence/absence of oil)
    - Estimated flow depth
    - Presence of standing water
    - Visual inspection of standing water (i.e., color, odor, turbidity, structural damage, and presence/absence of oil)
    - Unusual piping or ditches

Attachment A includes the Outfall Assessment Sheets for conducting outfall assessments. These sheets have been completed for four outfalls designated as Outfall #1, Outfall #2, Outfall #3, and Outfall #4 that were found during the site assessment.

## **B. Assessment Observations**

The site map provided by DCAM was used as a guide to conduct the assessment. Attachment B includes Figure 1 (presents the location of Property and surrounding area) and Figure 2 (presents the location of buildings, drainage system, and outfalls). Attachment C includes the photographs taken during the two site visits. Selected photographs are referenced in the report.

The Property consists of a complex that became inactive as of April 30, 2003. Once the Property closed, the Department of Mental Health (DMH) transferred ownership of the Property to DCAM. The Property and surrounding area is shown in Attachment B, Figure 1. Medfield State Forest and the Charles River both border the Property to the north and west. Fields located next to Hospital Road and Harding Street border the Property to the south and east, respectively.

The Property consists of 50 buildings and various access roadways and parking lots. The following buildings are on the Property:

- Power Plant
- Garage
- Shop Building
- B-1, B-2, B-3, and B-4 Buildings
- C-1, C-1N, C-2, C-2N, C-3, and C-4 Buildings
- Lee
- Infirmary
- G-Building (G-1, G-2, G-3, and G-4)
- S-Building (S-1 and S-2)
- Salvage Yard Unit
- Greenhouse
- Garage
- West Hall
- Hillside House
- Clark Building
- Lindberg Building
- Employee Cottages (EC-1, EC-3, EC-5, and EC-6)
- Steward's Cottages (OS-5 and OS-6)
- Garage
- East Hall Nurses Home
- Administration Building
- Service Building
- D-1, D-2, D-3, and D-4 Buildings
- R1 and R2 Building
- E-1 and E-2 Buildings
- F-1 and F-2 Buildings
- L-1 and L-2 Buildings
- Farm House
- Cottage

In addition, the Property contains a sewer pump station (Attachment C, Figure 1-16), fire pump station, and water tower (Attachment C, Figure 1-29). A shooting range used by the Town of Medfield is also located on the Property (Figures 1-17 and 1-18). Within the Property, the area consists of impervious surfaces occupied by the buildings, roadways, and parking lots (Attachment C, Figure 1-2). All roadways are plowed and salted to allow access on the Property.

Large areas of pervious surfaces surround the buildings as open fields and wooded areas (Attachment C, Figures 1-1, 1-3, 1-39, and 1-40). Pervious surfaces also include lawn areas around the immediate vicinity of the buildings (Attachment C, Figures 1-28, 1-31, and 1-33).

Based on available mapping and a visual assessment, it does not appear that storm water drainage pollution should be an issue on the Property. A portion of storm water runoff from the Property drains to four outfalls (Outfall #1, Outfall #2, and Outfall #3, and Outfall #4). These four outfalls drain to open fields and wooded areas located on the Property. Storm water for the

remaining portion of the Property drains as overland flow. Outfall #1 (Attachment C, Figures 1-4 and 1-5) is a 4-inch steel drainage pipe that mostly likely accepts drainage from the open field on the west side of the Property. The outfall drains to the Medfield State Forest. At the time of the assessment, the outfall did not have dry weather flow. However, the outlet and interior of the pipe outfall were wet suggesting a discharge had occurred a short time before. Outfall #2 (Attachment C, Figure 1-6) is a 10-inch clay pipe that accepts runoff from two manholes located west of S-Building. The outfall drains to the Medfield State Forest located next to the Charles River (Attachment C, Figure 1-36). At the time of the assessment, the outfall had dry weather flow that was clear and odorless. In addition the discharge was also warm due to a leak in the steam line (located west of S-Building) that most likely results in the discharge of steam condensate to Outfall #2. Moss growth was evident in the outlet (Attachment C, Figure 1-7). Outfall #3 (Attachment C, Figures 1-12 and 1-13) is an 8-inch concrete pipe that accepts flow from the parking area next to the Garage and Shop Building. The outfall drains to the Medfield State Forest. Two 6-inch metal pipes located downstream of Outfall #3 assist to convey storm water across an access roadway (Attachment C, Figure 1-34). At the time of the assessment, the outfall did not have dry weather flow. Outfall #4 (Attachment C, Figure 1-14) is a buried stone pipe that discharges to a field located on the south side of the Property. At the time of the assessment, ponded water was located at the outlet. The water appeared to be clear and odorless. Attachment A includes the Outfall Assessment Sheets for Outfalls #1, #2, #3, and #4.

No significant pollution issues were observed. Covered dumpsters are located throughout the Property. The Property also has aboveground storage tanks (ASTs) contained on concrete pads and fenced in. These include the following:

- 1,000-gallon Gasoline Tank (Attachment C, Figure 1-24)
- Propane Tank (Attachment C, Figure 1-41)

Although no significant pollution issues were observed, there are potential storm water issues. Asphalt and brick debris (Attachment C, Figures 1-37 and 1-38) located on the north side of the Property have the potential to enter the Charles River. The Salvage Yard area contains a significant amount of debris including construction material, metal equipment, and used plastic containers (Attachment C, Figures 1-21, 1-22, and 1-23). In addition, the Garage, salt storage area (north side of the Garage), and debris (north of the Garage) all have the potential to cause storm water pollution (Attachment C, Figures 1-26 and 1-27).

The Property is located within the Charles Watershed. Nearby waterbodies include the Charles River located north and west of the Property (Attachment B, Figure 1). The Charles River is listed on the 2002 Integrated List of Waters as a Category 5 Water, "Waters Requiring a total maximum daily load (TMDL)". Category 5 Waters include those waters that are impaired due to one or more pollutants. However, the portion of the Charles River located near the Property is not listed as an impaired region of the river. Discharges from Outfalls #1, #2, and #3 have the potential to enter the Charles River.

The U.S. Fish and Wildlife list of endangered and threatened species as well as the Environmental Protection Agency's (EPA's) Endangered and Threatened Species County List for Massachusetts were used to verify whether endangered or threatened species are located near the

Property. These species lists were compared to information from the Natural Heritage and Endangered Species Program (NHESP). The "NHESP 1999-2001 Estimated Habitats for Rare Wildlife: For Use with the Massachusetts Wetlands Protection Act Regulations (310 CMR 10)", "NHESP 1999-2001 Priority Habitats for State-Protected Rare Species: Not Equivalent to 'Significant Habitat' as designated under Massachusetts Endangered Species Act", and the "NHESP BioMap Core Habitat" Geographic Information System (GIS) datalayers were used to identify whether the Property was within an area of rare wildlife. Based on the most current information available, it was determined that the Property is located near habitats of state-protected rare plant and animal species that have been documented within the last 25 years. In addition, the Property is located in an area that is considered to be a viable habitat for rare species and natural communities in Massachusetts. A formal letter, with a Rare Species Information Request Form, was sent to the NHESP to verify the GIS datalayer information (Attachment D). The NHESP responded with a letter that stated the Property abuts priority habitat for the "Special Concern" species River Bulrush (Attachment D). "Special Concern" species include those that have suffered a decline in recent years and, if continue to do so, will be listed as threatened species. However, the U.S. Fish and Wildlife and EPA do not list this species.

The Property is considered to be a historic site. The Massachusetts Historical Commission (MHC) "State Register of Historic Places 2002" lists the Property as a historic site under the National Register Multiple Property Submission (NRMPS), National Register District (NRDIS), and Local Historic District (LHD). The Property was designated as a historic site in 1994. A formal letter, with a Project Notification Form, was sent to the MHC to verify that historic resources are not being affected by the Property (Attachment D). MHC has not yet replied. However, since construction projects including demolition, rehabilitation, and new construction are not current activities at the Property, the MHC will most likely determine that significant historic and archaeological resources are not affected.

### **C. Conclusions**

Based on our assessment and the final EPA/Massachusetts Department of Environmental Protection (MADEP) Storm Water Phase II municipal separate storm sewer system (MS4) NPDES requirements, we have concluded that DCAM should submit a Notice of Intent (NOI) for the Property. The NOI (Attachment D) should be submitted to the EPA and MADEP.

The following reasons justify the recommendation of a NOI for the Property:

- A significant amount of site debris is located on the Property.
- Outfall #2 discharges dry weather flow that has the potential to enter the Charles River.

If you have any questions or require any additional information, please do not hesitate to contact me at 781-213-4912.

Very truly yours,

MALCOLM PIRNIE, INC.



Robert S. Winn, P.E.  
Associate

cc: W. Di Tullio, Vice President, MPI  
Peter Wilson, Associate General Counsel, DCAM  
File 4732002-C

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**ATTACHMENT A**  
**Outfall Assessment Sheets**

## PHASE II ASSESSMENT FOR DCAM

PROPERTY Medfield State Hospital

## CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03 2. Outfall I.D. Outfall #1  
 3. Date of last rain/snow event: 3/21/03 (rain) 4. Photographs CD #          Photo #           
 (Attachment C, Figure 1-4)  
 5. Assessor's name: Bridget Zwack 6. Weather & Temp Sunny, 60°F

7. Type of outfall

☐ Concrete ☒ Pipe: Steel ☐ Grassed ☐ Rock ☐ Other         

8. Size of outfall Width          Height          Diameter 4"9. Is there visible flow from the pipe? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 11.

- |                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Colored water (describe)                                         | <input type="checkbox"/> Oily sheen                                              |
| <input type="checkbox"/> Odor (describe- sewage, sulfide, oil, gas, etc.)                 | <input type="checkbox"/> Sludge present                                          |
| <input type="checkbox"/> Murky                                                            | <input type="checkbox"/> Turbidity (describe- cloudy, opaque, etc.)              |
| <input type="checkbox"/> Floating objects (describe- floatables, oil sheen, sewage, etc.) | <input type="checkbox"/> Stains on conveyance (describe- sediment, oily, etc.)   |
| <input type="checkbox"/> Absence of plant life surrounding conveyance                     | <input type="checkbox"/> Notable difference in plant life surrounding conveyance |
| <input type="checkbox"/> Scum                                                             | <input type="checkbox"/> Suds <input type="checkbox"/> Other: <u>        </u>    |

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

10. Estimated flow depth         11. Is there standing water present? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 12.

- |                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Colored water (describe)                                         | <input type="checkbox"/> Oily sheen                                              |
| <input type="checkbox"/> Odor (describe- sewage, sulfide, oil, gas, etc.)                 | <input type="checkbox"/> Sludge present                                          |
| <input type="checkbox"/> Murky                                                            | <input type="checkbox"/> Turbidity (describe- cloudy, opaque, etc.)              |
| <input type="checkbox"/> Floating objects (describe- floatables, oil sheen, sewage, etc.) | <input type="checkbox"/> Stains on conveyance (describe- sediment, oily, etc.)   |
| <input type="checkbox"/> Absence of plant life surrounding conveyance                     | <input type="checkbox"/> Notable difference in plant life surrounding conveyance |
| <input type="checkbox"/> Suds                                                             | <input type="checkbox"/> Scum <input type="checkbox"/> Other: <u>        </u>    |

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

12. From the assessment locations, can you see any unusual piping or ditches that drain to the storm water conveyance?

☐ Yes ☒ No13. Is there any overland flow visible from the discharge location? ☐ Yes ☒ No14. Known industrial or commercial uses in drainage area? ☐ Yes ☒ NoIf yes, describe         Signature: Bridget M. Zwack, Malcolm Pirnie

## PHASE II ASSESSMENT FOR DCAM

PROPERTY Medfield State Hospital

## CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03 2. Outfall I.D. Outfall #2  
 3. Date of last rain/snow event: 3/21/03 (rain) 4. Photographs CD #          Photo #           
 (Attachment C, Figure 1-6)  
 5. Assessor's name: Bridget Zwack 6. Weather & Temp Sunny, 60°F

## 7. Type of outfall

- ☐ Concrete ☒ Pipe: Clay ☐ Grassed ☐ Rock ☐ Other           
 8. Size of outfall Width          Height          Diameter 10"

9. Is there visible flow from the pipe? ☒ Yes ☐ No

If yes, check all that apply. If no, go to number 11.

- ☐ Colored water (describe) ☐ Oily sheen  
☐ Odor (describe- sewage, sulfide, oil, gas, etc.) ☐ Sludge present  
☐ Murky ☐ Turbidity (describe- cloudy, opaque, etc.)  
☐ Floating objects (describe- floatables, oil sheen, sewage, etc.) ☐ Stains on conveyance (describe- sediment, oily, etc.)  
☐ Absence of plant life surrounding conveyance ☐ Notable difference in plant life surrounding conveyance  
☐ Scum ☐ Suds ☒ Other: clear, odorless, no turbidity, warm discharge

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

10. Estimated flow depth 3/4"

11. Is there standing water present? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 12.

- ☐ Colored water (describe) ☐ Oily sheen  
☐ Odor (describe- sewage, sulfide, oil, gas, etc.) ☐ Sludge present  
☐ Murky ☐ Turbidity (describe- cloudy, opaque, etc.)  
☐ Floating objects (describe- floatables, oil sheen, sewage, etc.) ☐ Stains on conveyance (describe- sediment, oily, etc.)  
☐ Absence of plant life surrounding conveyance ☐ Notable difference in plant life surrounding conveyance  
☐ Suds ☐ Scum ☐ Other:

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

12. From the assessment locations, can you see any unusual piping or ditches that drain to the storm water conveyance?

☐ Yes ☒ No

13. Is there any overland flow visible from the discharge location? ☐ Yes ☒ No

14. Known industrial or commercial uses in drainage area? ☐ Yes ☒ No

If yes, describe         

Signature: Bridget M Zwack, Malcolm Pirnie

## PHASE II ASSESSMENT FOR DCAM

PROPERTY Medfield State Hospital

## CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03 2. Outfall I.D. Outfall #3  
 3. Date of last rain/snow event: 3/21/03 (rain) 4. Photographs CD #          Photo #           
 (Attachment C, Figure 1-12)  
 5. Assessor's name: Bridget Zwack 6. Weather & Temp Sunny, 60°F

## 7. Type of outfall

☒ Concrete ☐ Pipe:          ☐ Grassed ☐ Rock ☐ Other         

8. Size of outfall Width          Height          Diameter 8"

9. Is there visible flow from the pipe? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 11.

- |                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Colored water (describe)                                         | <input type="checkbox"/> Oily sheen                                              |
| <input type="checkbox"/> Odor (describe- sewage, sulfide, oil, gas, etc.)                 | <input type="checkbox"/> Sludge present                                          |
| <input type="checkbox"/> Murky                                                            | <input type="checkbox"/> Turbidity (describe- cloudy, opaque, etc.)              |
| <input type="checkbox"/> Floating objects (describe- floatables, oil sheen, sewage, etc.) | <input type="checkbox"/> Stains on conveyance (describe- sediment, oily, etc.)   |
| <input type="checkbox"/> Absence of plant life surrounding conveyance                     | <input type="checkbox"/> Notable difference in plant life surrounding conveyance |
| <input type="checkbox"/> Scum                                                             | <input type="checkbox"/> Suds <input type="checkbox"/> Other: <u>        </u>    |

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

10. Estimated flow depth

11. Is there standing water present? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 12.

- |                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Colored water (describe)                                         | <input type="checkbox"/> Oily sheen                                              |
| <input type="checkbox"/> Odor (describe- sewage, sulfide, oil, gas, etc.)                 | <input type="checkbox"/> Sludge present                                          |
| <input type="checkbox"/> Murky                                                            | <input type="checkbox"/> Turbidity (describe- cloudy, opaque, etc.)              |
| <input type="checkbox"/> Floating objects (describe- floatables, oil sheen, sewage, etc.) | <input type="checkbox"/> Stains on conveyance (describe- sediment, oily, etc.)   |
| <input type="checkbox"/> Absence of plant life surrounding conveyance                     | <input type="checkbox"/> Notable difference in plant life surrounding conveyance |
| <input type="checkbox"/> Suds                                                             | <input type="checkbox"/> Scum <input type="checkbox"/> Other: <u>        </u>    |

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

12. From the assessment locations, can you see any unusual piping or ditches that drain to the storm water conveyance?

☐ Yes ☒ No

13. Is there any overland flow visible from the discharge location? ☐ Yes ☒ No

14. Known industrial or commercial uses in drainage area? ☐ Yes ☒ No

If yes, describe         

Signature: Bridget M Zwack, Malcolm Pirnie

## PHASE II ASSESSMENT FOR DCAM

PROPERTY Medfield State Hospital

## CHECKLIST FOR CONDUCTING OUTFALL ASSESSMENTS

1. Date of assessment 3/26/03 2. Outfall I.D. Outfall #4  
 3. Date of last rain/snow event: 3/21/03 (rain) 4. Photographs CD #          Photo #           
 (Attachment C, Figure 1-14)  
 5. Assessor's name: Bridget Zwack 6. Weather & Temp Sunny, 60°F

## 7. Type of outfall

☐ Concrete ☐ Pipe:          ☐ Grassed ☐ Rock ☒ Other Stone

8. Size of outfall Width          Height          Diameter Unknown

9. Is there visible flow from the pipe? ☐ Yes ☒ No

If yes, check all that apply. If no, go to number 11.

- |                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Colored water (describe)                                         | <input type="checkbox"/> Oily sheen                                              |
| <input type="checkbox"/> Odor (describe- sewage, sulfide, oil, gas, etc.)                 | <input type="checkbox"/> Sludge present                                          |
| <input type="checkbox"/> Murky                                                            | <input type="checkbox"/> Turbidity (describe- cloudy, opaque, etc.)              |
| <input type="checkbox"/> Floating objects (describe- floatables, oil sheen, sewage, etc.) | <input type="checkbox"/> Stains on conveyance (describe- sediment, oily, etc.)   |
| <input type="checkbox"/> Absence of plant life surrounding conveyance                     | <input type="checkbox"/> Notable difference in plant life surrounding conveyance |
| <input type="checkbox"/> Scum                                                             | <input type="checkbox"/> Suds <input type="checkbox"/> Other: <u>        </u>    |

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

10. Estimated flow depth

11. Is there standing water present? ☒ Yes ☐ No

If yes, check all that apply. If no, go to number 12.

- |                                                                                           |                                                                                                 |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Colored water (describe)                                         | <input type="checkbox"/> Oily sheen                                                             |
| <input type="checkbox"/> Odor (describe- sewage, sulfide, oil, gas, etc.)                 | <input type="checkbox"/> Sludge present                                                         |
| <input type="checkbox"/> Murky                                                            | <input type="checkbox"/> Turbidity (describe- cloudy, opaque, etc.)                             |
| <input type="checkbox"/> Floating objects (describe- floatables, oil sheen, sewage, etc.) | <input type="checkbox"/> Stains on conveyance (describe- sediment, oily, etc.)                  |
| <input type="checkbox"/> Absence of plant life surrounding conveyance                     | <input type="checkbox"/> Notable difference in plant life surrounding conveyance                |
| <input type="checkbox"/> Suds                                                             | <input type="checkbox"/> Scum <input checked="" type="checkbox"/> Other: <u>clear, odorless</u> |

e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

12. From the assessment locations, can you see any unusual piping or ditches that drain to the storm water conveyance?

☐ Yes ☒ No

13. Is there any overland flow visible from the discharge location? ☐ Yes ☒ No

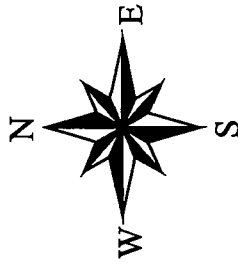
14. Known industrial or commercial uses in drainage area? ☐ Yes ☒ No

If yes, describe         

Signature: Bridget M Zwack, Malcolm Pirnie

**ATTACHMENT B**  
**Maps**

## Figure 1



**ATTACHMENT C**  
**Photographs**

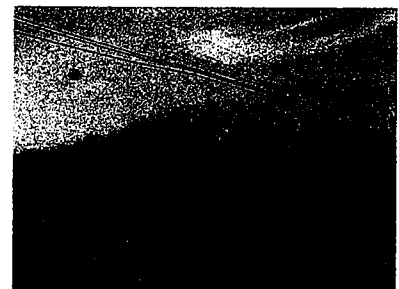
**Figure 1**  
**DCAM Surplus Properties—Medfield State Hospital**  
**NPDES Phase II Assessment Report**



**Figure 1-1**  
Open field north of S-Building.



**Figure 1-2**  
Parking lot and D-3 Building.



**Figure 1-3**  
Field located on western side of Property. Medfield State Forest borders field.



**Figure 1-4**  
Outfall #1.



**Figure 1-5**  
Outlet of Outfall #1.



**Figure 1-6**  
Outfall #2.



**Figure 1-7**  
Outlet of Outfall #2.



**Figure 1-8**  
Artesian well discharges spring water southwest of Power Plant.



**Figure 1-9**  
Empty barrel next to artesian well discharge.

**Figure 1**  
**DCAM Surplus Properties—Medfield State Hospital**  
**NPDES Phase II Assessment Report**



**Figure 1-10**  
Power Plant.



**Figure 1-11**  
Dumpster west of Power Plant.



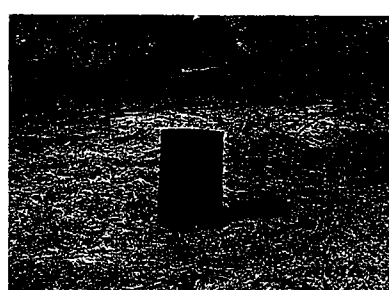
**Figure 1-12**  
Outfall #3.



**Figure 1-13**  
Outlet of Outfall #3.



**Figure 1-14**  
Outfall #4.



**Figure 1-15**  
Barrel containing aluminum  
cans and debris east of Farm  
House.



**Figure 1-16**  
Sewer pump station enclosed  
by fence.

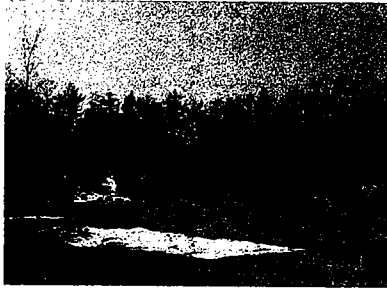


**Figure 1-17**  
Shooting range storage and  
shed buildings used by the  
Town.



**Figure 1-18**  
Shooting range operated by the  
Town.

**Figure 1**  
**DCAM Surplus Properties—Medfield State Hospital**  
**NPDES Phase II Assessment Report**



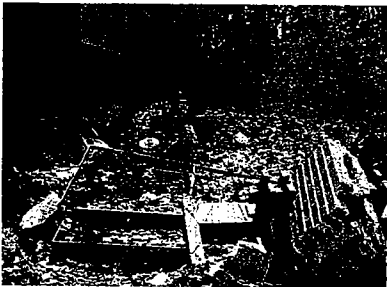
**Figure 1-19**  
Area west of shooting range  
used by the Town.



**Figure 1-20**  
Shooting range.



**Figure 1-21**  
Salvage Yard Buildings—area  
contains debris, metal doors,  
and metal equipment.



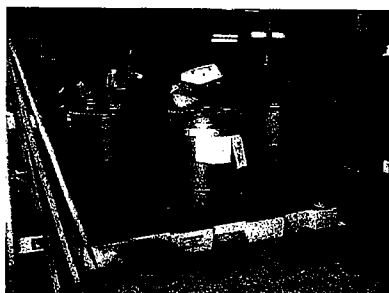
**Figure 1-22**  
Debris including bricks, metal,  
and plastic behind Salvage  
Yard Buildings.



**Figure 1-23**  
Debris behind Salvage Yard  
Buildings.



**Figure 1-24**  
1,000-gallon gasoline AST  
between shop building and  
garage.



**Figure 1-25**  
Used oil contained in labeled  
drums and placed on pallets in  
Garage.



**Figure 1-26**  
Metal equipment and salt  
storage behind Garage.

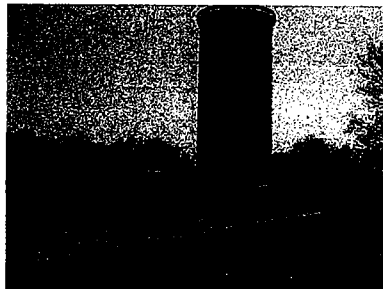


**Figure 1-27**  
Salt storage area behind  
Garage.

**Figure 1**  
**DCAM Surplus Properties—Medfield State Hospital**  
**NPDES Phase II Assessment Report**



**Figure 1-28**  
Typical lawn and pavement areas that surround buildings of Property.



**Figure 1-29**  
Water tower located in field on east side of Property.



**Figure 1-30**  
Dumpsters are located at various parts of the Property.



**Figure 1-31**  
Lawn area surrounding Lee Building.



**Figure 1-32**  
Culvert under Property roadway that transports discharge to field east of Property.



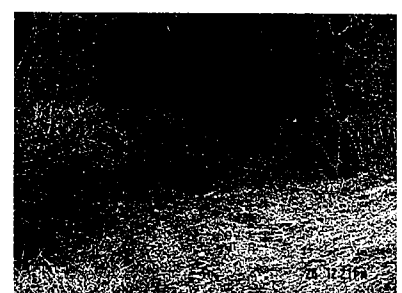
**Figure 1-33**  
Lawn area surrounds G-Building (left) and Lee Building.



**Figure 1-34**  
(2) 6" metal pipes accept discharge from Outfall #3.



**Figure 1-35**  
Tree debris on northern side of Property close to Charles River.



**Figure 1-36**  
Charles River west of Property.

**Figure 1**  
**DCAM Surplus Properties—Medfield State Hospital**  
**NPDES Phase II Assessment Report**



**Figure 1-37**  
Asphalt and brick debris on  
north side of Property.



**Figure 1-38**  
Log and tree debris on north  
side of Property.



**Figure 1-39**  
Metal debris on south side of  
Property.



**Figure 1-40**  
Asphalt debris on south side of  
Property.



**Figure 1-41**  
Propane tank located next to  
Service Building.

**ATTACHMENT D**  
**NHESP AND MHC LETTERS**

May 12, 2003

Natural Heritage Review  
Natural Heritage and Endangered Species Program (NHESP)  
MA Division of Fisheries and Wildlife  
Route 135  
Westborough, MA 01581

Re: Division of Capital Asset Management Properties

To Whom It May Concern:

The Division of Capital Asset Management (DCAM) under the Commonwealth of Massachusetts is assessing properties for compliance with the Environmental Protection Agency's (EPA's) Storm Water National Pollutant Discharge Elimination System (NPDES) Phase II requirements. These properties include the following:

- Metropolitan State Hospital (Belmont, Lexington, and Waltham)
- Middlesex County Hospital (Lexington and Waltham)
- Boston State Hospital (Boston)
- Foxborough State Hospital (Foxborough)
- Worcester County Hospital (West Boylston)
- Oakdale Complex (West Boylston)
- Lancaster Complex (Lancaster)
- Rutland Heights Hospital (Rutland)
- J.T. Berry Regional Center (North Reading and Wilmington)
- Danvers State Hospital / Essex Agricultural (Danvers)
- Grafton Complex (Grafton, Shrewsbury, Westborough)
- Lyman School for Boys (Westborough)
- Medfield State Hospital (Medfield)

As part of the Phase II requirements, eligibility criteria for endangered and threatened species and their critical habitats must be met. Coverage under the Phase II permit is only granted if storm water discharges, allowable non-storm water discharges, and discharge related activities do not adversely affect species that are listed as endangered or threatened under the Endangered Species Act (ESA). In order to assist in determining eligibility, Malcolm Pirnie has submitted the enclosed "Rare Species Information Request Form" and USGS topography maps for each property on behalf of DCAM to the NHESP to identify any critical habitats of endangered and threatened species that exist within each property.

**MALCOLM  
PIRNIE**

NHESP

May 12, 2003  
Page 2

Malcolm Pirnie is requesting a list and location of endangered and threatened species within each property from the NHESP as well as any other applicable information that will assist in determining eligibility criteria under Phase II.

If you have any questions or comments on this letter, please do not hesitate to contact me at (781) 224-4488.

Very truly yours,

MALCOLM PIRNIE, INC.

*Bridget M. Franz*

~~Bridget M. Franz~~

Engineer

Enclosure

cc: Robert Winn  
File 4732002-C

G:\BusDev\DCAM stormwater\species letter

## Rare Species Information Request Form

Please complete this form to request site-specific information from The Natural Heritage and Endangered Species Program database (Please submit only one project per request form).

### Requestor Information

Name: *Bridget Zwack*

Affiliation: *Malcolm Pirnie, Inc.*

Address: *500 Edgewater Drive, Suite 566*

City: *Wakefield*

State: *MA*

Zip Code: *01880*

Daytime Phone: *(781) 224-4488* Ext.

### Project Information

Project or Site Name: *Medfield State Hospital*

Town: *Medfield*

USGS Quad Map:

Name of Landowner or Project Proponent: *Commonwealth of Massachusetts : Division of Capital Asset Management (DCAM)*

Description of Proposed Project: (If necessary attach additional sheet)  
*(See Attached Cover Letter)*

- ☐ *N* Will this project be reviewed as a Notice of Intent by the local Conservation Commission?
- ☐ *Y* Will this project be undergoing review through MEPA?
- ☐ *Y* Have you enclosed the required copy of a USGS topographic map in the scale 1:24,000 or 1:25,000 (not copy reduced) with the site location clearly marked and centered on the copy page? (Copies of Atlas pages are not accepted)

Please **mail** this completed form and topographic map to:  
Environmental Review  
Natural Heritage and Endangered Species Program  
MA Division of Fisheries and Wildlife  
Rte. 135  
Westborough, MA 01581

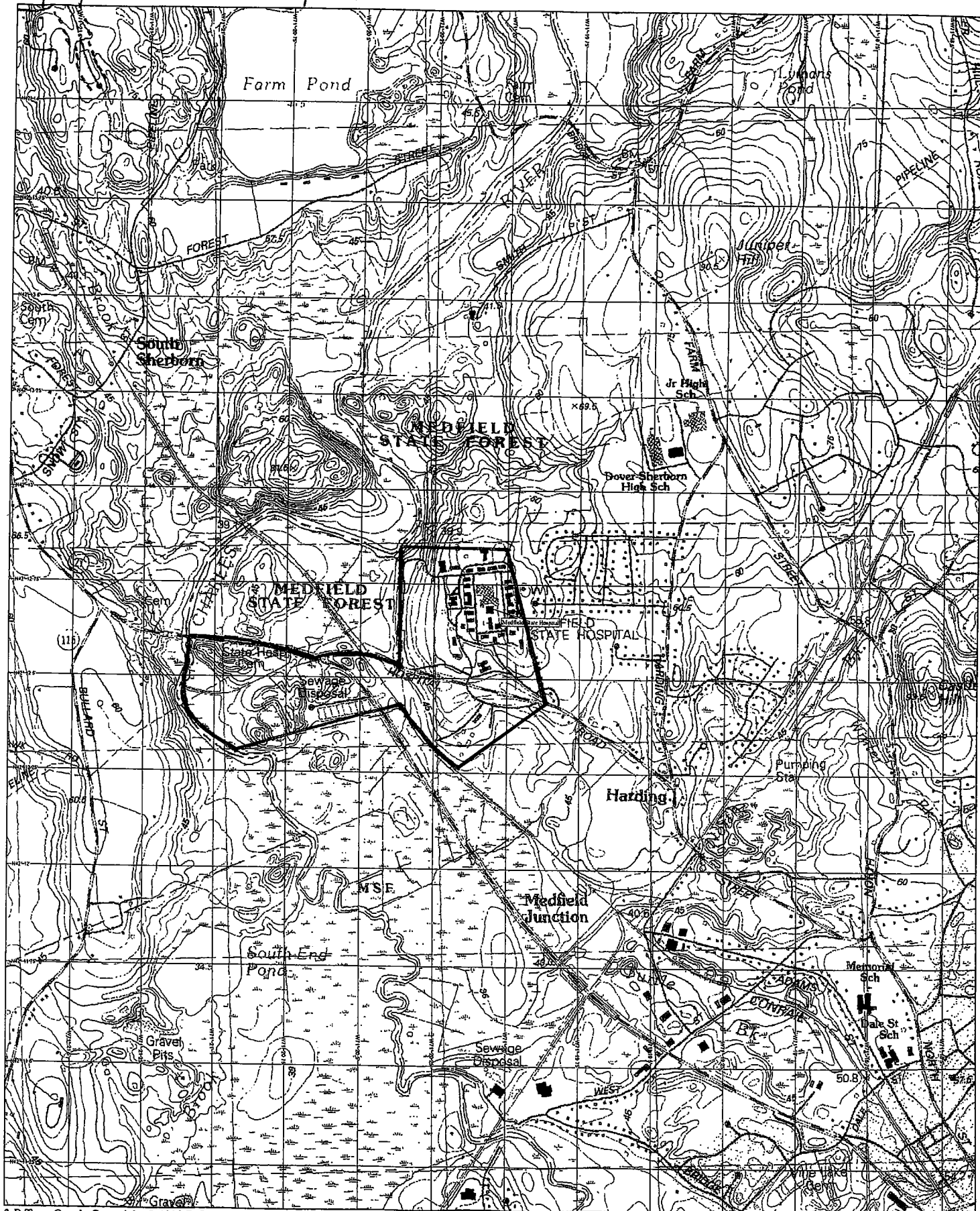
Or **fax** to: (508) 792-7275  
Natural Heritage Program  
Attn: Environmental Review

\*Questions regarding this form should be directed to (508) 792-7270 ext. 154

Persons requesting information should expect a 4 week turnaround time (time varies on amount of requests received per week).  
Please do not ask for an expedited review. Requests are processed in the order that they are received.

Approximate Property  
Boundary ———

Property: Medfield State Hospital







Commonwealth of Massachusetts

# Division of Fisheries & Wildlife

**MassWildlife**

Wayne F. MacCallum, *Director*

June 11, 2003

Bridget Zwack  
Malcolm Pirnie, Inc.  
500 Edgewater Drive, Suite 566  
Wakefield, MA 01880

Re: Medfield State Hospital  
Medfield, MA  
NHESP File: 03-12020

Dear Ms. Zwack,

Thank you for contacting the Natural Heritage and Endangered Species Program for information regarding state-protected rare species in the vicinity of the above referenced site. I have reviewed the site and would like to offer the following comments.

Our database indicates that the site abuts Priority Habitat PH 887, which has been delineated for the River Bulrush (*Bolboschoenus fluviatus*), a species of "Special Concern". This species is protected under the Massachusetts Endangered Species Act (M.G.L. c. 131A) and its implementing regulations (321 CMR 10.00) as well as the state's Wetlands Protection Act (M.G.L. c. 131, s. 40) and its implementing regulations (310 CMR 10.00). Fact sheets for this species can be found on our website at [www.state.ma.us/dfwele/dfw](http://www.state.ma.us/dfwele/dfw).

This evaluation is based on the most recent information available in the Natural Heritage database, which is constantly being expanded and updated through ongoing research and inventory. Should your site plans change, or new rare species information become available, this evaluation may be reconsidered.

If you have any questions regarding this review, please contact Christine Vaccaro, Environmental Review Assistant, at ext. 154.

Sincerely,

Thomas W. French, Ph.D  
Assistant Director

[www.masswildlife.org](http://www.masswildlife.org)

Division of Fisheries and Wildlife

Field Headquarters, One Rabbit Hill Road, Westborough, MA 01581 (508) 792-7270 Fax (508) 792-7275

An Agency of the Department of Fisheries, Wildlife & Environmental Law Enforcement



June 9, 2003

Massachusetts Historical Commission  
220 Morrissey Boulevard  
Boston, MA 02125

Re: Division of Capital Asset Management (DCAM) Phase II Storm Water  
Management

To Whom It May Concern:

The Division of Capital Asset Management (DCAM) under the Commonwealth of Massachusetts is assessing properties for compliance with the Environmental Protection Agency's (EPA's) Storm Water National Pollutant Discharge Elimination System (NPDES) Phase II requirements. The Phase II Program is a general permit administered by the EPA and Massachusetts Department of Environmental Protection (MADEP). DCAM properties assessed include the following:

- Metropolitan State Hospital (Belmont, Lexington, and Waltham)
- Middlesex County Hospital (Lexington and Waltham)
- Boston State Hospital (Boston)
- Foxborough State Hospital (Foxborough)
- Worcester County Hospital (West Boylston)
- Oakdale Complex (West Boylston)
- Lancaster Complex (Lancaster)
- Rutland Heights Hospital (Rutland)
- J.T. Berry Regional Center (North Reading and Wilmington)
- Danvers State Hospital / Essex Agricultural (Danvers)
- Grafton Complex (Grafton, Shrewsbury, Westborough)
- Lyman School for Boys (Westborough)
- Medfield State Hospital (Medfield)

As part of the Phase II requirements, the Town must determine if any storm water discharges, allowable non-storm water discharges, or construction of best management practices (BMPs) to control discharges have the potential to affect a property that is listed or eligible for listing on the National Register of Historic Places and by the Massachusetts Historical Commission (MHC).

Malcolm Pirnie, on behalf of DCAM, is requesting an evaluation of each property by the MHC to determine if storm water discharges from each property will affect a historic place. In addition, Malcolm Pirnie is also requesting a list and location of historic sites that may be near each property as well as a verification that the information provided on

the attached Project Notification Form is correct to complete the Notice of Intent (NOI) for the Phase II permit.

Included are a Project Notification Form (Form) and USGS quadrangle map for each property as requested by the MHC for project review. A summary of the information provided on the Forms includes the following:

- Demolition, rehabilitation, and new construction of buildings are not planned at each property.
- Most of the properties are historic sites as designated under the NRDIS (National Register District), NRMPS (National Register of Multiple Property Submission), and LHD (Local Historic District)
- Acreages of land cover are approximate for each property.

In addition, outfall locus maps are included for those properties that have known outfalls based on available mapping and assessments conducted.

If you have any questions or comments on this letter, please do not hesitate to contact me at (781) 224-4488.

Very truly yours,

MALCOLM PIRNIE, INC.



Bridget Zwack  
Engineer

Enclosure

cc: Robert Winn  
File 4732002-C

G:\BusDev\DCAM stormwater\MHC letter

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A  
MASSACHUSETTS HISTORICAL COMMISSION  
220 MORRISSEY BOULEVARD  
BOSTON, MASS. 02125  
617-727-8470, FAX: 617-727-5128

PROJECT NOTIFICATION FORM

Project Name: DCAM Phase II Storm Water Management  
Location / Address: Medfield State Hospital, 45 Hospital Road, Medfield, MA  
City / Town: Medfield

Project Proponent

Name: Malcolm Pirnie  
Address: 500 Edgewater Drive, Suite 566  
City/Town/Zip/Telephone: Wakefield, MA 01880 (781) 224-4488

Agency license or funding for the project (list all licenses, permits, approvals, grants or other entitlements being sought from state and federal agencies).

Agency Name

EPA & MADEP

Type of License or funding (specify)

NPDES General Permit for Storm Water  
Discharges from Small MSTs

**Project Description (narrative):**

(See Attached Letter)

**Does the project include demolition? If so, specify nature of demolition and describe the building(s) which are proposed for demolition.**

NO

**Does the project include rehabilitation of any existing buildings? If so, specify nature of rehabilitation and describe the building(s) which are proposed for rehabilitation.**

ND

**Does the project include new construction? If so, describe (attach plans and elevations if necessary).**

ND

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A (continued)

To the best of your knowledge, are any historic or archaeological properties known to exist within the project's area of potential impact? If so, specify. YES

MHC's "State Register of Historic Places 2002" lists Medfield State Hospital as historic place.  
Designated as historic under NRDIS, NRMPs, and LHD.

What is the total acreage of the project area? 247 Acres

Woodland 49 acres  
Wetland \_\_\_\_\_ acres  
Floodplain \_\_\_\_\_ acres  
Open space 74 acres  
Developed 124 acres

Productive Resources:  
Agriculture \_\_\_\_\_ acres  
Forestry \_\_\_\_\_ acres  
Mining/Extraction \_\_\_\_\_ acres  
Total Project Acreage 247 acres

What is the acreage of the proposed new construction? 0 acres

What is the present land use of the project area?

Medfield State Hospital was actively used by Department of Mental Health (DMH)  
to treat mental patients and as offices. However, Property became inactive on April 30, 2004

Please attach a copy of the section of the USGS quadrangle map which clearly marks the project location.

This Project Notification Form has been submitted to the MHC in compliance with 950 CMR 71.00.

Signature of Person submitting this form: Bridget M. Zwack Date: 6/9/03

Name: Bridget M. Zwack

Address: 500 Edgewater Drive, Suite 510

City/Town/Zip: Wakfield, MA 01880

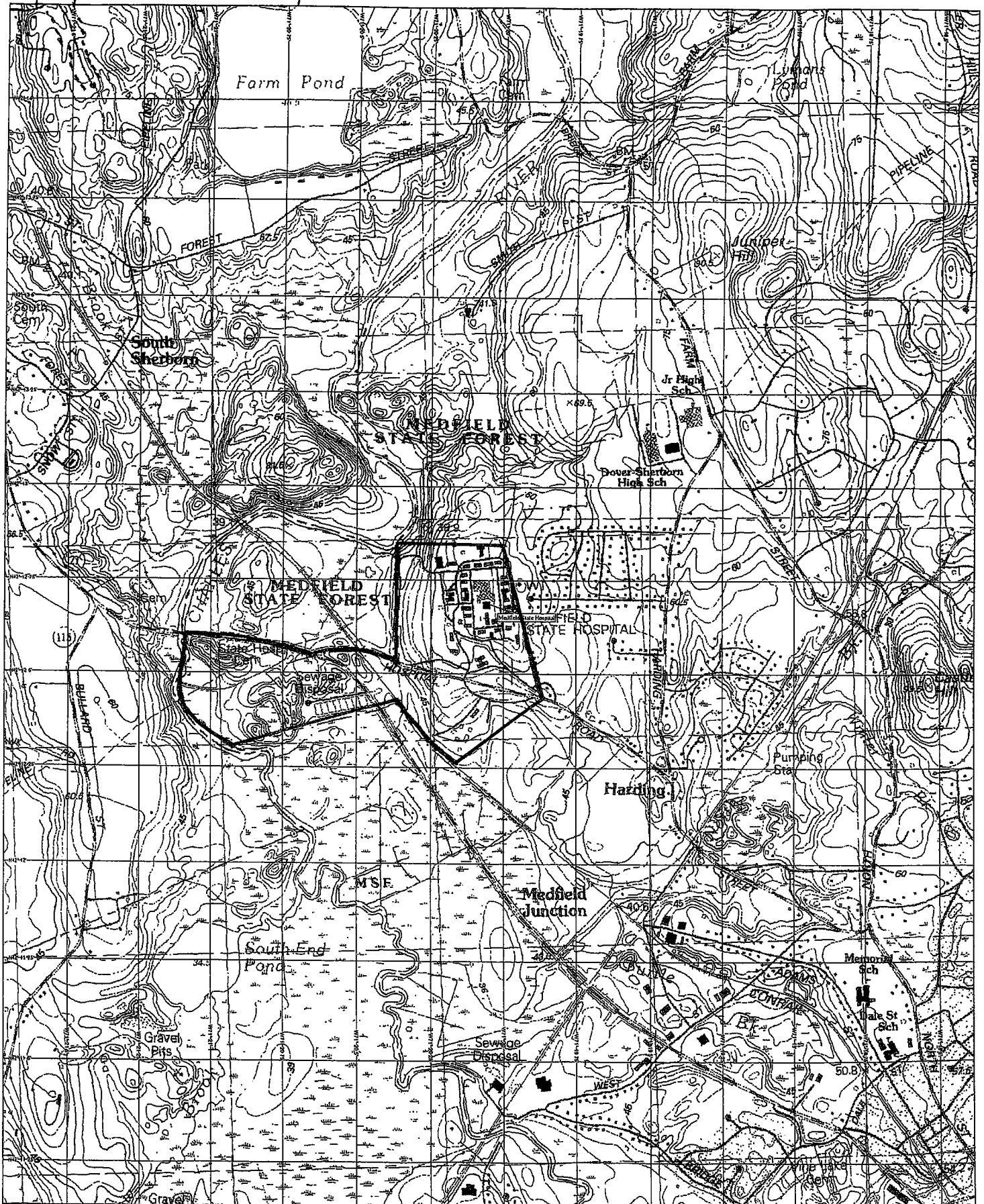
Telephone: (781) 224-4488

REGULATORY AUTHORITY

950 CMR 71.00: M.G.L. c. 9, §§ 26-27C as amended by St. 1988, c. 254.

Approximate Property  
Boundary

Property: Medfield State Hospital



# DCAM - Medfield State Hospital Outfall Locus Map

