



Hand-enter Your Transmittal Number

W 035577

1232

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 Gen Permit Notice of Intent for Discharges from Small MS4s
Type of Project or Activity: Municipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Westford, Massachusetts

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

Individual's Last Name: First Name MI

Street Address: 55 Main Street
City/Town: Westford State: MA Zip Code: 01886 Telephone Number: (978) 692-5520 ext.
Contact: Mark Hamel e-mail address (optional): Mhamel@westford.mec.edu

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Westford DEP Facility Number (if Known)
Street Address: 55 Main Street e-mail address (optional)
City/Town: Westford State: MA Zip Code: 01886 Telephone Number: (978) 692-5520 ext.

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

Name of Individual or Firm: Vannasse Hangen Brustlin, Inc.
Address: 101 Walnut Street, P.O. Box 9151
City/Town: Watertown State: MA Zip Code: 02471 9151 Telephone Number: (617) 924-1770 ext.
Contact: Bethany Eisenberg LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [ ] yes [x] 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 [x] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [ ] yes [x] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [x] 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 #: N/A Dollar Amount: N/A Date: March 10, 2003
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

W035577  
Transmittal Number

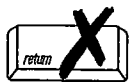
**BRP WM 08A** NPDES Stormwater General Permit

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

MAV000007449  
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 Westford - JAMES RAND JR. Hwy Operations Admin.  
Name  
55 Main Street  
Mailing Address  
Westford  
City/Town  
(978) 692-5520  
Telephone Number  
Massachusetts  
State  
MHamel@westford.mec.edu  
Email (if available)

2. Municipality Name

Town of Westford, Massachusetts  
City/Town

3. Legal Status:

Federal       City/Town       State       Tribal       Private

Other public entity: \_\_\_\_\_  
Specify Public Entity

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

Massachusetts Highway Department

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





# BRP WM 08A NPDES Stormwater General Permit

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

### D. Stormwater Management Program Summary

#### 1. Public Education:

1A

BMP ID #

Stormwater Flyer for Residents  
Specify Best Management Practice

SuAsCo & Westford DPW  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1B

BMP ID #

Lesson Plan for Fifth Graders  
Specify Best Management Practice

SuAsCo & Westford DPW  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1C

BMP ID #

Stormwater Flyer for Businesses  
Specify Best Management Practice

SuAsCo & Westford DPW  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1D

BMP ID #

Stormwater Media Campaign  
Specify Best Management Practice

SuAsCo & Westford DPW  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1E

BMP ID #

Stormwater Video  
Specify Best Management Practice

SuAsCo & Westford DPW  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1F

BMP ID #

Recycling/Trash Info. on Website  
Specify Best Management Practice

Recycling Commission  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1G

BMP ID #

Display Recycling/Trash Pamphlet  
Specify Best Management Practice

Recycling Commission  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1H

BMP ID #

Recycling/Trash Mailing to Residents  
Specify Best Management Practice

Recycling Commission  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1I

BMP ID #

Advertise HHW Info. in Community  
Phonebook  
Specify Best Management Practice

Recycling Commission  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1J

BMP ID #

Advertise Brush/Multi Collection on  
Cable and in Paper  
Specify Best Management Practice

Recycling Commission  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

1K

BMP ID #

Leaf Dumping Article in Paper  
Specify Best Management Practice

Conservation Commission  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal



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

W035577  
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**BRP WM 08A NPDES Stormwater General Permit**

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

MAV000007449  
 Facility ID (if known)

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

<u>1L</u>		
<u>BMP ID #</u>		
<u>Leaf Dumping Pamphlet to Public</u>	<u>Conservation Commission</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>1M</u>		
<u>BMP ID #</u>		
<u>Leaf Dumping Pamphlet at Events</u>	<u>Conservation/Water/Board of Health</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>1N</u>		
<u>BMP ID #</u>		
<u>Fertilizer Pamphlet to Businesses</u>	<u>Water Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>1O</u>		
<u>BMP ID #</u>		
<u>Fertilizer Info. In Newsletter</u>	<u>Water Department/Engineering</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>1P</u>		
<u>BMP ID #</u>		
<u>Septic System Pamphlets in Water</u>	<u>Water Department</u>	<u>See Attached Outline</u>
<u>Dep't</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>1Q</u>		
<u>BMP ID #</u>		
<u>Septic System Pamphlets at Events</u>	<u>Water Dep't/Board of Health</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>1R</u>		
<u>BMP ID #</u>		
<u>Hazardous Material Bylaw Info. On</u>	<u>Board of Health</u>	<u>See Attached Outline</u>
<u>Website</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**2. Public Participation:**

<u>2A</u>		
<u>BMP ID #</u>		
<u>Stormwater Traveling Display</u>	<u>SuAsCo &amp; Westford DPW</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>2B</u>		
<u>BMP ID #</u>		
<u>Poster Contest for Fifth Graders</u>	<u>SuAsCo &amp; Westford DPW</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>2C</u>		
<u>BMP ID #</u>		
<u>Photo Contest for High Schoolers</u>	<u>SuAsCo &amp; Westford DPW</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>2D</u>		
<u>BMP ID #</u>		
<u>Local Stormwater Summit Event</u>	<u>SuAsCo &amp; Westford DPW</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

<u>2E</u>		
BMP ID #		
Stormwater Super Summit Event	SuAsCo & Westford DPW	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2F</u>		
BMP ID #		
Curbside Recycling	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2G</u>		
BMP ID #		
In Town HHW Drop-off	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2H</u>		
BMP ID #		
HHW Drop-off in Lexington	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2I</u>		
BMP ID #		
Leaf Drop-off at Laughton's Nursery	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2J</u>		
BMP ID #		
Brush Drop-off in Westford	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2K</u>		
BMP ID #		
Multi-Collection Events	Dep't of Public Works/Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2L</u>		
BMP ID #		
Mercury Drop-off at Board of Health	Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2M</u>		
BMP ID #		
Mercury Drop-off at Multi-Collection Event	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2N</u>		
BMP ID #		
Public Meetings	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2O</u>		
BMP ID #		
Stormwater Contact	Highway Department	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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



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

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 Facility ID (if known)

**3. Illicit Discharge Detection and Elimination:**

<u>3A</u>		
<u>BMP ID #</u>		
<u>Storm Sewer Map</u>	<u>Highway Department/GIS</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3B</u>		
<u>BMP ID #</u>		
<u>Illicit Discharge Bylaw</u>	<u>Engineering/Conservation</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3C</u>		
<u>BMP ID #</u>		
<u>Detection &amp; Elimination Plan</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3D</u>		
<u>BMP ID #</u>		
<u>Illicit Discharge Education for Public</u>	<u>SuAsCo/Public</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Works/Highway/Water/Board of Health</u>	<u>Specify Measurable Goal</u>
	<u>Responsible Dept./Person Name</u>	
<u>3E</u>		
<u>BMP ID #</u>		
<u>Illicit Discharge Education for</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Municipal Employees</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**4. Construction Site Runoff Control:**

<u>4A</u>		
<u>BMP ID #</u>		
<u>Wetlands Bylaw</u>	<u>Conservation Commission</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4B</u>		
<u>BMP ID #</u>		
<u>Construction Site Runoff Bylaw</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4C</u>		
<u>BMP ID #</u>		
<u>Erosion, Sediment, &amp; Waste Controls</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4D</u>		
<u>BMP ID #</u>		
<u>Site Plan Review Procedures</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4E</u>		
<u>BMP ID #</u>		
<u>Site Inspection &amp; Enforcement</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

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

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

4F

BMP ID #

Construction Site Contact  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

5. Post Construction Runoff Control:

5A

BMP ID #

Post-Construction Site Runoff Bylaw  
Specify Best Management Practice

Engineering/Planning/Conservation  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

5B

BMP ID #

Structural & Non-Structural BMPs  
Specify Best Management Practice

Engineering/Planning/Conservation  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

5C

BMP ID #

Long-Term Operation & Maintenance  
Specify Best Management Practice

Engineering/Planning/Conservation  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

5D

BMP ID #

Struct BMP Implement. Procedures  
Specify Best Management Practice

Engineering/Planning/Conservation  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Catch Basin Schedule  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

6B

BMP ID #

Regular Street Sweeping  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

6C

BMP ID #

Sand/Salt Covered  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

6D

BMP ID #

Used Oil is Recycled  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

