



Hand-enter Your Transmittal Number

1179

W W040750
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/transmittal.htm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRP WM 08A

NPDES STORMWATER GENERAL PERMIT

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

PROGRAM SUMMARY AND TIME FRAMES FOR MS4

Type of Project or Activity

B. Applicant Information - Firm or Individual

TOWN OF AYER, MA 01432

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

First Name of Individual

MI

1 Main Street

Street Address

AYER

MA
State01432
Zip Code(978) 772-8210
Telephone # and extension

City/Town

Anita Hegarty
Contact PersonTA@AYER.MA.US
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

TOWN OF AYER

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

Contact Person

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number _____

Is an Environmental Impact Report Required? ☐ yes ☒ no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☐ no

List any other DEP permits that apply to this project:

Permit Category

Date of Submission (tentative or actual)

Transmittal # if application already submitted

F. Amount Due

Special Provisions:

- ☐ Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less)
☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check Number

Dollar Amount

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
**Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)**

W040750
Transmittal Number

Facility ID (if known)

A. Instructions

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Town of Ayer, MA 01432
Name

1 Main Street-Town Hall
Mailing Address

Ayer
City/Town

MA 01432
State

(978) 772-8210
Telephone Number

TA@Ayer.MA.US
Email (if available)

2. Municipality Name

Town of Ayer
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:

Town Waste Water Treatment Plant on Brook Street, Ayer, MA 01432

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



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

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B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

☐ yes ☒ pending ☐ no

Note:
Section C may
be duplicated to
accommodate a
larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
<u>Nashua River</u> Name	<u>5</u> Number	☒ Yes ☐ No	<u>metals, nutrients &</u> Specify <u>Turbidity</u>
<u>Grove Pond</u> Name	<u>210</u> Number	☒ Yes ☐ No	<u>metals, nox, aq, plants</u> Specify
<u>Plow Shop Pond</u> Name	<u>60</u> Number	☒ Yes ☐ No	<u>metals, nox, aq, plants</u> Specify
<u>James Brook</u> Name	<u>15</u> Number	☐ Yes ☒ No	Specify
<u>Nonacoicus Brook</u> Name	<u>100</u> Number	☐ Yes ☒ No	Specify
<u>Bennetts Brook</u> Name	<u>100</u> Number	☐ Yes ☒ No	Specify
<u>Cold Spring Brook</u> Name	<u>5</u> Number	☐ Yes ☒ No	Specify
<u>Willow Brook</u> Name	<u>30</u> Number	☐ Yes ☒ No	Specify
<u>Pine Meadow Pond</u> Name	<u>20</u> Number	☐ Yes ☒ No	Specify
<u>Long Pond</u> Name	<u>1</u> Number	☐ Yes ☒ No	Specify
<u>Sandy Pond</u> Name	<u>110</u> Number	☐ Yes ☒ No	Specify
<u>Flannagan Pond</u> Name	<u>210</u> Number	☐ Yes ☒ No	Specify
<u>Balch Pond</u> Name	<u>40</u> Number	☐ Yes ☒ No	Specify
_____ 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



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Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
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D. Stormwater Management Program Summary

1. Public Education:

<u>Pe1</u> BMP ID #		
<u>Develop Educational Materials</u> Specify Best Management Practice	<u>SWSC</u> Responsible Dept./Person Name	<u>March 04</u> Specify Measurable Goal
<u>Pe2</u> BMP ID #		
<u>Develop/start Cable TV ed. spots</u> Specify Best Management Practice	<u>SWSC</u> Responsible Dept./Person Name	<u>March 05</u> Specify Measurable Goal
<u>Pe3</u> BMP ID #		
<u>Storm Draw. Stenciling</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>May 06</u> Specify Measurable Goal
<u>Pe4</u> BMP ID #		
<u>Homeowner Lawncare wkshs.</u> Specify Best Management Practice	<u>SWSC/DPW</u> Responsible Dept./Person Name	<u>May 07</u> Specify Measurable Goal
<u>Pe5</u> BMP ID #		
<u>Educational Displays Town Events</u> Specify Best Management Practice	<u>SWSC/DPW</u> Responsible Dept./Person Name	<u>May 08</u> Specify Measurable Goal

2. Public Participation:

<u>PP1</u> BMP ID #		
<u>Establish Storm Water Steering Committee</u> Specify Best Management Practice	<u>SWSC/Selectmen</u> Responsible Dept./Person Name	<u>1st Coordination Meeting in November 03</u> Specify Measurable Goal
<u>PP2</u> BMP ID #		
<u>Hold Public Meetings</u> Specify Best Management Practice	<u>SWSC/DPW</u> Responsible Dept./Person Name	<u>2 Meetings in 2004</u> Specify Measurable Goal
<u>PP3</u> BMP ID #		
<u>begin annual roadside cleanups</u> Specify Best Management Practice	<u>DPW/SWSC</u> Responsible Dept./Person Name	<u>April 05</u> Specify Measurable Goal
<u>PP4</u> BMP ID #		
<u>Establish neighborhood watch groups</u> Specify Best Management Practice	<u>DPW/SWSC</u> Responsible Dept./Person Name	<u>April 06</u> Specify Measurable Goal
<u>PP4</u> BMP ID #		
<u>reforestation</u> Specify Best Management Practice	<u>Conservation Com.</u> Responsible Dept./Person Name	<u>April 07</u> Specify Measurable Goal



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)

W040750
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

ID1

BMP ID #

Develop Draw
System map

Specify Best Management Practice

DPW

Responsible Dept./Person Name

complete map by
March 05

Specify Measurable Goal

ID2

BMP ID #

Begin ID of illicit
discharges

Specify Best Management Practice

DPW

Responsible Dept./Person Name

of inspections
by November 05

Specify Measurable Goal

ID3

BMP ID #

Reduce
illegal dumping

Specify Best Management Practice

BOH/DPW

Responsible Dept./Person Name

of flyers/brochures
distributed by Apr 06

Specify Measurable Goal

ID4

BMP ID #

Cost of illicit
discharges

Specify Best Management Practice

DPW

Responsible Dept./Person Name

of inspections
in 2006

Specify Measurable Goal

ID5

BMP ID #

Eliminate wastewater
connections to storm

Specify Best Management Practice

drains DPW

Responsible Dept./Person Name

of rerouted
connections in 2007

Specify Measurable Goal

4. Construction Site Runoff Control:

CRC1

BMP ID #

Establish water
quality benchmarks

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Develop score sheet
1st round of samples

Specify Measurable Goal by May 04

CRC2

BMP ID #

Develop site
inspection criteria

Specify Best Management Practice

DPW

Responsible Dept./Person Name

May 05

Specify Measurable Goal

CRC3

BMP ID #

Staff training
on inspections

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Dec. 05

Specify Measurable Goal

CRC4

BMP ID #

Maximum Compliance

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Dec. 06

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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

TOWN OF AYER

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				Next Permit
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	
PE1																					
PE2																					
PE3																					
PE4																					
PE5																					
PP1			X																		
PP2																					
PP3																					
PP4																					
PP5																					
ID1																					
ID2																					
ID3																					
ID4																					
ID5																					
RC1																					
RC2																					
RC3																					
RC4																					
PC1																					
PC2																					
PC3																					
PC4																					
GH1																					
GH2																					
GH3																					
GH4																					
GH5																					

Transmittal Number 0040750

Facility ID (if known)

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

**BRP WM 08A NPDES Stormwater General Permit
Application Completeness List**

Application Completeness List

- ☒ The applicant has obtained a copy of the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems from U.S. EPA Region I. The web address is <http://www.epa.gov/ne/npdes/stormwater/index.html>.
- ☒ The applicant has submitted complete information for all BRP WM 08 A forms including the Notice of Intent, and Time Frame form.
- ☒ An official has signed the certification statement, which for municipalities, should be a principal executive officer or ranking elected official.
- ☒ The DEP Transmittal Form is completed.
- ☐ The applicant has also submitted a Notice of Intent with EPA to obtain coverage under the permit. The information provided by the applicant on DEP's BRP WM 08A forms will be accepted by EPA as their Notice of Intent, if all signatures are original.

To submit the General Permit Notice of Intent package:

- ☒ Checklist items have been completed.
- ☐ Send one copy of the BRP WM 08A package along with one copy of the DEP Transmittal Form to:

EPA address
→

Department of Environmental Protection
Office of Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608

If applicants are fee exempt, a copy of the DEP Transmittal Form must be sent to the address above.

- ☐ Send fee (if applicable) of:

No \$ needed!

\$60 for BRP WM 08A, in the form of check or money order made payable to "Commonwealth of Massachusetts", along with one copy of the DEP Transmittal Form to:

DEP address
→

Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211

- ☐ Keep a copy of the transmittal form and General Permit Notice of Intent package for your records.

For further information or questions please contact Ginny Scarlet, Ginny.Scarlet@state.ma.us (1-508-767-2797) or Linda Domizio, Linda.Domizio@state.ma.us (1-508-849-4005).