Hand-enter Your Transmittal Number → W 041280 (Transmittal Number)

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.stm 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

A. Permit Information

BRP WM 08A — Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit — Name of Permit Category

Notice of Intent — Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual | **First Name** of Individual | MI

314 The Great Road — Street Address

Bedford — City/Town | MA — State | 01730 — Zip Code | 781 275-7605 — Telephone # and extension

Adrienne St. John — Contact Person

adrienne@town.bedford.ma.us — e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Bedford — Name of Facility, Site or Individual

DEP Facility Number (if Known) | Federal I.D. Number (if Known)

314 Great Road — Street Address

e-mail address (optional)

Bedford — City/Town | MA — State | 01730 — Zip Code | 781 275-7605 — 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)

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

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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 | 7/30/03 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

COPY

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

BRP WM 08A NPDES Stormwater General Permit

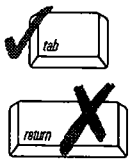
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 041280
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:

Adrienne St. John
Name

314 Great Road
Mailing Address

Bedford
City/Town

MA
State

781 275-7605
Telephone Number

adrienne@town.bedford.ma.us
Email (if available)

2. Municipality Name

Bedford
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:

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

☐ yes ☒ pending ☐ no

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

BRP WM 08A NPDES Stormwater General Permit

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

W041280
Transmittal Number

Facility ID (if known)

B. Applicant Information (cont.)

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

☒ yes ☐ pending ☐ no

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

C. Names of (Presently Known) Receiving Waters

Receiving Water: Name	No. of Outfalls Number	Listed as Impaired?	Impairment Specify
Concord River	6 est.	☒ Yes ☐ No	metals, nutrients
Shawsheen River	31	☒ Yes ☐ No	unk. toxicity, low DO, pathogens, metals
Elm Brook	11	☒ Yes ☐ No	pathogens, turbidity
Vine Brook	17	☒ Yes ☐ No	pathogens
Beaver Brook	6	☐ Yes ☒ No	
Spring Brook	11	☐ Yes ☒ No	
Mongo Brook	6	☐ Yes ☒ No	
Peppergrass Brook	4	☐ Yes ☒ No	
Fawn Lake	2	☒ Yes ☐ No	noxious aquatic plants
Tributary to Mill Brook	4	☐ Yes ☒ No	
Wetland from Town Forest	7	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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

BRP WM 08A NPDES Stormwater General Permit

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

W041280
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Stormwater flyer to residents	DPW, SuAsCo	distribute to 75% of residents
1-2	Education program to 5th graders	DPW, SuAsCo, Bedford Schools	teach in 1 5th grade class
1-3	Develop website link	DPW	have in place by 7/05
1-4	Stormwater flyer to businesses	DPW, SuAsCo, Chamber of Commerce	distribute to 50% of businesses
1-5	Stormwater info video	DPW, SuAsCo	show video at public meetings and on local cable station

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Stormwater Display	DPW, SuAsCo	3 mos. at library, Town Hall, schools
2-2	Local Stormwater Committee	Selectmen, Cons. Comm, DPW, Planning Board	form committee by 12/04
2-3	Local Stormwater Meetings	SW Committee	meet 3x/year
2-4	Attend Stormwater Summit	SW Committee	share information, distribute "self Test"

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)

W041280
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Purchase GPS equipment	DPW	in place by 7/04
3-2	Map SW outlets >8"	DPW, MRWC	75% capture rate
3-3	Identify critical resources	DPW, Conservation Comm.	map, notify abutters, develop BMP's
3-4	Perform water quality testing	DPW. MRWC	3 sites - residental, municipal, commercial, industrial
3-5	Local bylaw prohibiting illicit discharge to storm system	Selectmen, DPW, Planning	In place by 7/06

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Develop awareness of construction site issues	DPW, Cons. Comm, Code Enforcement	write guidelines, distrubute to all builders with permit
4-2	Control construction site waste	Code Enforcement, Cons. Comm., DPW	reduce litter, erosion, dust, sediment on adjacent streets
4-3	Require ESC plans for disturbances > 5,000 s.f.	Code Enforcement, Cons. Comm., DPW	draft bylaw by 7/07
4-4	Develop O&M plan for existing Town owned systems	DPW	in place by 7/08

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-2	Map SW outlets	DPW, MRWC	75% capture rate

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Develop bylaws to address stormwater impacts	Selectmen, Planning, Cons. Comm., DPW, SW Committee	in place by 12/05
5-2	Promote infiltration in new developments	Planning, DPW, Cons. Comm.	no increase in flooding levels or locations
5-3	Expand grass plots, reduce pavement widths	DPW, Planning, SW Comm.	improve infiltration
5-4	Research rain barrels	SW Committee	distribute to 10 households for pilot program

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Street sweeping, CB cleaning	DPW	2x per year in critical areas
6-2	Inspect older sewer mains	DPW, MWRA	TV 1 mile per year
6-3	Promote/use alternative fertilizers and pesticides	Cons. Comm., DPW	reduce nitrogen loading
6-4	Develop spill prevention plan	Fire Dept, DPW, DEP	purchase spill control equipment
6-5	Site better snow dump	DPW, Cons. Comm.	locate appropriate site by 12/05

Massachusetts Department of Environmental Protection
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Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W041280
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

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.

Richard Reed, Town Administrator
Printed Name

Richard T. Reed
Signature

7/30/03
Date

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

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

F. Storm Water Management Program TIME FRAMES

Transmittal Number W041280

Facility ID (if known)

		PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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	Next Permit
1/1	flyer - res.		X																		
1/2	5th grade						X														X
1/3	website							X													X
1/4	flyer - bus.										X										
1/5	video																		X		
2/1	display			———	———			———	———							———	———				
2/2	committee							X													
2/3	meetings							X	X		X	X	X		X	X	X		X	X	
2/4	summit																X				
3/1	GPS					X															
3/2	mapping						———	———			———	———									
3/3	crit. areas									———	———	———	———								
3/4	testing													———	———			———	———		
3/5	bylaw															———	———				
4/1	site issues										———	———	———	———	———	———	———	———	———	———	
4/2	site waste										———	———	———	———	———	———	———	———	———	———	
4/3	ESC plan																				
4/4	O & M plan																				
5/1	bylaws									———	———										
5/2	infiltration									———	———	———	———	———	———	———	———	———	———	———	
5/3	grass plots									———	———	———	———	———	———	———	———	———	———	———	
5/4	rain barrels										X				X						
6/1	DPW road				———	———	———		———	———	———		———	———	———		———	———	———		
6/2	TV sewer						X				X				X				X		
6/3	fertilizers				———	———			———	———			———	———			———	———			
6/4	spill prev.													X							
6/5	snow dump										X										