

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

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:

Peter Castanino, Director of Public Works

Name

Town of Belmont Department of Public Works, 40 Prince Street

Mailing Address

Belmont

City/Town

(617) 489-7171

Telephone Number

MA

State

pcastanino@town.belmont.ma.us

Email (if available)

2. Municipality Name

Town of Belmont

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:

U.S. Route 2

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

See Attachment A for Eligibility Information

**Department of Environmental Protection
Source Protection - Watershed Management**

**08A NPDES Stormwater General Permit
for Discharges from Small Municipal Separate
Waste Systems (MS4s)**

W041153
Transmittal Number

Want Information (cont.)

On the instructions provided in Part I of the NPDES Small MS4 General Permit, have the
ability criteria for protection of historic properties been met?

pending no **See Attachment A for Eligibility Information**

Names of (Presently Known) Receiving Waters

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:

3-1 BMP ID #	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Outfall Location Map Specify Best Management Practice		
3-2 BMP ID #	See Attachment B Responsible Dept./Person Name	See Attachment A Specify Measurable Goal
Develop & Adopt a Stormwater By-Law Specify Best Management Practice		
3-3 BMP ID #	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Implement an Illicit Discharge Detection & Elimination Plan Specify Best Management Practice		
3-4 BMP ID #	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Conduct Infiltration/Inflow Removal from Sanitary Sewer System Specify Best Management Practice		
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4-1 BMP ID #	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Construction Site Inspection and Enforcement Specify Best Management Practice		
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

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)**W041153

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)**5. Post Construction Runoff Control:**5-1

BMP ID #

Update Site Plan ReviewProcessSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable GoalBMP ID #Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal**6. Municipal Good Housekeeping:**6-1

BMP ID #

Training Program for Belmont
DPW StaffSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable Goal6-2

BMP ID #

Catch Basin Cleaning
ProgramSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable Goal6-3

BMP ID #

Street Sweeping ProgramSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable Goal6-4

BMP ID #

Vehicle & Equipment
Maintenance and Cleaning
ProgramSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable Goal6-5

BMP ID #

Landscaping and Lawn CareSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable Goal6-6

BMP ID #

Road Salt Application and
StorageSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify Measurable Goal6-7

BMP ID #

Hazardous Material StorageSpecify Best Management PracticeSee Attachment B

Responsible Dept./Person Name

See Attachment BSpecify 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)**

W041153
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
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.

Melvin A. Kleckner, Town Administrator

Printed Name

Signature

10/9/2003

Date

Hand-enter Your Transmittal Number

W 041153

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****A. Permit Information**

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit

Name of Permit Category

Best Management Practices for Stormwater Management Program

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Belmont Department of Public Works

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

Last Name of Individual

40 Prince Street

First Name of Individual

MI

Street Address

Belmont

MA

02478

617-489-7171

City/Town

Peter Castanino, Director DPW

Zip Code

Telephone # and extension

Contact Person

pcastanino@town.belmont.ma.us

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Belmont MS4

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Belmont

e-mail address (optional)

City/Town

MA

02478

617-489-7171

State

Zip Code

Telephone # and extension

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

Fay, Spofford & Thorndike

Name of Firm Or Individual

5 Burlington Woods

Address

Burlington

MA

01803

781-221-1000

City/Town

State

Zip Code

Telephone # and extension

Sharon T. Raymond, P.E.

Contact Person

LSP Number (21E only)

Permit - Project CoordinationIs the project subject to MEPA review? yes no If yes, enter the project's EOE file number _____

Is the project ever assigned when an Environmental Notification Form is submitted to the MEPA unit? EOE file number _____

Is an Environmental Impact Report Required? yes noIs the 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

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)****F. Storm Water Management Program TIME FRAMES**

PERMIT 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	
1-1																					
1-2																					
1-3																					
2-1																					
2-2																					
2-3																					
2-4																					
3-1																					
3-2																					
3-3																					
3-4																					
4-1																					
5-1																					
6-1																					
6-2																					
6-3																					
6-4																					
6-5																					
6-6																					
6-7																					

July 30, 2003

BMP Schedule

Town of Belmont, MA