

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)

1074
W041153

Transmittal Number

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
Resource Protection - Watershed Management

W041153

Transmittal Number

WM 08A NPDES Stormwater General Permit
Permit for Discharges from Small Municipal Separate
Sanitary Sewer Systems (MS4s)

Facility ID (if known)

Stormwater Management Program Summary

Location:

Stormwater
Management Web Page on
Web Page
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

Information on Town Hall
Boards
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

Educational Flyers
Community Newsletter
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

BMP ID #
Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

BMP ID #
Public Review of Town's
Stormwater Management
Program
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

BMP ID #
A-B-C Stormwater Flooding
Board to Address Issues in the
Little River & Alewife Brook
Areas
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

BMP ID #
Sponsor Storm Drain
Stenciling Program
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

BMP ID #
Conduct Attitude Surveys
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

BRP WM 08A NPDES Stormwater General Permit
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Facility ID (If known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Outfall Location Map
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

3-2
BMP ID #

Develop & Adopt a
Stormwater By-Law
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment A
Specify Measurable Goal

3-3
BMP ID #

Implement an Illicit Discharge
Detection & Elimination Plan
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

3-4
BMP ID #

Conduct Infiltration/Inflow
Removal from Sanitary Sewer
System
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1
BMP ID #

Construction Site Inspection
and Enforcement
Specify Best Management Practice

See Attachment B
Responsible Dept./Person Name

See Attachment B
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

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:

5-1

BMP ID #

Update Site Plan Review
Process

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

BMP 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 Staff

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-2

BMP ID #

Catch Basin Cleaning
Program

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-3

BMP ID #

Street Sweeping Program

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-4

BMP ID #

Vehicle & Equipment
Maintenance and Cleaning
Program

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-5

BMP ID #

Landscaping and Lawn Care

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-6

BMP ID #

Road Salt Application and
Storage

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-7

BMP ID #

Hazardous Material Storage

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal



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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.

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

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

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

First Name of Individual

MI

40 Prince Street

Street Address

Belmont

MA

02478

617-489-7171

City/Town

State

Zip Code

Telephone # and extension

Peter Castanino, Director DPW

pcastanino@town.belmont.ma.us

Contact Person

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

e-mail address (optional)

Belmont

MA

02478

617-489-7171

City/Town

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 Coordination

project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOE file number _____

er-assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number _____

Environmental Impact Report Required? ☐ yes ☒ no

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

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



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

F. Storm Water Management Program TIME FRAMES

Page

F. Storm Water Management Program Time Frames																					
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
1-1																					
1-2																					
1-3																					
2-1																					
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6-5																					
6-6																					
6-7																					

Town of Belmont, MA

BMP Schedule

July 30, 2003