MAR041031 AH

Hand-enter Your Transmittal Number → W 036262 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

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

A. Permit Information

WM08a — Permit Code: 7 or 8 character code from permit instructions
Water Management — Name of Permit Category
NPDES Stormwater General Permit Notice of Intent — Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Canton — Name of Firm - Or, if party needing this approval is an individual enter name below:
Trotta — **Last Name** of Individual
Mike — **First Name** of Individual
MI
801 Washington Street — Street Address
Canton — City/Town
MA — State
02021 — Zip Code
781-821-5023 — Telephone # and extension
Same — Contact Person
mtrotta@town.canton.ma.us — e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Canton — Name of Facility, Site or Individual
DEP Facility Number (if Known)
Federal I.D. Number (if Known)
801 Washington Street — Street Address
e-mail address (optional)
Canton — City/Town
MA — State
02021 — Zip Code
781-821-5023 — Telephone # and extension

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

Vollmer Associates LLP — Name of Firm Or Individual
38 Chauncy Street — Address
Boston — City/Town
MA — State
02111 — Zip Code
617-451-0044 — Telephone # and extension
✓ Jamie Shores — 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 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 — 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

JUL 14 2003

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

BRP WM 08A NPDES Stormwater General Permit

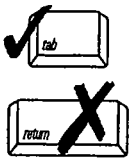
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W036262
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:

   Mike Trotta, Superintendent of Public Works
   Name

   801 Washington Street
   Mailing Address

   Canton — City/Town
   MA — State

   781-821-5023 — Telephone Number
   mtrotta@town.canton.ma.us — Email (if available)

2. Municipality Name

   Town of Canton
   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:

   MassHighway, Boston Medical Schools, MDC Golf Course, MBTA

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

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
Neponset River, MA73-01_2002	0 Number	☒ Yes ☐ No	P. Organ.,Met.,Nut.,Silt,Low DO, Path.,SS, Nox.,Tur.
Neponset River, MA73-02_2002	3 Number	☒ Yes ☐ No	P. Organ.,Met.,Low DO.,Tur, Path., O&G, Ob. Deposit
East Branch Name	5 Number	☒ Yes ☐ No	Met.,LowDO,Thermal,Flow,Path.,Cause Unknown
Massapoag Brook Name	4 Number	☒ Yes ☐ No	Cause Unknown, Nutrients Specify
Pequit Brook Name	4 Number	☒ Yes ☐ No	Organ Enrich Low Do, Pathogens
Bolivar Pond Name	6 Number	☒ Yes ☐ No	Turbidity, Exotic Species (non-Pollutant)
Forge Pond Name	2 Number	☒ Yes ☐ No	Turbidity Specify
Beaver Meadow Brook Name	4 Number	☒ Yes ☐ No	Organic Enrichment Low DO, Pathogens
Shephard Pond Name	2 Number	☐ Yes ☒ No	Specify
Steep Hill Brook Name	2 Number	☐ Yes ☒ No	Specify
Reservoir Pond Name	8 Number	☐ Yes ☒ No	Specify
York Brook Name	2 Number	☐ Yes ☒ No	Specify
Glen Echo Pond Name	0 Number	☐ Yes ☒ No	Specify
Muddy Pond Name	0 Number	☐ Yes ☒ No	Specify
Pecunit Brook Name	8 Number	☐ Yes ☒ No	Specify
Ponkapoag Brook Name	6 Number	☐ Yes ☒ No	Specify
Ponkapoag Pond Name	1 Number	☐ Yes ☒ No	Specify
Fowl Meadow Name	2 Number	☐ Yes ☒ No	Specify

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Design and Distribute Brochures	Public Works	Educate the Public Via Sewer & Water Bills
1-2	Air Stormwater Information on Local CA/TV Station	Public Works	Educate the Public
1-3	Form a Stormwater Committee (SWC)	Con. Com	Inform the Public
1-4	Lable Storm Drains	SWC	Ensure Ongoing Public Education
1-5	High School Education	SWC	Educate the Younger Public

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Enlist Local Citizens to the SWC	SWC	Involve Local People in the Development of the SWMP
2-2	Enlist Local Groups to Label Storm Drains	SWC	Public Aids in SW Education
2-3	Form a Technical Committee (T/C)	Public Works	Review and Oversee Stormwater Issues
2-4	Review and Comment on the General Permit	TC/SWC	Local Involvement in SWMP Creation
2-5			

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	Create a Drainage Map	Public Works	Map MS4
3-2	Adopt an Illicit Discharge By-Law	Public Works	Town Adopts By-Law
3-3	Enforcement of By-Law	Public Works	Discourage Violations
3-4	Train Staff & SWC in Outfall Inspection	TC	Develop Inspection Program
3-5	Provide Dry Weather Inspections to Outfalls	SWC, TC & DPW	Detect Illicit Discharges

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Draft an Erosion/Sediment control By-Law	Con. Com	Adopt By-Law
4-2	Proceedures for Proper erosion and sediment Control	Con. Com	Construction Activity
4-3	Requirements and Proceedures for Site Waste	Con. Com	Construction Activity
4-4	Proceedures for site plan review	Con. Com.	Construction Activity
4-5	Proceedures for enforcement	Con. Com	Discourage Violations

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 BMP ID #		
Adopt Stormwater Management Policy Specify Best Management Practice	Water & Sewer Departmet Responsible Dept./Person Name	Town Adopt By-Law Specify Measurable Goal
5-2 BMP ID #		
Proceedures for review of Stormwater BMP's Specify Best Management Practice	Water & Sewer Departmet Responsible Dept./Person Name	Ensure Proper BMP's are in place Specify Measurable Goal
5-3 BMP ID #		
Proceedures for Longterm Operation & Maintanence Specify Best Management Practice	Water & Sewer Departmet Responsible Dept./Person Name	Ensure Longevity of BMP's 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

6. Municipal Good Housekeeping:

6-1 BMP ID #		
Catch Basin Cleaning Program Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Prevent Sedimentation Entering MS4 Specify Measurable Goal
6-2 BMP ID #		
Street Sweeping Program Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Prevent Sedimentation Entering MS4 Specify Measurable Goal
6-3 BMP ID #		
Proceedures for Housing Salts & Hazerdous Materials Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Prevent Leachate Entering MS4 Specify Measurable Goal
6-4 BMP ID #		
Proceedures for Handeling CB Cleanings Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Prevent Leachate Entering MS4 Specify Measurable Goal
6-5 BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Specify Best Management Practice	

MAR041031
REC'D - 15 OCT 03

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)

W036262
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
7-1	Identify Category 5 Outfalls	Water & Sewer Department	Identify Cat. 5 Inspection Points
7-2	Water Quality Testing at Outfalls	Water & Sewer Department	Identify Pollutants
7-3	Identify Illicit Discharge Source	Water & Sewer Department	Detect Source
7-4	Eliminate Pollutant Discharge	DPW Director	Enforce Illicit Discharge By-Law

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.

William T. Friel
Printed Name

William T. Friel
Signature

10/7/03
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 W036262

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	—	—	—	—	X				X				X				X				
1-2			X		X		X		X		X		X		X		X		X		
1-3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1-4						—	—			—	—			—	—			—	—		
1-5							—	—			—	—			—	—			—	—	
2-1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2-2						—	—			—	—			—	—			—	—		
2-3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2-4			—	—															—	—	
3-1	—	—	—	—	—	—	—	—	—	—	—	—									
3-2					X																
3-3						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3-4					X				X				X				X				
3-5						X				X				X				X			
4-1	—	—	—	—	—	—	—	—													
4-2	—	—	—	—	—	—	—	—													
4-3	—	—	—	—	—	—	—	—													
4-4	—	—	—	—	—	—	—	—													
4-5	—	—	—	—	—	—	—	—													
5-1					X																
5-2			—	—																	
5-3			—	—																	
6-1	X		X		X		X		X		X		X		X		X		X		
6-2	X				X				X				X				X				
6-3			—	—																	
6-4			—	—																	
7-1	—	—	—	—	—	—	—	—													
7-2	—	—	—	—	—	—	—	—													
7-3									—	—	—	—	—	—	—	—					
7-4																	—	—	—	—	