MAR041100 SP

Hand-enter Your Transmittal Number → W036476

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

Instructions

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

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A Transmittal # W036476
Name of Permit Category: NPDES STORMWATER GENERAL PERMIT
Type of Project or Activity: MS4

B. Applicant Information (Firm or Individual)

Name of Firm: TOWN OF CHARLTON		
Or, if party needing this approval is clearly an individual:		
Individual's Last Name:	First Name	MI
Street Address: 37 MAIN STREET		
City/Town: CHARLTON / State: MA / Zip Code: 01507 / Telephone Number: (508) 248-2200 ext.		
Contact: JILL MYERS	e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual			DEP Facility Number (if Known)
Street Address			e-mail address: (optional)
City/Town	State	Zip Code	Telephone Number ( ) ext.
Contact:		LSP Number (21E only)	

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

Name of Individual or Firm:			
Address			
City/Town	State	Zip Code	Telephone Number ( ) ext.
Contact:		LSP Number (21E only)	

MUNICIPAL ASSISTANCE UNIT AUG 04 2003

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☐ no

If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EOEA # 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 Number** (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 #:	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		

rev: 03/21/00

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

BRP WM 08A NPDES Stormwater General Permit

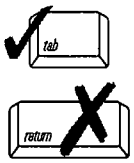
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W036476
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 ADMINISTRATOR/ JILL MYERS

   37 MAIN STREET

   CHARLTON (City/Town) | MA (State)

   508-248-2200 (Telephone Number) | (Email (if available))

2. Municipality Name

   CHARLTON
   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:

   RTE.20 AND RTE. 169

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

MUNICIPAL ASSISTANCE UNIT
AUG 04 2003

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
GRANITE RESERVOIR	TBD	☒ Yes ☐ No	2200 NOXIOUS AQUATIC PLANTS
GLEN ECHO LAKE	TBD	☒ Yes ☐ No	2200 NOXIOUS AQUATIC PLANTS
		☐ Yes ☐ No	Specify
		☐ Yes ☐ No	Specify
		☐ Yes ☐ No	Specify
		☐ Yes ☐ No	Specify
		☐ Yes ☐ No	Specify
		☐ Yes ☐ No	Specify
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		☐ Yes ☐ No	Specify
		☐ Yes ☐ No	Specify

Massachusetts Department of Environmental Protection
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:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	PUBLIC ED. FOR RESIDENTS	BOARD OF SELECTMEN/JILL MYERS	ANNUAL ARTICLE IN CHARLTON GAZETTE
1B	STORMWATER ED. FOR STUDENTS	BOARD OF SELECTMEN/JILL MYERS	POSTERS IN PUBLIC SCHOOLS W/PERMISSION
3A	PUBLIC ED. COMMUNITY REACHOUT	BOARD OF SELECTMEN/ JILL MYERS	CHARLTON WEBSITE INFO
4A	STORMWATER ED. SURVEY	BOARD OF SELECTMEN/ JILL MYERS	CONDUCT SURVEY IN GAZETTE W/PERMISSION

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	PUBLIC PART, OF COMMUNITY	BOARD OF SELECTMEN/ CHAIRMAN	ESTABLISH STORM WATER PANEL
2B	PUBLIC PART. RECOMMENDATIONS	BOARD OF SELECTMEN / MEMBERS	CONSIDER RECOMMENDATIONS
2C	PUBLIC PARTICIPATION COMMUNITY	HOUSEHOLD HAZARDOUS WASTE COMM./ C. LAKE	ANNUAL HAZARDOUS WASTE DAY DEP. ON FUND
2D	PUBLIC PARTICIPATION COMMUNITY	HOUSHOLD HAZARDOUS WASTE COMM./C.LAKE	PUBLISH RESULTS OF HAZ. DAY IN GAZETTE W/PERM.

Massachusetts Department of Environmental Protection
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BRP WM 08A NPDES Stormwater General Permit

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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A BMP ID #		
HAZARDOUS WASTE EDUCATION	HOUSEHOLD HAZARDOUS WASTE COM./C.LAKE	ANNUAL HAZARDOUS WASTE DAY DEP. ON FUND
3B BMP ID #		
IDENTIFICATION OF ILLICIT CONNECTIONS	HIGHWAY/ GERRY FOSKETT	WILL SEEK APPRO. TO TRAIN PUBLIC EMPLOYEES
3C BMP ID #		
STORM DRAINAGE SYSTEM MAP	PLANNING BOARD/ ALAN GORDON AND CONSULT.	BEGIN MAPPING DEPENDING ON FUNDING
3D BMP ID #		
ILLICIT CONNECTION DATA Specify Best Management Practice	HIGHWAY/ GERRY FOSKETT	OBSERVE COLLECTION OF DATA / PROGRESS
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4A BMP ID #		
CONSTRUCTION SITE RUN OFF CHECKLIST	BUILDING INSPECTOR/ CURT MESKUS	SEEK APPROV. TO BEGIN S.W. QUALITY CHECKLIST
4B BMP ID #		
CONSTRUCTION SITE RUN OFF CHECKLIST	BUILDING INSPECTOR/ CURT MESKUS	SEEK APPROV. IMPLEMENT CHECKLIST
4C BMP ID #		
CONSTRUCTION SITE RUN OFF CONTROL EDUCATION	PLANNING BOARD/ ALAN GORDON	REQUIRE EROSION CONTROL
4D BMP ID #		
CONSTRUCTION SITE RUN OFF- SITE PLAN	PLANNING BOARD / ALAN GORDON	CONSTRUCTION IN PHASES Specify Measurable Goal
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
5A	POST CONSTRUCTION RUNOFF PROGRAM	PLANNING BOARD/ BUILDING INSPECTOR	MEET WITH BOARD OR INDIVIDUAL TO REVIEW
5B	DEVELOP STORM WATER ORDINANCE	PLANNING BOARD/ BUIDLING INSPECTOR	SEEK APPR. TO REVIEW SUBDIVISION BYLAWS
5C	REVIEW STORMWATER ORDINANCE	PLANNING/ BI / BOARD OF SELECTMEN	PLAN TO SEEK TOWN MEETING APPROVAL
5D	REVISIT STORM WATER ORDINANCE	PLANNING/ BI/ BOARD OF SELECTMEN	REVIEW FOR ANY CHANGES

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	MUNICIPAL GOOD HSKP. HIGHWAY	HIGHWAY/ GERRY FOSKETT	CATCH BASIN AND STREET SWEEPING SCHEDULE
6B	MUNICIPAL GOOD HSKP. EARTH DAY	BOARD OF SELECTMEN/ BOH/ CONSERVATION	SEEK APPROV. FOR EARTH DAY AND STREAM CLEAN
6C	MUNICPAL GOOD HSKP. HIGHWAY	HIGHWAY/ GERRY FOSKETT	REVIEW CLEANING SCHEDULE/REVISE IF NEED
6D	MUNICIPAL HIGHWAY	HIGHWAY/ GERY FOSKETT	MEET WI/ HIGHWAY TO TALK ABOUT ANY UPDATES

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)

W036476
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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.

Jill R. Myers, Town Administrator
Printed Name

Jill R Myers
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 W03649

Facility ID (if known)

Page 1 of 1

	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
1A				X																	
1B							X														
1C											X										
1D																X					
2A				X																	
2B								X													
2C									X												
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5C												—			—						
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