



Hand-enter Your Transmittal Number

W 035458

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

Name of Permit Category:

NPDES Stormwater Gen Permit Notice of Intent for Discharges from Small MS4s

Type of Project or Activity:

Municipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm:

Town of Littleton, Massachusetts

Or, if party needing this approval is clearly an individual:

Individual's Last Name:

First Name

MI

Street Address

P.O. Box 1305, 37 Shattuck Street

City/Town

Littleton

State

MA

Zip Code

01460

Telephone Number

(978) 486-3778

ext.

Contact:

Eric K. Durling, P.E.

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual

Town of Littleton, Massachusetts

DEP Facility Number (if Known)

Street Address

P.O. Box 1305, 37 Shattuck Street

e-mail address:

(optional)

City/Town

Littleton

State

MA

Zip Code

01460

Telephone Number

(978) 952-2311

ext.

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

Name of Individual or Firm:

Vannasse Hangen Brustlin, Inc.

Address

101 Walnut Street, P.O. Box 9151

City/Town

Watertown

State

MA

Zip Code

02471 9151

Telephone Number

(617) 924-1770

ext.

Contact:

Bethany Eisenberg

LSP Number (21E only)

E. Permit - Project Coordination

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

If yes, indicate the project's EOE 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 #: N/A

Dollar Amount: N/A

Date: March 10, 2003

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)**

W035458

Transmittal Number

Facility ID (if known)

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



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:

Town of Littleton

Name

Eric Darling

P.O. Box 1305, 37 Shattuck Street

Mailing Address

Littleton

City/Town

MA

State

978-952-2311

Telephone Number

Email (if available)

2. Municipality Name

Town of Littleton

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:

Massachusetts Highway Department

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



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Storm Sewer Systems (MS4s)**

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:	No. of Outfalls	Listed as Impaired?	Impairment
Beaver Brook Name	9 Number	☒ Yes ☐ No	nutr/pH/organics/pathogens/solids Specify
Bennetts Brook Name	0 Number	☐ Yes ☒ No	Specify
Forge Pond Name	7 Number	☐ Yes ☒ No	Specify
Fort Pond Name	0 Number	☐ Yes ☒ No	Specify
Long Lake Name	14 Number	☒ Yes ☐ No	nutrients/organics/ noxious plants Specify
Mill Pond Name	6 Number	☒ Yes ☐ No	noxious aquatic plants Specify
Nagog Pond Name	3 Number	☐ Yes ☒ No	Specify
Spectacle Pond Name	2 Number	☒ Yes ☐ No	organics/noxious plants/exo species Specify
Reedy Meadow Brook Name	4 Number	☒ Yes ☐ No	nutr/pH/organics/pathogens/solids Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify



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BRP WM 08A NPDES Stormwater General Permit

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

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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Stormwater Flyer for Residents

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1B

BMP ID #

Lesson Plan for Fifth Graders

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1C

BMP ID #

Stormwater Flyer for Businesses

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1D

BMP ID #

Stormwater Media Campaign

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1E

BMP ID #

Stormwater Video

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1F

BMP ID #

Littleton-Specific Stormwater Flyers

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1G

BMP ID #

Hazardous Waste Day & Recycling

Specify Best Management Practice

Highway & Water Departments

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1H

BMP ID #

Coordinate w/ Chamber of Commerce

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1I

BMP ID #

Stormwater Flyer for Agriculture

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1J

BMP ID #

Newsletter/Newspaper Articles

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1K

BMP ID #

Stormwater Info on Town Website

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal



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BRP WM 08A NPDES Stormwater General Permit

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Storm Sewer Systems (MS4s)

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A

BMP ID #

Stormwater Traveling Display

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2B

BMP ID #

Poster Contest for Fifth Graders

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2C

BMP ID #

Photo Contest for High Schoolers

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2D

BMP ID #

Stormwater Summit Event

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2E

BMP ID #

Stormwater Super Summit Event

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2F

BMP ID #

Annual Stormwater Public Hearing

Specify Best Management Practice

Highway Dept. & Board of Selectmen

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2G

BMP ID #

Involve Local Watershed Groups

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

2H

BMP ID #

Involve Local Children's Groups

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

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



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**Notice of Intent for Discharges from Small Municipal Separate
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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Illicit Discharge Bylaw

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3B

BMP ID #

Storm Sewer Map

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3C

BMP ID #

Detection & Elimination Plan

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3D

BMP ID #

Education for Public & Businesses

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3E

BMP ID #

Education for Municipal Employees

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Construction Site Runoff Bylaw

Specify Best Management Practice

Water & Planning Departments

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4B

BMP ID #

Erosion, Sediment, & Waste Controls

Specify Best Management Practice

Water & Planning Departments

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4C

BMP ID #

Site Plan Review Procedures

Specify Best Management Practice

Water & Planning Departments

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4D

BMP ID #

Site Inspection & Enforcement

Specify Best Management Practice

Water & Planning Departments

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4E

BMP ID #

Stormwater Hotline

Specify Best Management Practice

Water Department

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A

BMP ID #

Post-Construction Site Runoff Bylaw
Specify Best Management Practice

Water & Planning Departments
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

5B

BMP ID #

Structural & Non-Structural BMPs
Specify Best Management Practice

Water & Planning Departments
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

5C

BMP ID #

Long-Term Operation & Maintenance
Specify Best Management Practice

Water & Planning Departments
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

5D

BMP ID #

Struct BMP Implement. Procedures
Specify Best Management Practice

Water & Planning Departments
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Municipal Employee Training
Specify Best Management Practice

Highway & Water Departments
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

6B

BMP ID #

Maintenance & Inspection Procedures
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

6C

BMP ID #

Municipal Pollutant Source Reduction
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

6D

BMP ID #

Waste Disposal Procedures
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

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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.

Paul J. Glavey, Chairman Board of Selectmen

Printed Name

Signature

March 3, 2003
Date



Transmittal Number	
Facility ID (if known)	

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