



Hand-enter Your Transmittal Number

MAR043003

W 041170

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

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions
Notice of Intent for Discharges from Small MS4s
Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

B. Applicant Information - Firm or Individual

Massachusetts Bay Community College

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

Last Name of Individual
50 Oakland Street

First Name of Individual

MI

Street Address

Wellesley

MA

02481

(781) 239-2571

City/Town

State

Zip Code

Telephone # and extension

Frederick Yule

yulefred@mbcc.mass.edu

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Massachusetts Bay Community College

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

50 Oakland Street

Street Address

e-mail address (optional)

Wellesley

MA

02481

(781) 239-3000

City/Town

State

Zip Code

Telephone # and extension

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

Woodard & Curran, Inc.

Name of Firm Or Individual

980 Washington Street, Suite 325N

Address

Dedham

MA

02026

(781) 251-0200 x2427

City/Town

State

Zip Code

Telephone # and extension

Edward W. Pickering

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

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

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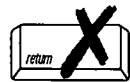
BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

A. Instructions

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:

Frederick Yule, Director of College Facilities

Name

Massachusetts Bay Community College, 50 Oakland Street

Mailing Address

Wellesley

MA

City/Town

State

(781) 239-2571

yulefred@mbcc.mass.edu

Telephone Number

Email (if available)

2. Municipality Name

Massachusetts Bay Community College (Massachusetts Board of Higher Education)

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:

NA

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.)

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT



Massachusetts Department of Environmental Protection
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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
intermittent stream to Academy Brook	Unknown	☐ Yes ☒ No	None
	Number		Specify
intermittent stream to Longfellow Pond	Unknown	☐ Yes ☒ No	None
	Number		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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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

D. Stormwater Management Program Summary



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Storm Sewer Systems (MS4s)**

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1. Public Education:

1.1

BMP ID #

Public Education Materials

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Distribute brochure

Specify Measurable Goal

1.2

BMP ID #

Training Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Present at 2 training sessions

Specify Measurable Goal

1.3

BMP ID #

Stormwater Web Page

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop Web Page

Specify Measurable Goal

1.4

BMP ID #

Storm Drain Stenciling
Program

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & implement program

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2.1

BMP ID #

"Green Campus" Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & implement program

Specify Measurable Goal

2.2

BMP ID #

Partner with Wellesley

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Form partnership

Specify Measurable Goal

2.3

BMP ID #

Partner with Watershed Group

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Form partnership

Specify Measurable Goal

2.4

BMP ID #

Call Center/Suggestion Box

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Set up designated line or rop
box and inform public

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

3.1

BMP ID #

Storm Drain Map

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Complete facility map

Specify Measurable Goal

3.2

BMP ID #

Stormwater Policy

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & implement policy

Specify Measurable Goal

3.3

BMP ID #

Illicit Discharge Detection

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & implement policy

Specify Measurable Goal

3.4

BMP ID #

Illicit Discharge Elimination

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Correct illicit discharges
detected by BMP 3.3

3.5

BMP ID #

Education Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & distribute fliers

Specify Measurable Goal

4. Construction Site Runoff Control:

4.1

BMP ID #

Regulatory Controls

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop erosion & sediment
control contract specifications

4.2

BMP ID #

Review & Site Inspection
Procedures

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop and implement site
inspection guidelines

4.3

BMP ID #

Enforcement Procedures

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop sanctions for violators

Specify Measurable Goal

4.4

BMP ID #

Procedures for Handling Public
Comment

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & implement
procedure for public comment

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

5.1

BMP ID #

Structural Stormwater Controls

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop contract specifications
for structural controls

5.2

BMP ID #

Stormwater Policy

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Develop & Implement Policy

Specify Measurable Goal

5.3

BMP ID #

Planning Strategies

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Update planning criteria

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 #

Employee Training Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Maintain employee training
program

6.2

BMP ID #

Recycling Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Monitor and maintain recycling
program

6.3

BMP ID #

Catch Basin Cleaning Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Track cleaning quantities

Specify Measurable Goal

6.4

BMP ID #

Street Sweeping Program

Specify Best Management Practice

Facilities Department/F. Yule

Responsible Dept./Person Name

Track sweeping quantities

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

D. Stormwater Management Program Summary (cont.)



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Storm Sewer Systems (MS4s)**

Facility ID (if known)

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.

Frederick Yule, Director of College Facilities - Massachusetts Bay Community College

Printed Name

Signature

7/29/03

Date

