



Hand-enter Your Transmittal Number

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W 036132

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):
BRP WM 08 A

Name of Permit Category:
NPDES Stormwater General Permit

Type of Project or Activity:
Notice of Intent for Discharges from MS4s

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Middleton

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

Individual's Last Name:

First Name

MI

Street Address
195 North Main Street

City/Town
Middleton

State
MA

Zip Code
01949

Telephone Number
(978) 777-0407 ext.

Contact:
Robert L. Hoffman, DPW Superintendent

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
Town of Middleton

DEP Facility Number (if Known)

Street Address

e-mail address: (optional)

City/Town
Middleton

State
MA

Zip Code
01949

Telephone Number
(978) 777-0407 ext.

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

Name of Individual or Firm:
Metcalf & Eddy

Address
30 Harvard Mill Square

City/Town
Wakefield

State
MA

Zip Code
01880

Telephone Number
(781) 224-6199 ext.

Contact:
Brian Antonevich

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 #: NA	Dollar Amount: NA	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		

OCT - 2 2003



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

W 036132

Transmittal Number

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:

Robert L. Hoffman, Superintendent of Public Works

Name

195 North Main Street

Mailing Address

Middleton

MA

City/Town

State

(978) 777-0407

Telephone Number

Email (if available)

2. Municipality Name

Town of Middleton

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:

MA Highway Dept. (Route 114)

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

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

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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
<u>Ipswich River</u> Name	<u>TBD</u> Number	☒ Yes ☐ No	<u>Nutrients, Flow alteration</u> Specify
<u>Middleton Pond</u> Name	<u>TBD</u> Number	☒ Yes ☐ No	<u>Noxious aquatic plants</u> Specify
<u>Unnamed Tributary</u> Name	<u>TBD</u> Number	☒ Yes ☐ No	<u>Pollutants/Stressors</u> Specify
<u>Boston Brook</u> Name	<u>TBD</u> Number	☐ Yes ☒ No	<u>Specify</u>

TBD – To Be Determined

D. Stormwater Management Program Summary

1. Public Education:

<u>1</u> BMP ID # Develop informational brochure on storm water program <u>Specify Best Management Practice</u>	<u>Conservation Agent</u> <u>Town Planner</u> <u>Responsible Dept./Person Name</u>	<u>Provide and maintain copies at the library</u> <u>Specify Measurable Goal</u>
<u>2</u> BMP ID # Add storm water information and links to the Town's website <u>Specify Best Management Practice</u>	<u>Webmaster</u> <u>Responsible Dept./Person Name</u>	<u>Complete by end of Year 1</u> <u>Specify Measurable Goal</u>
<u>3</u> BMP ID # Distribute informational brochure with annual recycling program mailing <u>Specify Best Management Practice</u>	<u>Conservation Agent</u> <u>Town Planner</u> <u>Responsible Dept./Person Name</u>	<u>One mailing per year over the 5-year permit term</u> <u>Specify Measurable Goal</u>

2. Public Participation:

<u>4</u> BMP ID # Presentation at annual public meeting to describe and provide update on the Town's storm water program and receive public input <u>Specify Best Management Practice</u>	<u>Board of Selectmen's Office</u> <u>Responsible Dept./Person Name</u>	<u>Three (3) public meetings during the 5-year permit term</u> <u>Specify Measurable Goal</u>
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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)

D. Stormwater Management Program Summary (Cont.)

5

BMP ID #

Continue to hold annual
household hazardous waste
collection

Specify Best Management Practice

Department of Public Works
(DPW)

Responsible Dept./Person Name

Household hazardous waste
collection held once/year

Specify Measurable Goal

6

BMP ID #

Continue regular used oil,
batteries, and tire collection
program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Used oil, batteries, and tires
are received by the DPW on a
year-round basis

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

7

BMP ID #

Continue mapping storm water
outfalls and receiving waters

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Complete mapping by end of
Year 1

Specify Measurable Goal

8

BMP ID #

Visually inspect outfalls for dry
weather flow

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Years 2 through 5: inspect
25% of outfalls per year

Specify Measurable Goal

9

BMP ID #

Develop system for detection
and elimination of illicit
discharges

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Implement system by the end
of Year 1

Specify Measurable Goal

10

BMP ID #

Update Town bylaws and
regulations to include storm
water ordinances

Specify Best Management Practice

Conservation Agent
Town Planner

Responsible Dept./Person Name

Year 2: Review existing
bylaws & regulations; Year 3:
Propose changes; Year 4:
Implement changes (if
approved)



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

11

BMP ID #

Develop an ordinance
requiring developers to
prepare an Erosion &
Sedimentation Control Plan for
all sites disturbing more than
1-acre. Require that the plan
be reviewed and approved by
the planning board.

Specify Best Management Practice

Conservation Agent
Town Planner

Responsible Dept./Person Name

Year 2: Develop ordinance for
ConCom and Planning Board
approval. Years 3 through 5:
Implement ordinance (if
approved).

Specify Measurable Goal

12

BMP ID #

Periodically check erosion
control measures and
construction material
management with on site
inspections

Specify Best Management Practice

Planning Board/DPW
Conservation Agent
Building Inspector

Responsible Dept./Person Name

Monitor and track violations
through reports to the
ConCom and/or Planning
Board

5. Post Construction Runoff Control:

13

BMP ID #

Develop an ordinance
requiring storm water controls
for all new and redeveloped
projects disturbing more than
1-acre

Specify Best Management Practice

Conservation Agent
Town Planner

Responsible Dept./Person Name

Year 2: Develop ordinance for
ConCom and Planning Board
review and approval

Specify Measurable Goal

14

BMP ID #

Inspect and maintain the storm
water controls required under
BMP #13

Specify Best Management Practice

DPW
Commercial Property Owners

Responsible Dept./Person Name

Inspect and maintain storm
water controls annually

Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

15

BMP ID #

Street sweeping

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Sweep all streets annually and
track volumes

Specify Measurable Goal

16

BMP ID #

Catch basin cleaning

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean all catch basins
annually and track volumes

Specify Measurable Goal

17

BMP ID #

Employee training program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Train staff annually

Specify Measurable Goal

7. BMPs for Meeting TMDL:

NOT APPLICABLE

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.

Ira S. Singer, Middleton Town Administrator

Printed Name

Ira S. Singer

Signature

June 30, 2003

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 for Middleton MA

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE							
	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																				
2																				
3			X				X				X				X				X	
4		X				X								X						
5	X				X				X				X				X			
6																				
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Transmittal Number W036132

Facility ID (if known)

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