MAR041139 SP

Hand-enter Your Transmittal Number → **W 035570**

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 General Permit
Type of Project or Activity: Notice of Intent for Discharges from Small Municipal MS4s

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Natick			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address: 13 East Central Street			
City/Town: Natick	State: MA	Zip Code: 01760	Telephone Number: (508) 647-6400 ext.
Contact: Mark Coviello, Town Engineer		e-mail address (optional): MCoviello@natickma.org	

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.

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

Name of Individual or Firm: BETA Group, Inc			
Address: 315 Norwood Park South			
City/Town: Norwood	State: MA	Zip Code: 02062	Telephone Number: (781) 255-1982 ext.
Contact: Michael S. Vignale		LSP Number (21E only)	

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

JUL 28 2003

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

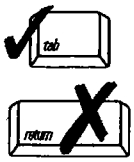
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035570
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 of Natick
   Name

   13 East Central Street
   Mailing Address

   Natick — City/Town
   MA — State

   508-647-6430 — Telephone Number
   MCoviello@Natickma.org — Email (if available)

2. Municipality Name

   Town of Natick
   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:

   Route 90 (Mass Turnpike Authority), Route 9 (MassHighway)

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

JUL 28 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: Specify
Lake Cochituate	78	☒ Yes ☐ No	Priority organics, organic enrichment/low dissolved oxygen
Fiske Pond	16	☒ Yes ☐ No	Noxious aquatic plants
Jennings Pond	5	☒ Yes ☐ No	Noxious aquatic plants
Charles River (South Natick Dam to Needham/Natick border)	49	☒ Yes ☐ No	Priority organics, pH, Organic enrichment/low dissolved oxygen, pathogens
Dug Pond	33	☐ Yes ☒ No	
Nonesuch Pond	23	☐ Yes ☒ No	
Morses Pond	13	☐ Yes ☒ No	
Beaver Dam Brook	60	☐ Yes ☒ No	
Davis Brook	70	☐ Yes ☒ No	
Indian Brook	20	☐ Yes ☒ No	
Course Brook	25	☐ Yes ☒ No	
Unnamed Branch to the Charles River	13	☐ Yes ☒ No	
Unnamed Tributary to Jennings Pond	31	☐ Yes ☒ No	
Unnamed Tributary to the Sudbury River	12	☐ Yes ☒ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Web Site Modifications	Town Administrator	Links to watershed info
1-2	Storm Water Flyer to Community Residents	Town Administrator	Flyers to 75% of residents
1-3	Storm Water Lesson Plan for Fifth Grade Students	Town Administrator	Taught to one or more classrooms in community
1-4	Storm Water Flyer to Community Businesses	Town Administrator	Flyers to mInimum - 50% businesses, half showing logo
1-5	Storm Water Media Campaign	Town Administrator	Four press releases
1.6	Storm Water Video	Town Administrator	Show at minimum-one public meeting, air at least once-TV

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Storm Water Committee	Town Administrator	Create committee, hold quarterly meetings
2-2	Community Hotline	Town Administrator	Establish Hotline, track calls and problems resolved
2-3	Storm Water Traveling Display	Town Administrator	Circulate 3 months at minimum of 3 locations in year one

D. Stormwater Management Program Summary (Cont.)

3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illegal Dumping Education	Department of Public Works	# of dumps reported, # penalties, inventory prime areas, # of citizens recognized for reporting dump, # dumps cleaned up

3-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Septic System Controls	Department of Public Works	Mandate and track maintenance, # and location of septic systems, # of systems inspected, # of people trained in inspection and installation

4. Construction Site Runoff Control:

4-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Soil and Erosion Control Bylaw	Department of Public Works	Develop bylaw and present to Town meeting

4-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Inspections	Department of Public Works	Weekly inspections, # inadequate sites reported, # of non-compliant permits, DPW enforce soil and erosion bylaw

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Bylaw for Post Construction Runoff	Department of Public Works	Develop bylaw and present it to Town meeting

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP Inspection and Maintenance	Department of Public Works	Inspect BMPs every two years, document problems remedied

D. Stormwater Management Program Summary (Cont.)

2-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Poster Contest for Fifth Grade Students	Town Administrator	Poster contest held and entries received, judged, & displayed

2-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Photo Contest for High School Students	Town Administrator	Photo contest held and entries received, judged, & displayed

2-6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Storm Water Summit Special Event	Town Administrator	Advertise and hold local or multi-community summit

2-7
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Participate in SuAsCo Super Summit and Public Awareness	Town Administrator	Participate, self-test distributed to 75% residents, compile and consider results of self test

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illicit Discharge Bylaw	Department of Public Works	Develop bylaw and present to Town meeting

3-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspect and Sample Town Discharges	Department of Public Works	Inspect Outfalls, Sample Discharges, Follow Up Testing

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
System Mapping Development	Department of Public Works	Complete hydraulic modeling, locate discharges, update map and database, add soils information and land use to maps, map septic system and provide pumping history

D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Catch Basin Cleaning	Department of Public Works	Clean 50% of Town's catch basins annually
6-2	Predictive Catch Basin Program	Department of Public Works	Develop inspection program, collect data and refine program
6-3	Street Cleaning	Department of Public Works	Sweep all streets annually, major street twice starting year 3, parking lots and minor streets annually beginning year 3, document pounds of debris, BUD assessment
6-4	Investigate Town Owned BMPs, for Retrofit Opportunity	Department of Public Works	Inspect all structural BMPs annually, two retrofit projects - if required
6-5	Municipal Employee Training	Department of Public Works	Continue current practices annually

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
N/A	no TMDL has been established thus far		

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.

Philip E. Lemnios, Town Administrator
Printed Name

Signature

7/24/03
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: W035570

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