



Hand-enter Your Transmittal Number →

W 040565

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

NPDES Stormwater General Permit

Name of Permit Category

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

Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Sutton

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

Last Name of Individual

4 Uxbridge Road

Street Address

Sutton

City/Town

First Name of Individual

MI

MA

State

01590

Zip Code

(508) 865-8727

Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Sutton

Name of Facility, Site or Individual

4 Uxbridge Road

Street Address

Sutton

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA

State

01590

Zip Code

(508) 865-8727

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

City/Town

Mary Burgess

Contact Person

MA

State

02180

Zip Code

(413) 781-0000

Telephone # and extension

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

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

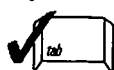
**Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)**

W040561

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:

Name

Town of Sutton, 4 Uxbridge Road

Mailing Address

Sutton

City/Town

(508) 865-8727

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Sutton

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:

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



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

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Transmittal Number

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

No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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 _____
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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Bureau of Resource Protection - Watershed Management

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1

BMP ID #

Create a Stormwater Program

Specify Best Management Practice

Department of Public Works
Planning Board

Conservation Commission

Board of Health

Board of Selectmen

Responsible Dept./Person Name

Sutton will present to the public at a public meeting Sutton's draft Comprehensive Stormwater Management Program.

Specify Measurable Goal

2

BMP ID #

Create a Stormwater Program

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Sutton's Comprehensive Stormwater Management Program, including public education and outreach.

Specify Measurable Goal

3

BMP ID #

Address specific groups

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.

Specify Measurable Goal

4

BMP ID #

Target groups likely to impact storm water

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance.

Specify Measurable Goal



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

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

5

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

Sutton will post links to stormwater BMPs and other water quality education resources, including EPA and DEP on its website: www.townofsutton.com

Town will work with Lake Singletary Watershed Association in the collection and dissemination of data from the Association's 8 year sampling program. Data will be posted on town website along with relevant BMPs for target audiences.

Specify Measurable Goal

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

The Town of Sutton will contact the Blackstone River Watershed Council to review opportunities in Sutton. These opportunities include hosting a watershed association meeting in Sutton with notice on website and local access channel, and televising a meeting reviewing watershed activities or needs specific to Sutton. www.BVTourism@aol.com

Specify Measurable Goal

7

BMP ID #

Utilize local public access channel
Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Public meeting notice and the meeting reviewing Sutton's Comprehensive Stormwater Management Program will be posted on Sutton's local access channel.

Specify Measurable Goal

8

BMP ID #

Develop, conduct and document
educational programs

Specify Best Management Practice

Department of Public Works
Liaison

Responsible Dept./Person Name

The Town of Sutton will appoint a liaison to the Blackstone River Watershed Council to disseminate information to the Town on programs and activities.

Specify Measurable Goal



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

9

BMP ID #

Promote household waste recycling
Specify Best Management Practice

Department of Public Works
Board of Health

Responsible Dept./Person Name

The Town of Sutton will work with the
Town's contracted waste hauler and
the Board of Health to continue to
sponsor Hazardous Waste Collection
Days.

Specify Measurable Goal

2. Public Participation:

10

BMP ID #

Storm drain stenciling
Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will work with local Girl Scout
Troop in continuing its support of
storm drain stenciling by scouts.

Specify Measurable Goal

11

BMP ID #

Community clean-ups
Specify Best Management Practice

Department of Public Works

Sutton Conservation Commission

Responsible Dept./Person Name

Town of Sutton will encourage local
stream team cleanups with local
residents and area Scout groups.
Town will provide solicitation of
sponsors and notice of events on
local access channel and website.

Specify Measurable Goal

12

BMP ID #

Community clean-ups
Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Town will provide trucks and other
material to support cleanup efforts
and disposal of materials.

Specify Measurable Goal



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

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

Inventory and mapping of storm drain
system

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Sutton's Comprehensive Stormwater Management Program, including public education and outreach.

Specify Measurable Goal

14

BMP ID #

Mapping and identification of outfalls
and receiving waters

Specify Best Management Practice

Department of Public Works

Board of Assessors

Responsible Dept./Person Name

Sutton will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.

Specify Measurable Goal

15

BMP ID #

Identification/description of problem
areas

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding.

Specify Measurable Goal

16

BMP ID #

Enforcement procedures addressing
illicit discharges

Specify Best Management Practice

Planning Board

Town Counsel

Board of Health

Responsible Dept./Person Name

Sutton will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting.

Specify Measurable Goal

17

BMP ID #

Public information program regarding
hazardous wastes and dumping

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Sutton will provide educational brochures to residents promoting proper disposal of household hazardous wastes and conditions for regional collections.

Specify Measurable Goal



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

18

BMP ID #

Initiation of recycling programs
Specify Best Management Practice

Department of Public Works
Board of Health
Responsible Dept./Person Name

Sutton will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.
Specify Measurable Goal

19

BMP ID #

Watershed assessments and studies
Specify Best Management Practice

Department of Public Works
Conservation Commission
Board of Health
Responsible Dept./Person Name

Sutton will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems impacting water quality in Aldrich Pond, Clark Reservoir, Dark Brook Pond, Marble Pond, Merrill Pond No. 3, Merrill Pond No. 4, No. 1 Pond, No. 2 Pond, Schoolhouse Pond, Sutton Falls, Swans Pond, Town Farm Pond, Welsh Pond, Whiting Pond, and Woodbury Pond. These waterbodies have been identified as impaired and on DEP's 303d list.
Specify Measurable Goal



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

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

20

BMP ID #

Watershed assessments and studies
Specify Best Management Practice

Department of Public Works
Public Water Suppliers

Responsible Dept./Person Name

The Town of Sutton will encourage the three PWS located in town to apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II. These plans can include stormwater management programs. The proposed tasks will include a public education component.

The Lake Singletary Watershed Association will be consulted and asked to provide educational data from their studies and monitoring of Lake Singletary for posting on Sutton's local access channel and website.

Specify Measurable Goal

4. Construction Site Runoff Control:

21

BMP ID #

Bylaw: Storm water management
regulations for construction sites 1
acre or larger
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals

Responsible Dept./Person Name

Sutton will review model by-law
developed by DEP in consultation
with the Attorney General's Office.
Specify Measurable Goal

5. Post Construction Runoff Control:

22

BMP ID #

Bylaw: Require post-construction
runoff controls
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals

Responsible Dept./Person Name

Sutton will review model by-law
developed by DEP in consultation
with the Attorney General's Office.
Specify Measurable Goal



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Storm Sewer Systems (MS4s)

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

23

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Using regulations and
recommendations from DEP and
EPA, Sutton will develop and update
an operations and maintenance plan
to include proper disposal of street
sweepings, catchbasin cleanout,
snow disposal, roadway de-icing
procedures, vehicle washing, and
outside storage of materials.

Specify Measurable Goal

24

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will implement a formal
inspection program, including
maintenance logs and scheduling, for
catchbasin cleaning, repairs, and new
installation.

Specify Measurable Goal

25

BMP ID #

Develop and implement training
programs for municipal employees

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will send a minimum of 5
public works employees annually to
training seminars sponsored by
MassHighway, BayState Roads, and
other relevant agencies or vendors.

Specify Measurable Goal

6. Municipal Good Housekeeping (Cont.):

26

BMP ID #

Review storm drainage infrastructure
needs

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sutton will incorporate storm drain
infrastructure review in Sutton's
Chapter 90 project utilizations.

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

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

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.

Robert D. Kneeland, Chairman Board of Selectmen
Printed Name
Signature
Date 15 JUL 03

STORM WATER MANAGEMENT PROGRAM

Mass. Transmittal No. W040565

EPA No. _____

SCHEDULE

Name of MS4: Sutton

BMP ID	PERMIT YEAR				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				Next Permit
	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	
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