



Hand-enter Your Transmittal Number →

W 040850

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

Stormwater Discharges from Municipal MS4 System

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

B. Applicant Information - Firm or Individual

Town of Wakefield

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

Butler

Thomas

P.

Last Name of Individual

First Name of Individual

MI

William J. Lee Memorial Town Hall, 1 Lafayette Street

Street Address

Wakefield

MA

01880

781-246-6390

City/Town

State

Zip Code

Telephone # and extension

Richard F. Stinson, Director of Public Works

rstinson@wakefield.ma.us

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Wakefield

Name of Facility, Site or Individual

Town Hall, 1 Lafayette Street

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Wakefield

e-mail address (optional)

MA

01880

781-246-6300

City/Town

State

Zip Code

Telephone # and extension

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

Richard F. Stinson, Director of Public Works

Name of Firm Or Individual

William J. Lee Memorial Town Hall, 1 Lafayette Street

Address

Wakefield

MA

01880

781-246-6300

City/Town

State

Zip Code

Telephone # and extension

Richard F. Stinson

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

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

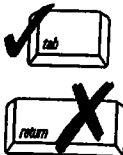
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

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:

Thomas P. Butler, Town Administrator
Name

William J. Lee Memorial Town Hall, 1 Lafayette Street

Wakefield

City/Town

781-246-6390

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Wakefield

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, Breakhart Reservation (Department of Conservation and Recreation)

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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W040850

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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
<u>Lake Quannapowitt</u>	<u>18 (estimate)</u>	☒ Yes ☐ No	<u>Noxious aquatic plants</u>
Name	Number		Specify
<u>Saugus River</u>	<u>Unknown</u>	☒ Yes ☐ No	<u>Pathogens</u>
Name	Number		Specify
<u>Crystal Lake</u>	<u>Unknown</u>	☐ Yes ☒ No	
Name	Number		Specify
<u>Mill River</u>	<u>Unknown</u>	☐ Yes ☒ No	
Name	Number		Specify
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u></u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID # See Attached Specify Best Management Practice	See Attached Responsible Dept./Person Name	See Attached 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

BMP ID # See Attached Specify Best Management Practice	See Attached Responsible Dept./Person Name	See Attached 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID # See Attached Specify Best Management Practice	See Attached Responsible Dept./Person Name	See Attached 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

BMP ID # See Attached Specify Best Management Practice	See Attached Responsible Dept./Person Name	See Attached 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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BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID # See Attached Specify Best Management Practice	See Attached Responsible Dept./Person Name	See Attached 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

BMP ID # See Attached Specify Best Management Practice	See Attached Responsible Dept./Person Name	See Attached 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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BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #

Not Specified Yet

Specify Best Management Practice

Not Specified Yet

Responsible Dept./Person Name

Not Specified Yet

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.

Thomas P. Butler, Town Administrator

Printed Name

Thomas P. Butler

Signature

July 28, 2003

Date

D. Stormwater Management Program Summary

1. Public Education

Develop Education/Materials

			*
<u>1.1</u> BMP ID #	<u>Develop Brochure</u>	<u>Engineering/Administration</u> Responsible Dept/Person Name	<u>Completed</u> Specify Measurable Goal
<u>1.2</u> BMP ID #	<u>Web Page</u>	<u>MIS./Engineering</u> Responsible Dept/Person Name	<u>Web Page On-Line</u> Specify Measurable Goal
<u>1.3</u> BMP ID #	<u>Poster Picture Display</u>	<u>Engineering</u> Responsible Dept/Person Name	<u>Completed</u> Specify Measurable Goal
<u>1.4</u> BMP ID #	<u>Press Release (one per year)</u>	<u>Engineering/Administration</u> Responsible Dept/Person Nam	<u>Release in Papers</u> Specify Measurable Goal
<u>1.5</u> BMP ID #	<u>Stormwater Article in one Public Works News Letter</u>	<u>Engineering/Administration</u> Responsible Dept/Person Name	<u>Article in News Letter</u> Specify Measurable Goal
<u>1.6</u> BMP ID #	<u>Cable TV Program</u>	<u>Engineering/Administration</u> Responsible Dept/Person Name	<u>Program Aired</u> Specify Measurable Goal
<u>1.7</u> BMP ID #	<u>Fact Sheets</u>	<u>Engineering</u> Responsible Dept/Person Name	<u>Completed Fact Sheets</u> Specify Measurable Goal
<u>1.8</u> BMP ID #	<u>Mailing to Local Businesses/ Residents (Brochure)</u>	<u>Administration/Engineering</u> Responsible Dept/Person Name	<u>Completion</u> Specify Measurable Goal
<u>1.9</u> BMP ID #	<u>Develop Brochure Outlining The Public Meeting and Hearing Process</u>	<u>Administration</u> Responsible Dept/Person Name	<u>Completion</u> Specify Measurable Goal

Event Education & Outreach

<u>1.10</u> BMP ID #	<u>Develop Program</u>	<u>Administration/Engineering</u> Responsible Dept/Person Name	<u>Completed</u> Specify Measurable Goal
<u>1.11</u> BMP ID #	<u>Festival by the Lake</u>	<u>Engineering/Administration</u> Responsible Dept/Person Name	<u>Display & Brochures</u> Specify Measurable Goal
<u>1.12</u> BMP ID #	<u>FOLO (Lake Clean up)</u>	<u>Engineering/Conservation/FOLO</u> Responsible Dept/Person Name	<u>Event Setup</u> Specify Measurable Goal
<u>1.13</u> BMP ID #	<u>Library Day</u>	<u>Engineering/Administration</u> Responsible Dept/Person Name	<u>Display & Brochures</u> Specify Measurable Goal
<u>1.14</u> BMP ID #	<u>House Hold Hazardous Waste Day (Once per Year)</u>	<u>Board of Health</u> Responsible Dept/Person Name	<u>Completion</u> Specify Measurable Goal
<u>1.15</u> BMP ID #	<u>Post-Tributary Signage</u>	<u>Engineering/Highway</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal

*These are the responsible Departments/Divisions. Person responsible will be the current Manager.

(**) NPDES Stormwater Committee: BOH/Pl.Bd/Bldg.Insp./DPW/Frnd.ofLakeQuann./Citizen/Conserv.
Comm./Town Planner/Fire Dpt/Finance/Adv.BPW

2. Public Involvement & Participation

Involvement & Participation

<u>2.1</u> BMP ID #	<u>FOLO (Lake Clean Up)</u>	<u>FOLO</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>2.2</u> BMP ID #	<u>Hazardous Waste Day</u> <u>(once per year)</u>	<u>Board of Health</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>2.3</u> BMP ID #	<u>Citizens Volunteer Group</u>		
	<u>Web Page Development</u>	<u>NPDES Comm.(**)</u> Responsible Person/Dept Name	<u>Web Page On-Line</u> Specify Measurable Goal
	<u>Clean Ups (miscellaneous)</u>	<u>Conservation/FOLO</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
	<u>Grade School Environmental Workshop</u>	<u>FOLO</u> Responsible Person/Dept Name	<u>Workshop Completed</u> Specify Measurable Goal
<u>2.4</u> BMP ID #	<u>Youth Groups Involvement</u>		
	<u>Storm Drain Stenciling</u>	<u>Conservation</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
	<u>Clean Ups (miscellaneous)</u>	<u>Conservation</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal

Storm Water Phase II Steering Committee

<u>2.5</u> BMP ID #	<u>Quarterly Meetings (First Year)</u>	<u>NPDES Comm.(**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>2.6</u> BMP ID #	<u>Bi-Annual Meetings (Future Years)</u>	<u>NPDES Comm.(**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>2.7</u> BMP ID #	<u>Annual Town Storm Water Forum/Workshop</u>	<u>NPDES Comm.(**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal

Distribute Educational Materials

<u>2.8</u> BMP ID #	<u>News Letter Article (Annual)</u>	<u>Engineering/Administration</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>2.9</u> BMP ID #	<u>Brochure (General/Business)</u>	<u>Engineering/Administration</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal

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 Comm./Town Planner/Fire Dpt/Finance/Adv.BPW

Adopt a Stream

<u>2.10</u> BMP ID #	<u>Develop Adopt a Stream Program</u>	<u>Conservation</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>2.11</u> BMP ID #	<u>Implement Volunteer Adopt a Stream Program</u>	<u>Conservation</u> Responsible Person/Dept Name	<u>Conditions Summary</u> Specify Measurable Goal

3. Illicit Discharge Detection & Elimination

<u>3.1</u> BMP ID #	<u>Develop Criteria for Identifying Illicit Discharges</u>	<u>Engineering/Board of Health/Bldg./Insp./Town Counsel</u> Responsible Person/Dept Name	<u>Criteria Identified</u> Specify Measurable Goal
<u>3.2</u> BMP ID #	<u>Identify & Characterize Illicit Discharges</u>	<u>Engineering/Con Com/BOH/Bldg.Insp.</u> Responsible Person/Dept Name	<u>Mapped, Sampled, Tested</u> Specify Measurable Goal
<u>3.3</u> BMP ID #	<u>Map Locations of Identified Illicit Discharges</u>	<u>Engineering</u> Responsible Person/Dept Name	<u>Layer on Town Digital Mapping</u> Specify Measurable Goal
<u>3.4</u> BMP ID #	<u>Evaluate Impacts to Receiving Waters</u>	<u>Con Com/BOH/Eng</u> Responsible Person/Dept Name	<u>Identify Water Quality</u> Specify Measurable Goal
<u>3.5</u> BMP ID #	<u>Ongoing Mapping of MS4 (Drainage System)</u>	<u>Engineering</u> Responsible Person/Dept Name	<u>Layer on Town Digital Mapping</u> Specify Measurable Goal
<u>3.6</u> BMP ID #	<u>Develop Potential Approaches to Abate Illicit Discharges</u>	<u>Engineering/B O H</u> Responsible Person/Dept Name	<u>Abatement Measures Identified</u> Specify Measurable Goal
<u>3.7</u> BMP ID #	<u>Review & Document Existing Local & State Regs</u>	<u>NPDES Comm (**)</u> Responsible Person/Dept Name	<u>Summary of Regs</u> Specify Measurable Goal
<u>3.8</u> BMP ID #	<u>Assess Need for Additional/ Separate By-Laws</u>	<u>NPDES Committee(**)</u> Responsible Person/Dept Name	<u>By-Law to Town Mtng. if needed</u> Specify Measurable Goal
<u>3.9</u> BMP ID #	<u>Review Legality of Publicizing Violations</u>	<u>Town Counsel/Selectmen/Eng</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
<u>3.10</u> BMP ID #	<u>Identify Potential Funding Programs</u>	<u>Administration</u> Responsible Person/Dept Name	<u>Summary of Potential Funds</u> Specify Measurable Goal
<u>3.11</u> BMP ID #	<u>Establish Hot-Line</u>	<u>Engineering/Admin/Buildings</u> Responsible Person/Dept Name	<u>Available for Use</u> Specify Measurable Goal

4. Construction Site Runoff Control

<u>4.1</u> BMP ID #	<u>Develop Guidelines for Construction Site Stormwater Management, including Erosion & Sediment Control</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
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 (**) NPDES Stormwater Committee: BOH/Pl.Bd/Bldg.Insp./DPW/Frnd.ofLakeQuann./Citizen/Conserv.
 Comm./Town Planner/Fire Dpt/Finance/Adv.BPW

4.2 BMP ID #	<u>Develop Procedures for Site Inspection of Control Measures</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
4.3 BMP ID #	<u>Review & Update Existing Site Plan Review and Construction Regs (PB, BOH, Zoning, Con Com. General By-Laws)</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
4.4 BMP ID #	<u>Review & Update Existing Policies and Procedures Relating to Compliance and Enforcement</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
4.5 BMP ID #	<u>Assess Need for Separate By-law to Implement and Enforce Construction Site Runoff Control Program</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>By-Law to Town Mtng. if needed</u> Specify Measurable Goal
4.6 BMP ID #	<u>Develop Brochure Outlining The Public Meeting and Hearing Process</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal

5. Post-Construction Runoff Control

5.1 BMP ID #	<u>Review Existing Post-Construction Stormwater Management Policies, Regulations & Guidelines</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Summary</u> Specify Measurable Goal
5.2 BMP ID #	<u>Develop Guidelines for Post-Construction SW Management</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
5.3 BMP ID #	<u>Develop Procedures & Guidelines for Post Construction Structural and Non-Structural BMPs</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal
5.4 BMP ID #	<u>Assess need for By-law to Implement and Enforce Post-Construction SW Management Program</u>	<u>NPDES Comm. (**)</u> Responsible Person/Dept Name	<u>By-Law to Town Mtg if needed</u> Specify Measurable Goal

6. Pollution Prevention/Good Housekeeping in Municipal Operations

Program or Activity

6.1 BMP ID #	<u>Examine & Review Existing Practices Guidelines and Training</u>	<u>DPW/Administration</u> Responsible Person/Dept Name	<u>Summary</u> Specify Measurable Goal
6.2 BMP ID #	<u>Catch Basin Cleaning Guidelines</u>	<u>DPW/Administration/Highway</u> Responsible Person/Dept Name	<u>Complete</u> Specify Measurable Goal
6.3 BMP ID #	<u>Street Sweeping Guidelines</u>	<u>DPW/Administration/Highway</u> Responsible Person/Dept Name	<u>Completion</u> Specify Measurable Goal

*These are the responsible Departments/Divisions. Person responsible will be the current Manager.
 (**) NPDES Stormwater Committee: BOH/Pl.Bd/Bldg.Insp./DPW/Frnd.ofLakeQuann./Citizen/Conserv.
 Comm./Town Planner/Fire Dpt/Finance/Adv.BPW

*			
<u>6.4</u> BMP ID #	<u>Guidelines for Maintaining Streams & Channels</u>	<u>DPW/Administration/Highway/Con.Com/Engineering</u>	<u>Completion</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.5</u> BMP ID #	<u>Guidelines for Calibrating Salt/Sand Spreaders</u>	<u>DPW/Fleet</u>	<u>Completion</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.6</u> BMP ID #	<u>Spill Control/Containment Guidelines</u>	<u>Fleet</u>	<u>Completed</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.7</u> BMP ID #	<u>Recycling Refuse Program Guidelines</u>	<u>Administration/Highway</u>	<u>Completed</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.8</u> BMP ID #	<u>Employee Training Program</u>	<u>Administration</u>	<u>Annual Training</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.9</u> BMP ID #	<u>Animal Solid Waste Secretion By Law</u>	<u>Administration/Animal/BOH</u>	<u>Completed</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.10</u> BMP ID #	<u>Fertilizers/Pesticides Recommended Use Guidelines</u>	<u>Administration/Parks/Forestry</u>	<u>Completed</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.11</u> BMP ID #	<u>Identify Sensitive Waterway Waterbody Criteria</u>	<u>Engineering/Con Com</u>	<u>Completed</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.12</u> BMP ID #	<u>Identify Sensitive Waterways & Waterbodies</u>	<u>Engineering/Con Com</u>	<u>Layer on Town Digital Mapping</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.13</u> BMP ID #	<u>Review & Identify Non Storm Water Discharges</u>	<u>Engineering/BOH</u>	<u>Identify if Removal Needed</u>
		Responsible Person/Dept Name	Specify Measurable Goal
<u>6.14</u> BMP ID #	<u>Good Housekeeping Monitoring Program</u>	<u>Administration</u>	<u>Completed</u>
		Responsible Person/Dept Name	Specify Measurable Goal

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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

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR				PERMIT YEAR			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
1.1																					
1.2																					
1.3																					
1.4					X				X								X				
1.5							X				X					X			X		
1.6																					
1.7									X								X				
1.8						X															
1.9																					
1.10																					
1.11					X				X					X			X				
1.12					X				X					X			X				
1.13									X					X			X				
1.14			X								X					X					
1.15							X														
2.1					X				X												
2.2			X								X				X				X		
2.3																					
2.4																					
2.5		X	X	X	X																
2.6						X		X							X		X		X		
2.7						X				X					X						
2.8																					
2.9					X				X								X				
2.10																					
2.11																					
3.1																					
3.2																					
3.3																					
3.4																					
3.5																					
3.6																					
3.7																					

Transmittal Number W040850

Facility ID (if known)

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