



Hand-enter Your Transmittal Number

W040969
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 Walpole

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

Last Name of Individual

135 School Street

First Name of Individual

MI

Street Address

Walpole

MA

02081

(508) 660-7289

City/Town

State

Zip Code

Telephone # and extension

Michael Boynton, Town Administrator

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Walpole

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

N/A

Street Address

Walpole

e-mail address (optional)

MA

02081

(508) 660-7289

City/Town

State

Zip Code

Telephone # and extension

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

Comprehensive Environmental Incorporated

Name of Firm Or Individual

64 Dilla Street

Address

Milford

MA

01757

800-725-2550

City/Town

State

Zip Code

Telephone # and extension

Rebecca Balke

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



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

W 040969
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

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 Walpole

Name

135 School St.

Mailing Address

Walpole

City/Town

(508) 660-7289

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Walpole

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:

Norfolk County Agricultural High School, MCI-Cedar Junction, Massachusetts Highway Department

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



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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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Unnamed pond on Washington St. (locally known as H&V Pond) Name	4 Number	☐ Yes ☒ No	Specify
Bird Pond Name	6 Number	☒ Yes ☐ No	Priority Organics and Noxious Aquatic Plants Specify
Unnamed tributary to Bubbling Brook (Old North St.) Name	2 Number	☐ Yes ☒ No	Specify
Unnamed tributary to Bubbling Brook (Deborah Dr.) Name	2 Number	☐ Yes ☒ No	Specify
Bubbling Brook Name	3 Number	☐ Yes ☒ No	Specify
Unnamed tributary to Cobbs Pond (Wagon Rd.) Name	1 Number	☐ Yes ☒ No	Specify
Unnamed tributary to unnamed pond on Independence Dr. Name	1 Number	☐ Yes ☒ No	Specify
Unnamed pond on Independence Dr. Name	1 Number	☐ Yes ☒ No	Specify
Unnamed tributary to Willett Pond Name	1 Number	☐ Yes ☒ No	Specify
Willett Pond Name	6 Number	☒ Yes ☐ No	Metals Specify
Unnamed tributary to Cobb's Pond (Delaney Drive) Name	5 Number	☐ Yes ☒ No	Specify
Unnamed pond on Sunnyrock Ave. Name	1 Number	☐ Yes ☒ No	Specify



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Unnamed tributary to unnamed pond on Sunnyrock Ave. Name	<u>1</u> Number	☐ Yes ☒ No	Specify
Unnamed tributary (at Covey Rd.) to Cobb's Pond Name	<u>1</u> Number	☐ Yes ☒ No	Specify
Unnamed tributary to Cobb's Pond (Willett St.) Name	<u>3</u> Number	☐ Yes ☒ No	Specify
Unnamed tributary to Cobb's Pond (Gould St.) Name	<u>3</u> Number	☐ Yes ☒ No	Specify
Unnamed tributary to Cobbs Pond Name	<u>8</u> Number	☐ Yes ☒ No	Specify
Cobb's Pond Name	<u>2</u> Number	☒ Yes ☐ No	Nutrients, Organic enrichment/ Low DO, Noxious Aquatic Plants, Turbidity, Exotic Species Specify

See NOI Attachment for Additional Receiving Waters

D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u> BMP ID # Develop Stormwater Section of Town Website Specify Best Management Practice	IT Department, Engineering Department, Sewer and Water Department, and Consultant Responsible Dept./Person Name	<u>Number of hits annually.</u> Specify Measurable Goal
<u>1B</u> BMP ID # Distribute Brochures and Fact Sheets to Businesses and Residents Specify Best Management Practice	Conservation Commission, Board of Health, and Consultant Responsible Dept./Person Name	<u>Copies of materials.</u> Specify Measurable Goal
<u>1C</u> BMP ID # Publish Articles on Stormwater Protection in Local Newspaper Specify Best Management Practice	Engineering Department, Board of Health, Sewer and Water Department, and Consultant Responsible Dept./Person Name	<u>Clippings of articles and advertisement printed in local newspaper.</u> Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A

BMP ID #

Establish a Stormwater
Telephone Hotline
Specify Best Management Practice

Engineering Department,
Sewer and Water Department,
and Town Administration

Responsible Dept./Person Name

Record number of telephone
calls to hotline.

Copies of articles.

Specify Measurable Goal

2B

BMP ID #

Conduct River, Stream, and
Pond Cleanups
Specify Best Management Practice

Pond Management Committee

Responsible Dept./Person Name

Cleaner streams as
documented by before and
after photographs.

Specify Measurable Goal

2C

BMP ID #

Prepare Press Release
Specify Best Management Practice

Engineering Department,
Board of Health, Sewer and
Water Department, and
Consultant

Responsible Dept./Person Name

Copies of press articles.

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

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Develop Town Storm Drain
Outfall Map
Specify Best Management Practice

Engineering Department,
Department of Public Works,
Sewer and Water Department,
and Consultant

Responsible Dept./Person Name

All outfalls mapped by first
year.

Copy of storm drain map.

Specify Measurable Goal

3B

BMP ID #

Develop Illicit Discharge
Prohibition Ordinance
Specify Best Management Practice

Conservation Commission,
Planning Board, Board of
Health, Sewer and Water
Department, and Consultant

Responsible Dept./Person Name

Obtain authorization to control
inputs to the municipal
drainage system. Bylaw at
Town meeting by end of year
4.*

Specify Measurable Goal

* All new bylaws must go through Town Meeting for approval.



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3C

BMP ID #

**Develop Illicit Discharge
Detection and Elimination Plan
and Implement Activities**

Specify Best Management Practice

**Engineering Department,
Board of Health, Sewer and
Water Department, and
Consultant**

Responsible Dept./Person Name

**All outfalls examined by year
2. Sources traced and
conclusion documented within
one year of discovery.**

Specify Measurable Goal

3D

BMP ID #

**Incorporate Information on
Illicit Discharges into Public
Education and Outreach
Topics**

Specify Best Management Practice

**Board of Health, Pond
Management Committee,
Sewer and Water Department,
and Consultant**

Responsible Dept./Person Name

Copies of materials.

Specify Measurable Goal

3E

BMP ID #

**Identify Department to Take
Stormwater Calls**

Specify Best Management Practice

**Engineering Department,
Highway Department, and
Board of Health**

Responsible Dept./Person Name

**Log of complaints and actions
taken.**

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

**Develop Erosion Control
Regulation**

Specify Best Management Practice

**Conservation Commission,
Planning Department, Sewer
and Water Department, and
Selectmen**

Responsible Dept./Person Name

**Bylaw at Town meeting by end
of year 4.***

Specify Measurable Goal

4B

BMP ID #

**Develop Guidance for Erosion
Controls**

Specify Best Management Practice

**Conservation Commission,
Planning Department,
Highway Department, Sewer
and Water Department, and
Consultant**

**Inspection checklist and
documented inspections.**

Specify Measurable Goal

4C

BMP ID #

**Identify Department to Take
Stormwater Calls**

Specify Best Management Practice

**Engineering Department, and
Highway Department**

Responsible Dept./Person Name

**Record number of phone calls
to hotline, copies of
advertisement.**

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

* All new bylaws must go through Town Meeting for approval.



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A

BMP ID #

Develop Stormwater
Management Bylaw

Specify Best Management Practice

Conservation Commission,
Engineering Department,
Planning Department, Sewer
and Water Department,
Selectmen, and Consultant

Responsible Dept./Person Name

Bylaw at Town meeting by end
of year 4.

Specify Measurable Goal

5B

BMP ID #

Develop BMP Design
Standards

Specify Best Management Practice

Planning Department,
Engineering Department, and
Consultant

Responsible Dept./Person Name

Copy of design standards.

Specify Measurable Goal

5C

BMP ID #

Develop and Implement
Inspection Program

Specify Best Management Practice

Conservation Commission,
Engineering Department,
Highway Department, and
Consultant

Responsible Dept./Person Name

Retain copies of maintenance
reports received annually, plus
records of inspections
completed and results.

Specify Measurable Goal

5D

BMP ID #

Amend Zoning Bylaws to
Regulate Impervious Areas

Specify Best Management Practice

Planning Department, Sewer
and Water Department, and
Consultant

Responsible Dept./Person Name

New zoning bylaw will be
implemented by end of year
4.*

Specify Measurable Goal

5E

BMP ID #

Amend Subdivision
Regulations to Minimize
Clearing and Grading

Specify Best Management Practice

Planning Department and
Consultant

Responsible Dept./Person Name

Subdivision regulation will be
amended by the end of year
4.*

Records will be kept of all the
inspections of the Clearing
and Grading Limit Lines.

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Clean Catch Basins

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Clean all catch basins.

Specify Measurable Goal

* All new bylaws must go through Town Meeting for approval.



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6B

BMP ID #

Sweep Streets in Town
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Priority plan of sweeping
based on water quality impact.
Volume of sweepings
collected.
Specify Measurable Goal

6C

BMP ID #

Develop and Implement an
Inspection and Maintenance
Plan
Specify Best Management Practice

Engineering Department,
Conservation Commission,
and Highway Department and
Consultant
Responsible Dept./Person Name

Written schedule.
Records of inspections.
Specify Measurable Goal

6D

BMP ID #

Evaluate Municipal Facilities
Throughout Town for Potential
Stormwater Impacts and
Implement BMPs
Specify Best Management Practice

Highway Department and
Consultant
Responsible Dept./Person Name

List of Improvements.
Improvements completed by
end of year 5.
Specify Measurable Goal

6E

BMP ID #

Identify Other Phase II
Institutional Entities
Specify Best Management Practice

Engineering Department and
Consultant
Responsible Dept./Person Name

List of State and Federal
facilities with information on
Phase II plans.
Specify Measurable Goal

6F

BMP ID #

Ensure Water Quality
Improvements are Considered
for Flood Projects
Specify Best Management Practice

Engineering Department
Responsible Dept./Person Name

Ensure Water Quality
Improvements are
Considered for Flood Projects
Specify Best Management Practice

6G

BMP ID #

Conduct Town Employee
Stormwater Training
Specify Best Management Practice

Consultant (Town
Administrator, Highway
Department, and Police and
Fire Departments)
Responsible Dept./Person Name

Attendance sheet and copy of
program.
Specify Measurable Goal



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

7. BMPs for Meeting TMDL:

7A

BMP ID #

Estimate Pollutant Loadings to
Town Waters

Specify Best Management Practice

Engineering Department and
Consultant

Responsible Dept./Person Name

Add subwatershed layer to
drainage base map.
Complete modeling and
produce a table of priority
water resources.

Specify Measurable Goal

7B

BMP ID #

Categorize Drainage System

Specify Best Management Practice

Engineering Department and
Consultant

Responsible Dept./Person Name

Table and map of system
categorization.

Specify Measurable Goal

7C

BMP ID #

Evaluate Hydraulic Capacity in
Areas of Concern

Specify Best Management Practice

Engineering Department and
Consultant

Responsible Dept./Person Name

Report of system evaluation
and modeling results.

Specify Measurable Goal

7D

BMP ID #

Develop Conceptual
Stormwater BMPs

Specify Best Management Practice

Engineering Department and
Consultant

Responsible Dept./Person Name

Report of drainage system
deficiencies.

Specify Measurable Goal

7E

BMP ID #

Implement Stormwater BMPs

Specify Best Management Practice

Engineering Department and
Consultant

Responsible Dept./Person Name

As-built design plans.

Specify Measurable Goal

7F

BMP ID #

Construct Structural BMPs at
Stormwater Discharges to
Memorial Pond

Specify Best Management Practice

Engineering Department and
Consultant

Responsible Dept./Person Name

Final design plans.

Specify Measurable Goal

7G

BMP ID #

Apply for Grant Funds to
Design and Install BMPs at
Clarks and Cobbs Ponds

Specify Best Management Practice

Engineering Department,
Pond Management
Committee, Town
Administration, and Consultant

Responsible Dept./Person Name

Copy of grant application and
conceptual designs.

Specify Measurable Goal



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

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

Facility ID (if known)

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.

Michael Boynton, Town Administrator

Printed Name

Michael Boynton

Signature

7/22/03

Date

C. Names of (Presently Known) Receiving Waters (continued)

Unnamed pond on Walnut St. Name	<u>2</u> Number	☐ Yes ☒ No	Specify _____
Unnamed Neponset River tributary crossing Route 1A Name	<u>2</u> Number	☐ Yes ☒ No	Specify _____
Neponset River Name	<u>7</u> Number	☐ Yes ☒ No	Specify _____
Unnamed pond at Agricultural High School Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Bird Pond Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Traphole Brook (Union St.) Name	<u>8</u> Number	☐ Yes ☒ No	Specify _____
Turner Pond Name	<u>6</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Turner Pond Name	<u>3</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to unnamed pond in Francis Willam Park Name	<u>6</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to unnamed pond on East St. Name	<u>3</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Traphole Brook (Park Lane) Name	<u>7</u> Number	☐ Yes ☒ No	Specify _____
Unnamed pond on Emerson Road Name	<u>3</u> Number	☐ Yes ☒ No	Specify _____
Unnamed pond on Scout Rd. Name	<u>3</u> Number	☐ Yes ☒ No	Specify _____
Unnamed Neponset River tributary (Townside Lane) Name	<u>2</u> Number	☐ Yes ☒ No	Specify _____
Unnamed pond on East St. Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Rainbow Pond Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Memorial Pond Name	<u>2</u> Number	☒ Yes ☐ No	Noxious Aquatic Plants and Turbidity _____
Unnamed tributary to unnamed pond on Renmar Ave. Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____

Unnamed pond at Riverview Place
Name

1
Number

☐ Yes ☒ No

Specify

Neponset River crossing 1A
Name

7
Number

☐ Yes ☒ No

Specify

Unnamed tributary to Memorial Pond (Stone St.)
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed tributary to Memorial Pond (Diamond St.)
Name

1
Number

☐ Yes ☒ No

Specify

Outlet of Clark's Pond (Washington St.)
Name

1
Number

☐ Yes ☒ No

Specify

Clark's Pond
Name

3
Number

☐ Yes ☒ No

Specify

Tributary to Traphole Brook (Johnson Dr.)
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed pond on Oak St.
Name

2
Number

☐ Yes ☒ No

Specify

Unnamed pond on Washington St.
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed pond on Alice Ave.
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed pond on Pocahontas St.
Name

1
Number

☐ Yes ☒ No

Specify

Neponset River tributary (South St.)
Name

3
Number

☐ Yes ☒ No

Specify

Neponset River tributary (Washington St.)
Name

3
Number

☐ Yes ☒ No

Specify

Neponset River Tributary (Jason's Path)
Name

1
Number

☐ Yes ☒ No

Specify

Cedar Brook Swamp
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed pond on Butch Songin Circle
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed pond on Wall St.
Name

2
Number

☐ Yes ☒ No

Specify

Unnamed tributary to unnamed pond on Winter St.
Name

1
Number

☐ Yes ☒ No

Specify

Smith Pond
Name

1
Number

☐ Yes ☒ No

Specify

Unnamed pond on Starlight Dr. Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Bubbling Brook (Trailside Dr.) Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Willet Pond (Eagle Dr.) Name	<u>7</u> Number	☐ Yes ☒ No	Specify _____
Unnamed outlet of Willet Pond (Bullard St.) Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to unnamed pond on High St. Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Neponset River between Turner Pond and Stetson Pond Name	<u>5</u> Number	☐ Yes ☒ No	Specify _____
Stetson Pond Name	<u>2</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary to Traphole Brook (Moose Hill Rd.) Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed pond on Shoreview Lane Name	<u>2</u> Number	☐ Yes ☒ No	Specify _____
Unnamed tributary between Pette Pond and Willet Pond Name	<u>4</u> Number	☒ Yes ☐ No	Pathogens Specify _____
Unnamed wetland adjacent to Mine Brook (Butterfield Lane) Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed wetland tributary to unnamed pond (West St.) Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____
Unnamed wetland tributary (Industrial Rd.) Name	<u>2</u> Number	☐ Yes ☒ No	Specify _____
Unnamed wetland tributary to Neponset River (Washington St.) Name	<u>5</u> Number	☐ Yes ☒ No	Specify _____
Cedar Swamp Name	<u>1</u> Number	☐ Yes ☒ No	Specify _____



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 **W040969**
Facility ID (if known)
Page **1** of **1**

BMP ID #	PERMIT YEAR ONE			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
1A				↓			△	↑													
1B					△		△											△		△	
1C					△		△											△		△	
2A					↓			↑													
2B					↓		↑											↓		↑	
2C					△		△											△		△	
2D																					
3A	↓			↑																	
3B		↓																			↑
3C	↓																				↑
3D			↓																		↑
3E						↓															↑
4A			↓																		↑
4B						↓															↑
4C																					↑
5A			↓																		↑
5B		↓						↑													↑
5C								↓													↑
5D													↓								↑
5E													↓								↑
5F					↓			↑	↑												↑
6A	Ongoing under existing operations				↓	↑	↑		↑	↑			↓	↓	↓			↓	↓	↓	↑
6B	Ongoing under existing operations				↓	↑	↑		↑	↑			↓	↓	↓			↓	↓	↓	↑
6C				↓									↓	↓	↓						↑
6D				↓																	↑
6E										↑											↑
6F			↓															↓	↓	↓	↑
6G						↓				↓	↓							↓	↓	↓	↑
7A		↓		↑																	↑
7B		↓		↑																	↑
7C		↓		↑																	↑
7D				↓				↑													↑
7E					↓																↑
7F	↓			↑																	↑
7G				△																	