Hand-enter Your Transmittal Number → **W 035583** 1173

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 Phase II Stormwater General Permit

Type of Project or Activity:
NOI for Discharges from Small Municipal Separate Storm Sewer Systems

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Westborough, Massachusetts

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

Individual's Last Name:	First Name	MI

Street Address

City/Town	State	Zip Code	Telephone Number ( ) ext.

Contact: | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
Town of Westborough | 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:
Earth Tech

Address
196 Baker Ave.

City/Town	State	Zip Code	Telephone Number ext.
Concord	MA	01742	(978) 371-4000

Contact:
Jonathan Himlan | 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

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

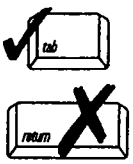
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035583
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:

   Mr. John Walden
   Name

   131 Oak Street
   Mailing Address

   Westborough — City/Town
   MA — State

   (508) 366-3076 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Westborough, Massachusetts
   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 Department, MA Turnpike Authority, Westborough Regional WWTF ***(See Stormwater Management Plan, Section 3)***

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 ***(See the Stormwater Management Plan, Section 2.4)***

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 ***(See the Stormwater Management Plan, Section 2.5)***

Note: Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

(See the Stormwater Management Plan, Table 2.1 for Impaired Waters)

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Chauncy Lake (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Crane Swamp (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Unnamed from Smith St to Crane Swamp	Unknown (Number)	☐ Yes ☒ No	Specify
Unnamed east of Washington Street	Unknown (Number)	☐ Yes ☒ No	Specify
Rutters Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Denny Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Piccadilly Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Whitehall Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Sudbury River (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Jackstraw Brook (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Cedar Swamp Pond (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Westborough Reservoir (Sandra Pond)	Unknown (Number)	☐ Yes ☒ No	Specify
Unnamed west of Nash St (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
Unnamed south of West Main Street	Unknown (Number)	☐ Yes ☒ No	Specify
Unnamed west of Glenn St (Name)	Unknown (Number)	☐ Yes ☒ No	Specify
SuAsCo Reservoir (Name)	Unknown (Number)	☒ Yes ☐ No	***See SWMP Table 2.1*** (Specify)
Hocomonco Pond (Name)	Unknown (Number)	☒ Yes ☐ No	***See SWMP Table 2.1*** (Specify)
Assabet River (Name)	Unknown (Number)	☒ Yes ☐ No	***See SWMP Table 2.1*** (Specify)

D. Stormwater Management Program Summary

1. Public Education: ***(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)***

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

2. Public Participation: ***(See the Stormwater Management Plan, Section 5 and Table 5.1)***

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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination: ***(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)***

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

4. Construction Site Runoff Control: ***(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)***

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

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control: ***(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)***

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: ***(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)***

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

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

BMP ID # | Specify Best Management Practice

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: ***There are no waste load allocations, BMP recommendations, or other performance agreements for stormwater discharges for any waters in Westborough.***

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

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.

John Walden
Printed Name

Signature

3/5/03
Date