MAR041068 David Webster AH

Hand-enter Your Transmittal Number → **W 035252**

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): WM 08A
Name of Permit Category: Stormwater
Type of Project or Activity: Stormwater General Permit

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Weston

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

Individual's Last Name:	First Name	MI

Street Address: 190 Boston Post Road By-Pass			
City/Town: Weston	State: MA	Zip Code: 02493	Telephone Number: (781) 893-1263 ext.
Contact: Stephen R. Fogg		e-mail address (optional): fogg.s@westonmass.org	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Weston			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:			
Address			
City/Town	State	Zip Code	Telephone Number ( ) ext.
Contact:		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

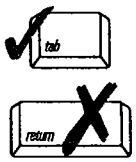
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035252
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 Weston Steve Fogg
Name

190 Boston Post Road By-Pass
Mailing Address

Weston — City/Town
MA — State

781-893-1263 — Telephone Number
fogg.s@westonmass.org — Email (if available)

2. Municipality Name

Weston
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 Turnpike Authority, 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

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
Bogle Brook (Name)	3 (Number)	☐ Yes ☒ No	Specify
Tributary to Bogle Brook (Name)	32 (Number)	☐ Yes ☒ No	Specify
Tributary to Boulder Brook (Name)	3 (Number)	☐ Yes ☒ No	Specify
Charles River (Name)	2 (Number)	☒ Yes ☐ No	Specify — Priority organics, nutrients, organic enrichment, low DO, pathogens, noxious aquatic plants, turbidity, (exotic species)
Tributary to Charles River (Name)	4 (Number)	☐ Yes ☒ No	Specify
Tributary to State Highway (Name)	4 (Number)	☐ Yes ☒ No	Specify
Cherry Brook (Name)	5 (Number)	☐ Yes ☒ No	Specify
Tributary to Cherry Brook (Name)	8 (Number)	☐ Yes ☒ No	Specify
Trib. to Cold Stream Brook (Name)	4 (Number)	☐ Yes ☒ No	Specify
Hobbs Brook (Name)	4 (Number)	☐ Yes ☒ No	Specify
Trib. to Hobbs Brook (Name)	2 (Number)	☐ Yes ☒ No	Specify
Seaverns Brook (Name)	1 (Number)	☐ Yes ☒ No	Specify
Trib. to Seaverns Brook (Name)	9 (Number)	☐ Yes ☒ No	Specify
Trib. to Stony Brook (Name)	13 (Number)	☐ Yes ☒ No	Specify
Trib. to Rte 128 system (Name)	4 (Number)	☐ Yes ☒ No	Specify
Stony Brook (Name)	12 (Number)	☐ Yes ☒ No	Specify
Stony Brook Reservoir (Name)	3 (Number)	☐ Yes ☒ No	Specify
Trib. to Hayward Brook (Name)	1 (Number)	☐ Yes ☒ No	Specify

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Flyer to Residents	SuAsCo WCC and SRF	distribute to 75% of residents
1-2	Lesson Plan for Fifth Graders	SuAsCo WCC and SRF	lesson plan taught
1-3	Flyer to Businesses	SuAsCo WCC and SRF	dist.to 50% businesses
1-4	Media Campaign	SuAsCo WCC and SRF	media packet given to press
1-5	Video	SuAsCo WCC and SRF	show video at public meeting

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Traveling Display	SuAsCo WCC and SRF	3 months on display
2-2	Poster Contest (5th Grade)	SuAsCo WCC and SRF	Hold contest
2-3	Photo Contest (High School)	SuAsCo WCC and SRF	Hold contest
2-4	Summit Event	SuAsCo WCC and SRF	Hold Stormwater Summit
2-5	Super-Summit Event	SuAsCo WCC and SRF	Participate in Super-Summit

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	
3-1	Stormwater System Mapping	DPW	Complete mapping of stormwater system
3-2	Dry weather screening of outfalls	DPW	Visual inspection/report of known outfalls, 33% each year
3-3	Illicit discharge elimination	DPW, Board of Health	Trace non-stormwater flows and eliminate within 1 year
3-4	Water Quality Monitoring	Cambridge Water Supply	Obtain results of regular monitoring
3-5	Amend Stormwater Regulations	DPW	Amended regulations adopted at 2003 Annual Town Meeting
3-6	Septic System Monitoring Program	Board of Health	Develop, implement and enforce septic pumping
3-7	Dechlorination of New Water Mains	DPW – Water Div.	Use dechlorination tablets when flushing new mains
3-8	Trench Dewatering Policy	DPW	Require siltation control on all trench dewatering projects

4. Construction Site Runoff Control:

BMP ID #			
4-1	Erosion & Sediment Control ByLaw	Planning Board, Conservation Commission, DPW	Develop, implement and enforce bylaw
4-2	Planning Board review of projects	Planning Board	All proj. reviewed for comp. with runoff control measures

4-3
BMP ID #

Conservation Commission review of projects	Conservation Commission	All proj. reviewed for compl. with runoff control measures
Specify Best Management Practice	Responsible Dept./Person Name	

4-4
BMP ID #

Street Opening permit process	DPW	Inspections conducted for compl. with Stormwater Regs.
Specify Best Management Practice	Responsible Dept./Person Name	

4-5
BMP ID #

Building Permit process	Building Dept.	Approp. applicants referred to DPW
Specify Best Management Practice	Responsible Dept./Person Name	

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1
BMP ID #

Erosion and Sediment Control ByLaw	DPW	Same as Control Measure 4-1
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5-2
BMP ID #

DPW Runoff Control Policy	DPW	Dev./redev. projects req'd to handle stormwater on-site
Specify Best Management Practice	Responsible Dept./Person Name	

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:

6-1
BMP ID #

Street Sweeping	DPW	Sweep all public streets annually
Specify Best Management Practice	Responsible Dept./Person Name	

6-2
BMP ID #

Catch basin cleaning	DPW	Clean all public catch basins annualy
Specify Best Management Practice	Responsible Dept./Person Name	

6-3 BMP ID #		
Drainage Improvement Projects Specify Best Management Practice	DPW Responsible Dept./Person Name	Incorporate structural BMPS into each project
6-4 BMP ID #		
DPW Housekeeping Specify Best Management Practice	DPW Responsible Dept./Person Name	Conduct environmental audit; implement recommendations
6-5 BMP ID #		
Roadway De-icing Program Specify Best Management Practice	DPW Responsible Dept./Person Name	Install computerized spreader controls; alt. Dispensing equip.
6-6 BMP ID #		
Waterway maintenance Specify Best Management Practice	DPW Responsible Dept./Person Name	Clear waterways of debris, 3 year rotating basis

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

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.

Carl F. Valente — Town Mgr. ✓
Printed Name

Carl F. Valente
Signature

7/29/03
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 W035252

Facility ID (if known)

Page _____ of _____

	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**
1-1			—																	
1-2					X		X													
1-3											—	—								
1-4													—	—	—	—				
1-5																	—	—	—	—
2-1			—	—																
2-2							—	—												
2-3											—	—								
2-4															—	—				
2-5																	—	—	—	—
3-1			—	—	—	—	—	—	—	—	—	—	—	—	—	—				
3-2					—	—	—	—		—	—	—		—	—	—				
3-3					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3-4			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3-5		X																		
3-6																				
3-7			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3-8					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4-1					X															
4-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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4-5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-1					X															
5-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6-1	X	X			X	X			X	X			X	X			X	X		
6-2		X	X			X	X			X	X			X	X			X	X	
6-3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6-4		X																		
6-5								X				X				X				X
6-6				X				X				X				X				X