



Hand-enter Your Transmittal Number

MA 2041070

W 035571

AH

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 Stormwater General Permit

Type of Project or Activity:
Notice of Intent for Discharges from Small Municipal MS4s

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Weymouth

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

Individual's Last Name: Madden	First Name David	MI M
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Street Address
120 Winter Street

City/Town Weymouth	State MA	Zip Code 02188	Telephone Number (781) 337-5100 ext.
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Contact: Andrew P. Fontaine, P.E.	e-mail address (optional) cfontaine@weymouth.ma.us
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C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Department of Public Works	DEP Facility Number (if Known)
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Street Address 120 Winter Street	e-mail address: (optional)
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City/Town Weymouth	State MA	Zip Code 02188	Telephone Number (781) 337-5100 ext. 318
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D. Application Prepared by (if different from Section B)

Name of Individual or Firm:
BETA Group, Inc.

Address
315 Norwood Park South

City/Town Norwood	State MA	Zip Code 02062	Telephone Number (781) 255-1982 ext.
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Contact: Sean Scully	LSP Number (21E only)
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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:
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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

JUL 3 1 2009
MUNICIPAL ASSISTANCE UNIT



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)

W035571
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 Weymouth

Name

120 Winter Street

Mailing Address

Weymouth

City/Town

(781) 337-5100

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Weymouth

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)



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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
Weymouth Back River (South)	20 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Weymouth Back River (North)	23 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic Enrichment/Low DO, Pathogens
Weymouth Fore River Name	75 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Mill River Name	47 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Pathogens, Noxious Aquatic Plants
Old Swamp River Name	71 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, Cause Unknown Specify
Whitman's Pond Name	47 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Plymouth River Name	25 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Great Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whortleberry Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cranberry Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elias Pond Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

D. Stormwater Management Program Summary



Massachusetts Department of Environmental Protection
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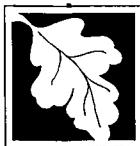
1. Public Education:

<u>1-1</u> BMP ID #	<u>Classroom Education</u> Specify Best Management Practice	<u>School Department</u> Responsible Dept./Person Name	<u>Introduce SW Management Issues in Env. Sci. Classes</u>
<u>1-2</u> BMP ID #	<u>Flyer and Brochure Distribution</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Educational Material, Storm Water Fact Sheets, Flyers</u>
<u>1-3</u> BMP ID #	<u>Using the Media</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Annual Press Release, Article, Pub. Service Announcement</u>
<u>1-4</u> BMP ID #	<u>Hazardous Waste Management</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Track Collected Waste, Flyers</u> Specify Measurable Goal
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

2. Public Participation:

<u>2-1</u> BMP ID #	<u>Adopt-A-Stream/Drain Program</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>All Water Bodies Adopted, Track Amount Trash Removed</u>
<u>2-2</u> BMP ID #	<u>Pond & Stream Cleanup & Monitoring</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Track Cleanup Activities, Participants and Waste</u>
<u>2-3</u> BMP ID #	<u>Stencil Storm Drains</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Stencil 300 or More Drains Per Year.</u>
<u>2-5</u> BMP ID #	<u>Community Hotline/Weblink</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Establish Hotline/Link, Track # of Calls & Remedied Problems</u>
<u>2-8</u> BMP ID #	<u>Pet Waste Collection</u> Specify Best Management Practice	<u>Town Council</u> Responsible Dept./Person Name	<u>Create & Enforce Ordinance, Track # Signs Posted</u>

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Inspect & Sample Town Discharges</u> Responsible Dept./Person Name	<u>Department of Public Works</u> Continue Program to Locate, Insp., Sample, Test Discharges
<u>3-2</u> BMP ID #	<u>System Mapping Development</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name
<u>3-3</u> BMP ID #	<u>Illegal Dumping Education</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name
<u>3-4</u> BMP ID #	<u>Septic System Controls</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
		Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Ordinance Review & Update</u> Specify Best Management Practice	<u>Town Council, Planning</u> Responsible Dept./Person Name
<u>4-2</u> BMP ID #	<u>Construction Inspection</u> Specify Best Management Practice	<u>Department of Public Works, Building Department</u> 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

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

5-1 BMP ID #	Regulations for Post Construction Runoff	Town Council/Department of Public Works	Develop Storm Drain Regs. & Construction Details & Policies
5-2 BMP ID #	BMP Inspection & Maintenance	Department of Public Works Responsible Dept./Person Name	Inspect Structural BMPs Once /yr, Document # of Problems
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 #	Catch Basin Cleaning Program Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Develop Program, Collect Data, Refine Program
6-2 BMP ID #	Street Cleaning Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Sweep All Roads Annually, Track Lbs. of Debris
6-3 BMP ID #	Pipe Inspections Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Inspect Drain Lines on As-Needed Basis
6-4 BMP ID #	Pipe Cleaning Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Clean, Flush Drain Lines on As-Needed Basis
6-5 BMP ID #	New Pipe & Structural Installations	Department of Public Works Responsible Dept./Person Name	Replace Drainage Pipe & Catch Basins as needed.
BMP ID #	Specify Best Management Practice		

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

1-1 BMP ID #	<u>Flyer & Brochure Distribution</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Educational Material, Storm Water Fact Sheets, Flyers</u>
2-2 BMP ID #	<u>Pond & Stream Cleanup & Monitoring</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Track Cleanup Activities, Participants and Waste</u>
2-3 BMP ID #	<u>Stencil Storm Drains</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Stencil 300 or More Drains Per Year.</u>
3-1 BMP ID #	<u>Inspect & Sample Town Discharges</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Locate, Inspect, Sample & Test All Discharges</u>
3-3 BMP ID #	<u>Illegal Dumping Education</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Flyers, Track # of Illegal Dumps Reported & Penalties</u>

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.

David M. Madden, Mayor

Printed Name

Jane Hackett
Signature

7/27/03
Date

Signed by Jane Hackett, Chief of Staff, per Weymouth Charter



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F. Storm Water Management Program TIME FRAMES