



Hand-enter Your Transmittal Number

MA 041070

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

Street Address
120 Winter Street

City/Town
Weymouth

State
MA

Zip Code
02188

Telephone Number
(781) 337-5100 ext.

Contact:
Andrew P. Fontaine, P.E.

e-mail address (optional)
cfontaine@weymouth.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
Department of Public Works

DEP Facility Number (if Known)

Street Address
120 Winter Street

e-mail address:
(optional)

City/Town
Weymouth

State
MA

Zip Code
02188

Telephone Number
(781) 337-5100 ext. 318

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.

Contact:
Sean Scully

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOE 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		



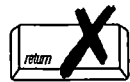
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management
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Storm Sewer Systems (MS4s)

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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	75 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Mill River	47 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Pathogens, Noxious Aquatic Plants
Old Swamp River	71 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, Cause Unknown Specify
Whitman's Pond	47 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Plymouth River	25 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Great Pond	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whorttleberry Pond	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cranberry Pond	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elias Pond	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



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1. Public Education:

1-1

BMP ID #

Classroom Education

Specify Best Management Practice

School Department

Responsible Dept./Person Name

Introduce SW Management
Issues in Env. Sci. Classes

1-2

BMP ID #

Flyer and Brochure Distribution

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Educational Material, Storm
Water Fact Sheets, Flyers

1-3

BMP ID #

Using the Media

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Annual Press Release, Article,
Pub. Service Announcement

1-4

BMP ID #

Hazardous Waste
Management

Department of Public Works

Responsible Dept./Person Name

Track Collected Waste, Flyers
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Adopt-A-Stream/Drain
Program

Department of Public Works

Responsible Dept./Person Name

All Water Bodies Adopted,
Track Amount Trash Removed

2-2

BMP ID #

Pond & Stream Cleanup &
Monitoring

Department of Public Works

Responsible Dept./Person Name

Track Cleanup Activities,
Participants and Waste

2-3

BMP ID #

Stencil Storm Drains

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Stencil 300 or More Drains Per
Year.

2-5

BMP ID #

Community Hotline/Weblink

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Establish Hotline/Link, Track #
of Calls & Remedied Problems

2-8

BMP ID #

Pet Waste Collection

Specify Best Management Practice

Town Council

Responsible Dept./Person Name

Create & Enforce Ordinance,
Track # Signs Posted

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

3-1 BMP ID # Inspect & Sample Town Discharges	Department of Public Works Responsible Dept./Person Name	Continue Program to Locate, Insp., Sample, Test Discharges
3-2 BMP ID # System Mapping Development Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Complete System Map, Add Soils, Land Use Maps
3-3 BMP ID # Illegal Dumping Education Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Flyers, Track # of Illegal Dumps Reported & Penalties
3-4 BMP ID # Septic System Controls Specify Best Management Practice	Board of Health Responsible Dept./Person Name	Track #, Location & Inspection of Septic Systems
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4-1 BMP ID # Ordinance Review & Update Specify Best Management Practice	Town Council, Planning Responsible Dept./Person Name	Develop Erosion & Sediment Control Ordinance
4-2 BMP ID # Construction Inspection Specify Best Management Practice	Department of Public Works, Building Department	Track Inadequate Sites/Plans & # of Non-Complaint Permits
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	Specify Best Management Practice	

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

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

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

Signature

Date

7/27/03

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



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F. Storm Water Management Program TIME FRAMES

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 07	
1-1							X				X				X	
1-2				X				X				X				X
1-3																
1-4																
2-1																
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5-2																
6-1																
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