MAR041072 AH

**Hand-enter Your Transmittal Number** → W 040467
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

BRPWM08A — Permit Code: 7 or 8 character code from permit instructions
Stormwater — Name of Permit Category
NPDES Stormwater General Permit — Type of Project or Activity

## B. Applicant Information – Firm or Individual

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

Last Name of Individual | First Name of Individual | MI

Town Hall, 71 Mt. Vernon Street — Street Address
Winchester — City/Town
MA — State
01890 — Zip Code
781-721-7120 — Telephone # and extension
Mr. Robert Conway, Town Engineer — Contact Person
e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Winchester Storm Drainage System
DEP Facility Number (if Known) | Federal I.D. Number (if Known)
same as above — Street Address
e-mail address (optional)
City/Town | State | Zip Code | Telephone # and extension

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

Camp Dresser & McKee Inc. — Name of Firm Or Individual
50 Hampshire Street — Address
Cambridge — City/Town
MA — State
02139 — Zip Code
617-452-6000 — Telephone # and extension
Brent McCarthy — 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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

**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

# BRP WM 08A NPDES Stormwater General Permit

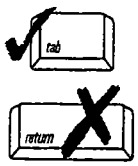
## Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040467
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. Robert Conway, Town Engineer
   Name

   Town Hall, 71 Mt. Vernon Street
   Mailing Address

   Winchester — City/Town
   MA — State

   781-271-7120 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Winchester
   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:

   None currently known.

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 30 2003

MUNICIPAL ASSISTANCE UNIT

## 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

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

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

| Receiving Water: | No. of Outfalls | Listed as Impaired? | Impairment |
|---|---|---|---|
| Aberjona River (Name) | Unknown (Number) | ☒ Yes ☐ No | Unionized ammonia, organic enrichment/low DO, pathogens, other habitat alterations (Specify) |
| Wedge Pond (Name) | Unknown (Number) | ☒ Yes ☐ No | Nutrients, noxious aquatic plants (Specify) |
| Winter Pond (Name) | Unknown (Number) | ☒ Yes ☐ No | Nutrients, noxious aquatic plants, turbidity (Specify) |
| Judkins Pond (Name) | Unknown (Number) | ☒ Yes ☐ No | Nutrients, organic enrichment/low DO, pathogens (Specify) |
| Mill Pond (Name) | Unknown (Number) | ☒ Yes ☐ No | Organic enrichment/low DO, pathogens (Specify) |
| Upper Mystic Lake (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Horn Pond Brook (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Wetland tributary to Sucker Brook (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Unnamed tributary to Upper Mystic Lake, near Arlington St. (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Unnamed wetland and pond, by High St., Johnson Rd., Ridge St. (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Mill Pond (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |

| | | | |
|---|---|---|---|
| Locke Farm Pond (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Sachem Swamp (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Winning Farm wetlands (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Smith Pond (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Unnamed wetland off Rt. 3 near the Gables (Name) | Unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Stream behind Churchill Road (Name) | Unknown (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 | Article/brochure about stormwater in the annual Community Confidence Report. | Dept. of Public Works | Article/brochure distributed annually to all residents and businesses. |
| 1-2 | Send information about proper disposal of lawn waste to landscape contractors in Winchester. | Dept. of Public Works | Flyers mailed to landscape contractors. |
| 1-3 | Staff a table with information about stormwater at Town Day each year. | Dept. of Public Works | Table staffed each year; number of brochures handed out. |
| 1-4 | Offer to give a stormwater education presentation to all classes of a middle school grade. | Dept. of Public Works | Middle school principal contacted; presentation given. |
| 1-5 | Install and maintain "Do not feed the waterfowl" signs at popular feeding areas. | Dept. of Public Works | Number of signs installed, number of signs inspected. |

1-6
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Annual update of the Stormwater Management Plan at a televised Selectmen's meeting. | Dept. of Public Works | Annual update of the SWMP at a televised Selectmen's meeting. |

2. Public Participation:

2-1
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Comply with state public notification guidelines at MGL Chapter 39 Section 23B. | Dept. of Public Works | Continue to follow. |

2-2
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Give prize to a water- or environment-themed artwork in the Middle School Art Fair. | Dept. of Public Works | Prize awarded. |

2-3
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Provide in-kind assistance to river and pond clean-ups. | Dept. of Public Works | Letters sent to local group(s) on availability of assistance. |

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Conduct dry weather outfall screening. | Dept. of Public Works | Percent of outfalls screened. |

3-2
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Map stormwater outfalls and receiving waters. | Dept. of Public Works | Map created. |

3-3
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Map the stormwater collection system in a GIS. | Dept. of Public Works | GIS of stormwater system created. |

3-4
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Develop and implement a plan to identify and remove non-stormwater discharges to the MS4. | Dept. of Public Works | Number of illicit connections found and removed. |

3-5
BMP ID #

| | | |
|---|---|---|
| Develop a Water and Sewer Regulation to allow Town inspectors into a building to check for illicit connections to the storm drain. | Town Engineer and Town Attorney | Draft regulation developed and presented to Board of Selectmen. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Best Management Practice |

3-6
BMP ID #

| | | |
|---|---|---|
| Develop a Water and Sewer Regulation to make it illegal to improperly connect a sanitary sewer to the storm drain system and to dump pollutants into the system. | Town Attorney | Draft regulation developed and presented to Board of Selectmen. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

3-7
BMP ID #

| | | |
|---|---|---|
| Develop a Water and Sewer Regulation to require inspection of new construction for correct connection to the sanitary sewer. | Town Attorney | Draft regulation developed and presented to Board of Selectmen. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4. Construction Site Runoff Control:

4-1
BMP ID #

| | | |
|---|---|---|
| Require a Construction Site Erosion and Sediment Control Plan for construction sites greater than 1 acre in area. | Town Engineer | Requirement of an ESCP included in the Engineering Department Construction Standards. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4-2
BMP ID #

| | | |
|---|---|---|
| Require a waste management plan at construction sites larger than one acre. | Town Engineer | Waste management plan for each construction site larger than one acre. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4-3
BMP ID #

| | | |
|---|---|---|
| Continue to review site plans for stormwater impacts. | Town Engineer | Percent of site plans reviewed for erosion and sediment control. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4-4
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Hold a public hearing for each new construction project that disturbs more than one acre of land. | Planning Board | Public hearing held for each construction project. |

4-5
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Inspect and enforce erosion and sediment controls. | Town Inspector | Number of inspections conducted. |

5. Post Construction Runoff Control:

5-1
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Develop a draft Water and Sewer Regulation to apply Standards 2, 3, 4, and 7 of the Massachusetts Stormwater Policy (MSP) to the entire Town. Present the regulation to the Board of Selectmen. | Town Attorney | Draft regulation developed and presented to Board of Selectmen. |

5-2
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Specify a stormwater BMP manual to be used for consistent design and performance standards. | Town Engineer | BMP manual selected. |

5-3
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Develop a draft Water and Sewer Regulation that ensures long-term maintenance of structural BMPs. | Town Attorney | Draft regulation developed and presented to Board of Selectmen. |

5-4
BMP ID #

| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| Continue to allow conservation restrictions on private land. | Planning Board; Conservation Commission | Policy already developed; number of acres protected per year. |

6. Municipal Good Housekeeping:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 6-1 | Continue employee training program. | Dept. of Public Works | Number/percent of DPW employees who receive stormwater training each year. |
| 6-2 | Identify sensitive receptors (such as wetlands, beaches, etc.) within the Town. | Dept. of Public Works | List of sensitive receptors developed, staff notified. |
| 6-3 | Conduct street and parking lot sweeping. | Dept. of Public Works | All streets swept in spring; all streets swept at least one other time per year; municipally-owned parking lots swept in spring |
| 6-4 | Calibrate salt spreaders and monitor industry "smart salting" standards. | Dept. of Public Works | Amount of deicers used. |
| 6-5 | Clean all catch basins at least once every five years and clean drain pipes as necessary. | Dept. of Public Works | Number of catch basins cleaned annually. |
| 6-6 | Train staff in the proper application of herbicides, pesticides, and fertilizers. | Dept. of Public Works | Training conducted; amount of herbicides/fertilizers used. |
| 6-7 | Hold Annual Household Hazardous Waste Drop-off Day. | Board of Health | At least one household hazardous waste drop-off day held per year. |

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 6-8 | Continue proper snow disposal. | Dept. of Public Works | Continue existing practices. |
| 6-9 | Develop and implement a plan for catch basin and street sweeping residual disposal. | Dept. of Public Works | Plan developed; training held. |
| 6-10 | Evaluate the Town Yard and Transfer Station for stormwater good housekeeping practices. | Dept. of Public Works | Assessments conducted twice per year. |

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN WINCHESTER

## 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.

Brian F. Sullivan Town Manager
Printed Name

Brian F. Sullivan
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 W040467

Facility ID (if known): Town of Winchester



| | 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 | Next Permit |
| 1-1 | | | | | X | | | | X | | | | X | | | | X | | | | |
| 1-2 | | | | | — | — | — | — | — | — | — | — | Done | | | | | | | | |
| 1-3 | | | | | X | | | | X | | | | X | | | | X | | | | |
| 1-4 | | | | | | | | X | | | | X | | | | X | | | | X | |
| 1-5 | | — | — | — | X | | X | | X | | X | | X | | X | | X | | X | | |
| 1-6 | | | | | X | | | | X | | | | X | | | | X | | | | |
| 2-1 | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 2-2 | | — | — | — | X | | | | X | | | | X | | | | X | | | | |
| 2-3 | | | | X | | | | X | | | | X | | | | X | | | | X | |
| 3-1 | | | | | | | | | | | | | | | | | | — | — | — | |
| 3-2 | | — | — | — | — | — | — | — | Done | | | | | | | | | | | | |
| 3-3 | | | | | — | — | — | — | — | — | — | — | Done | | | | | | | | |
| 3-4 | | — | — | — | — | — | — | — | — | — | — | — | | | | | | | | | |
| 3-5 | | | | | — | — | — | — | — | — | — | — | Done if approved by Board of Selectmen | | | | | | | | |
| 3-6 | | | | | — | — | — | — | — | — | — | — | Done if approved by Board of Selectmen | | | | | | | | |
| 3-7 | | | | | — | — | — | — | — | — | — | — | Done if approved by Board of Selectmen | | | | | | | | |
| 4-1 | | | | | — | — | — | — | — | — | — | — | | | | | | | | | |
| 4-2 | As needed throughout permit term | | | | | | | | | | | | | | | | | | | | |
| 4-3 | | — | — | — | As needed throughout permit term | | | | | | | | | | | | | | | | |
| 4-4 | As needed throughout permit term | | | | | | | | | | | | | | | | | | | | |
| 4-5 | As needed throughout permit term | | | | | | | | | | | | | | | | | | | | |
| 5-1 | | | | | — | — | — | — | — | — | — | — | Done if approved by Board of Selectmen | | | | | | | | |
| 5-2 | | — | — | — | Done | | | | | | | | | | | | | | | | |
| 5-3 | | | | | — | — | — | — | — | — | — | — | Done if approved by Board of Selectmen | | | | | | | | |
| 6-1 | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 6-2 | | — | — | — | Done | | | | | | | | | | | | | | | | |
| 6-3 | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 6-4 | | | | X | | | | X | | | | X | | | | X | | | | X | |
| 6-5 | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 6-6 | | | | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| 6-7 | (Or once per year) | | X | | | | X | | | | X | | | | X | | | | X | | |
| 6-8 | | | | X | | | | X | | | | X | | | | X | | | | X | |
| 6-9 | | — | — | — | Done | | | | | | | | | | | | | | | | |
| 6-10 | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |