Hand-enter Your Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.slm 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

A. Permit Information

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NOI for Discharges from Small MS4s

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

B. Applicant Information – Firm or Individual

NA

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

NA

Last Name of Individual

First Name of Individual MI

Street Address

City/Town

State Zip Code Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Acton

Name of Facility, Site or Individual

472 Main Street

Street Address

Acton

City/Town

DEP Facility Number (if Known) djohnson@town.acton.ma.us

e-mail address (optional)

MA 01720 978.264.9612

State Zip Code

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

Woodard & Curran, Inc.

Name of Firm Or Individual

980 Washington Street, Suite 325

Address

Dedham

City/Town

Helen Priola

Contact Person

MA 02026 (781) 251-0200

State Zip Code Telephone # and extension NA

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 NA

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

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

NA

Check Number

EXEMPT

Dollar Amount

NA

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

tr-formW041169.doc • rev. 5/03
A. Instructions

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:

   Name
   472 Main Street
   Acton
   Massachusetts
   Telephone Number: 978-264-9612

2. Municipality Name

   Acton
   City/Town

3. Legal Status:

   - [ ] Federal
   - [x] City/Town
   - [ ] State
   - [ ] Tribal
   - [ ] Private

   - [ ] Other public entity: Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

   MA Highway (Route 2, Rte 111, Rte 2A)

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?
   - [x] yes
   - [ ] pending
   - [ ] no

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?
   - [x] yes
   - [ ] pending
   - [ ] no
C. Names of (Presently Known) Receiving Waters

<table>
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<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
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<td>Assabet River (Maynard to Powdermill Dam, Acton)</td>
<td>3</td>
<td>Yes</td>
<td>Priority organics</td>
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<td>Taste, color, and odor</td>
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<td>Noxious Aquatic Plants</td>
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<td>Specify</td>
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<td>Assabet River (Powdermill Dam, Acton to Concord)</td>
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<td>Yes</td>
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<tr>
<td>Coles Brook</td>
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<td>Nashoba Brook</td>
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<td>Conant Brook</td>
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<td>Grassy Pond Brook</td>
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<td>Fort Pond Brook</td>
<td>13</td>
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<tr>
<td>Pratts Brook</td>
<td>3</td>
<td>No</td>
<td>Specify</td>
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</tbody>
</table>

D. Stormwater Management Program Summary

1. Public Education:

   **PE-1**
   
   BMP ID #
   
   Specify Best Management Practice
   
   Board of Health/Doug Halley
   
   Responsible Dept./Person Name
   
   Y1 – Provide Financial Contribution to Partner w/ SuAsCo WCC.
   
   Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

**PE-2**
BMP ID #
Develop Public Ed.
Brochures/Flyers
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 – Prepare/Distribute Storm Water Awareness Survey
Y2 – Prepare/Distribute Storm Water Flyer to households
Reissue Storm Water Awareness Survey
Y3 – Prepare/Distribute Storm Water Flyer to businesses.
Y4 – Prepare/Publish one media release.
Y5 – Prepare/Publish one media release.
Specify Measurable Goal

**PE-3**
BMP ID #
Structural BMP Education
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y2 – Construct Kiosk at NARA constructed wetland BMP
Y3 – Identify 2 BMP locations for signs
Y4 – Install BMP signs at 2 chosen locations
Y5 – Check signs for damage
Specify Measurable Goal

**PE-4**
BMP ID #
Incorporate SW into Public Mtgs. – Provide Electronic Media Outlet
Specify Best Management Practice

IT/Mark Hall
Responsible Dept./Person Name

Y1 – Selectmen's meeting discussing SWMP to be shown live on cable and taped for future broadcast
Y5 – Create storm water video and show at one public meeting and one local cable station event
Specify Measurable Goal

2. Public Participation:

**PP-1**
BMP ID #
Partner w/ Local Org.
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 – Provide Financial Contribution to Partner w/ SuAsco.
Specify Measurable Goal

**PP-2**
BMP ID #
Place traveling display at various locations
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 thru Y5 – Place display from SuAsCo at one location throughout the year.
Specify Measurable Goal
**D. Stormwater Management Program Summary (Cont.)**

<table>
<thead>
<tr>
<th>PP-3</th>
<th>BMP ID #</th>
<th>Poster/Photo Contests</th>
<th>Recreational Dept./Nancy McShea</th>
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<tr>
<td></td>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
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<tr>
<td></td>
<td></td>
<td><strong>Y2</strong> – Hold a storm water poster contest for Youth Groups</td>
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<tr>
<td></td>
<td></td>
<td><strong>Y3</strong> – Hold a storm water photo contest for Youth groups</td>
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<td>Specify Measurable Goal</td>
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<table>
<thead>
<tr>
<th>PP-4</th>
<th>BMP ID #</th>
<th>Org. Public Mtgs/ Panels</th>
<th>Board of Health/Doug Halley</th>
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<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
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<td></td>
<td></td>
<td><strong>Y1 thru Y5</strong> – Discuss SW at one public meeting every year</td>
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<td>Specify Measurable Goal</td>
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</table>

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<thead>
<tr>
<th>PP-5</th>
<th>BMP ID #</th>
<th>Stencil Storm Drains</th>
<th>Board of Health/Doug Halley</th>
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<tr>
<td></td>
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<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
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<tr>
<td></td>
<td></td>
<td><strong>Y1.1</strong> – OAR volunteers stenciled small portion of community in 1998. (completed)</td>
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<td><strong>Y1.2</strong> – Submit Grant application for new stenciling program.</td>
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<td>Specify Measurable Goal</td>
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</table>

3. Illicit Discharge Detection and Elimination:

<table>
<thead>
<tr>
<th>ID-1</th>
<th>BMP ID #</th>
<th>Drainage Mapping</th>
<th>Board of Health/Doug Halley</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
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<tr>
<td></td>
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<td><strong>Y1</strong> – Prepare draft drainage map with watershed delineations.</td>
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<td><strong>Y2 thru Y5</strong> – Field verify and update draft map features for new construction and 25% of streets older than 1960.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Y1 thru Y5</strong> – Reassess eligibility criteria as it applies to drain map.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ID-2</th>
<th>BMP ID #</th>
<th>Develop/Implement Illicit Discharge Bylaw</th>
<th>Planning Dept./Roland Bartl &amp; Board of Health/Doug Halley</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
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<tr>
<td></td>
<td></td>
<td><strong>Y2.1</strong> – Review/analyze existing bylaws &amp; rules/ regulations</td>
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<td><strong>Y2.2</strong> – Develop bylaw if req’d</td>
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<td><strong>Y3</strong> – Continue to develop bylaw</td>
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<td><strong>Y4</strong> – Present bylaw &amp; rules/regs. for public comment</td>
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<td><strong>Y5</strong> – Bring bylaw in front of Town meeting for vote</td>
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<td></td>
<td>Specify Measurable Goal</td>
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</tbody>
</table>
D. Stormwater Management Program Summary (Cont.)

ID-3
BMP ID #
Perform Illicit Discharge Detection Campaign
Specify Best Management Practice
Board of Health/Doug Halley
Responsive Dept./Person Name
Y1 – Submit grant proposal for funding of Acton Watershed Health Protection Program to identify potential problem areas
Y2 – Conduct investigation and sampling of outfalls discharging to Assabet River (303(d) waterway)
Y3 – Conduct testing of problem areas with focus on discharges to 303(d) waters (Assabet River)
Y4 – Conduct dry weather flow testing
Y5 – Pinpoint sources of illicit discharges
Specify Measurable Goal

ID-4
BMP ID #
Correct Illicit discharges
Specify Best Management Practice
Board of Health/Doug Halley
Responsive Dept./Person Name
Y5 – Enforce bylaw to correct detected illicit discharges
Specify Measurable Goal

4. Construction Site Runoff Control:

CS-1
BMP ID #
Develop/Implement Construction Site Runoff Control Program
Specify Best Management Practice
Planning Dept./ Roland Bartl
Responsive Dept./Person Name
Y2 – Begin in-house assessment.
Y3 and Y4 – Continue Development of program.
Y5 – Present bylaw for Town Mtg. vote
Specify Measurable Goal

CS-2
BMP ID #
Develop/Implement Erosion and Sediment Control Bylaw
Specify Best Management Practice
Planning Dept./ Roland Bartl
Responsive Dept./Person Name
Y2 – Begin in-house assessment.
Y3 and Y4 – Continue Development of program.
Y5 – Present bylaw for Town Mtg. vote
Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

   **PC-1**
   BMP ID #
   Develop/Implement Post Construction Runoff Control Program
   Specify Best Management Practice
   Planning Dept./ Roland Bartl
   Responsible Dept./Person Name

   Y2 – Begin in-house assessment.
   Y3 and Y4 – Continue Development of program.
   Y5 – Present bylaw for Town Mtg. vote
   Specify Measurable Goal

6. Municipal Good Housekeeping:

   **GH-1**
   BMP ID #
   Reporting
   Specify Best Management Practice
   Board of Health/ Doug Halley
   Responsible Dept./Person Name

   Y1 – Create a method to record storm water activities for Good Housekeeping and all MCMs.
   Y1 thru Y5 – Record all storm water management activities. Reassess eligibility criteria.
   Provide yearly report as req’d in the General Permit Part II.F.
   Specify Measurable Goal

   **GH-2**
   BMP ID #
   Audit Current Town Facilities
   Specify Best Management Practice
   DPW/David Brown
   Responsible Dept./Person Name

   Y3 – Conduct an audit of the WWTF
   Y4 – Conduct an audit of the Parks, Cemetery and recreational properties
   Y5 – Conduct an audit of the DPW facilities.
   Specify Measurable Goal

   **GH-3**
   BMP ID #
   O&M Program
   Specify Best Management Practice
   DPW/David Brown
   Responsible Dept./Person Name

   Y1.1 – Create list of priority outfalls and complete 1st round of outfall cleaning
   Y1.2 – Begin tracking records for catch basins cleaned.
   Y2.1 – Revisit 25% of priority outfalls for maintenance.
   Y2.2 – Begin monitoring amount of sediment removed from catch basins.
   Y3.1 – Revisit 25% of priority outfalls for maintenance.
   Y3.2 – Refine and record catch basin street sweeping schedule for annual reporting.
   Y4 thru Y5 – Revisit 25% of priority outfalls for maintenance.
   Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

GH-4
BMP ID #
Employee training Specify Best Management Practice
DPW/David Brown Responsible Dept./Person Name
Y1 – Conduct a dept. meeting on pollution prevention
Y1 – Generate list of all prior relevant employee training activities
Y3 – Administer a good housekeeping workshop at DPW
Specify Measurable Goal

GH-5
BMP ID #
Recycling Program Specify Best Management Practice
DPW/David Brown Responsible Dept./Person Name
Y1 – Review current recycling program & determine/implement changes as needed.
Y2 thru Y5 – Continue recycling & hazardous waste collection programs
Specify Measurable Goal

7. BMPs for Meeting TMDL:

TMDL-1
BMP ID #
Check Current Impairment list Specify Best Management Practice
Board of Health/Doug Halley Responsible Dept./Person Name
Y1 – There are no completed TMDL studies for receiving waters in Acton.
Y2 thru Y5 – Check list annually to determine new implementation requirements.
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.

Don Johnson, Town Manager
Printed Name
Signature
Date 7/25/03
<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>PERMIT YEAR ONE</th>
<th>PERMIT YEAR TWO</th>
<th>PERMIT YEAR THREE</th>
<th>PERMIT YEAR FOUR</th>
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<td>Spring 03</td>
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