

Hand-enter Your Transmittal Number

1179

W W040750
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/transmittal.asp> 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

BRP WM 08A

NPDES STORMWATER GENERAL PERMIT

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

PROGRAM SUMMARY AND TIME FRAMES FOR MS4

Type of Project or Activity

B. Applicant Information - Firm or Individual

TOWN OF AYER, MA 01432

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

Last Name of Individual

First Name of Individual

MI

1 Main Street
Street Address

AYER
City/Town

MA
State

01432
Zip Code

(978) 772-8210
Telephone # and extension

Anita Hegarty
Contact Person

TA@AYER.MA.US
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

TOWN OF AYER

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

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 EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE 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

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



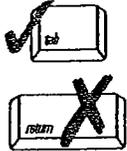
Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
 Notice of Intent for Discharges from Small Municipal Separate
 Storm Sewer Systems (MS4s)

W040750
 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 Ayer, MA 01432
 Name
1 Main Street-Town Hall
 Mailing Address
Ayer MA 01432
 City/Town State
(978) 772-8210 TA@Ayer.MA.US
 Telephone Number Email (if available)

2. Municipality Name

Town of Ayer
 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:

Town Waste Water Treatment Plant on Brook Street, Ayer, MA 01432

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



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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: Name | No. of Outfalls Number | Listed as Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No | Impairment Specify |
|----------------------------------|------------------------------|--|--|
| <u>Nashua River</u> Name | <u>5</u> Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>metals, nutrients & Turbidity</u> |
| <u>Grove Pond</u> Name | <u>210</u> Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>metals, nox, aq, plants</u> |
| <u>Plow Shop Pond</u> Name | <u>60</u> Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>metals, nox, aq, plants</u> |
| <u>James Brook</u> Name | <u>15</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Nonacoicus Brook</u> Name | <u>100</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Bennetts Brook</u> Name | <u>100</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Cold Spring Brook</u> Name | <u>5</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Willow Brook</u> Name | <u>30</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Pine Meadow Pond</u> Name | <u>20</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Long Pond</u> Name | <u>1</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Sandy Pond</u> Name | <u>110</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Flannagan Pond</u> Name | <u>210</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| <u>Balch Pond</u> Name | <u>40</u> 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 _____ |



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Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
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Storm Sewer Systems (MS4s)

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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

| | | | |
|------------------------|---|--|--|
| <u>Pe1</u> BMP ID # | <u>Develop Educational Materials</u> Specify Best Management Practice | <u>SWSC</u> Responsible Dept./Person Name | <u>March 04</u> Specify Measurable Goal |
| <u>Pe2</u> BMP ID # | <u>Develop/start Cable TV ed. spots</u> Specify Best Management Practice | <u>SWSC</u> Responsible Dept./Person Name | <u>March 05</u> Specify Measurable Goal |
| <u>Pe3</u> BMP ID # | <u>Storm Draw. Stenciling</u> Specify Best Management Practice | <u>DPW</u> Responsible Dept./Person Name | <u>May 06</u> Specify Measurable Goal |
| <u>Pe4</u> BMP ID # | <u>Homeowner Lawncare wkshs.</u> Specify Best Management Practice | <u>SWSC/DPW</u> Responsible Dept./Person Name | <u>May 07</u> Specify Measurable Goal |
| <u>Pe5</u> BMP ID # | <u>Educational Displays Town Events</u> Specify Best Management Practice | <u>SWSC/DPW</u> Responsible Dept./Person Name | <u>May 08</u> Specify Measurable Goal |

2. Public Participation:

| | | | |
|------------------------|---|---|---|
| <u>PP1</u> BMP ID # | <u>Establish Storm Water Steering Committee</u> Specify Best Management Practice | <u>SWSC/Selectmen</u> Responsible Dept./Person Name | <u>1st Coordination Meeting in November 03</u> Specify Measurable Goal |
| <u>PP2</u> BMP ID # | <u>Hold Public Meetings</u> Specify Best Management Practice | <u>SWSC/DPW</u> Responsible Dept./Person Name | <u>2 Meetings in 2004</u> Specify Measurable Goal |
| <u>PP3</u> BMP ID # | <u>begin annual roadside cleanups</u> Specify Best Management Practice | <u>DPW/SWSC</u> Responsible Dept./Person Name | <u>April 05</u> Specify Measurable Goal |
| <u>PP4</u> BMP ID # | <u>Establish neighborhood watch groups</u> Specify Best Management Practice | <u>DPW/SWSC</u> Responsible Dept./Person Name | <u>April 06</u> Specify Measurable Goal |
| <u>PP4</u> BMP ID # | <u>reforestation</u> Specify Best Management Practice | <u>Conservation Com.</u> Responsible Dept./Person Name | <u>April 07</u> Specify Measurable Goal |



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

| | | |
|---|--|--|
| <p>ID1 BMP ID # Develop Draw System map Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p>complete map by March 05 Specify Measurable Goal</p> |
| <p>ID2 BMP ID # Begin ID of illicit discharges Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p># of inspections by November 05 Specify Measurable Goal</p> |
| <p>ID3 BMP ID # Reduce illegal dumping Specify Best Management Practice</p> | <p>BOH/DPW Responsible Dept./Person Name</p> | <p># of flyers/brochures distributed by Apr 06 Specify Measurable Goal</p> |
| <p>ID4 BMP ID # Cost of illicit discharges Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p># of inspections in 2006 Specify Measurable Goal</p> |
| <p>ID5 BMP ID # Eliminate wastewater connections to storm drains Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p># of rerouted connections in 2007 Specify Measurable Goal</p> |

4. Construction Site Runoff Control:

| | | |
|--|--|---|
| <p>CRC1 BMP ID # Establish water quality benchmarks Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p>Develop score sheet 1st round of samples Specify Measurable Goal by May 04</p> |
| <p>CRC2 BMP ID # Develop site inspection criteria Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p>May 05 Specify Measurable Goal</p> |
| <p>CRC3 BMP ID # Staff training on inspections Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p>Dec. 05 Specify Measurable Goal</p> |
| <p>CRC4 BMP ID # Maximum Compliance Specify Best Management Practice</p> | <p>DPW Responsible Dept./Person Name</p> | <p>Dec. 06 Specify Measurable Goal</p> |
| <p>BMP ID # Specify Best Management Practice</p> | <p>Responsible Dept./Person Name</p> | <p>Specify Measurable Goal</p> |



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BRP WM 08A NPDES Stormwater General Permit Application Completeness List

Application Completeness List

- The applicant has obtained a copy of the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems from U.S. EPA Region I. The web address is <http://www.epa.gov/nel/npdes/stormwater/index.html>.
- The applicant has submitted complete information for all BRP WM 08 A forms including the Notice of Intent, and Time Frame form.
- An official has signed the certification statement, which for municipalities, should be a principal executive officer or ranking elected official.
- The DEP Transmittal Form is completed.
- The applicant has also submitted a Notice of Intent with EPA to obtain coverage under the permit. The information provided by the applicant on DEP's BRP WM 08A forms will be accepted by EPA as their Notice of Intent, if all signatures are original.

To submit the General Permit Notice of Intent package:

- Checklist items have been completed.
- Send one copy of the BRP WM 08A package along with one copy of the DEP Transmittal Form to:

EPA address
→

Department of Environmental Protection
Office of Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608

If applicants are fee exempt, a copy of the DEP Transmittal Form must be sent to the address above.

- Send fee (if applicable) of: *No \$ needed!*

\$60 for BRP WM 08A, in the form of check or money order made payable to "Commonwealth of Massachusetts", along with one copy of the DEP Transmittal Form to:

DEP address
→

Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211

- Keep a copy of the transmittal form and General Permit Notice of Intent package for your records.

For further information or questions please contact Ginny Scarlet, Ginny.Scarlet@state.ma.us (1-508-767-2797) or Linda Domizio, Linda.Domizio@state.ma.us (1-508-849-4005).