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Hand-enter Your Transmittal Number →

W 041280

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** *FAC 5618 RO 384812*

BRP WM 08A NPDES Stormwater General Permit  
 Permit Code: 7 or 8 character code from permit instructions Name of Permit Category

Notice of Intent  
 Type of Project or Activity

**B. Applicant Information - Firm or Individual**

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

Last Name of Individual First Name of Individual MI  
 314 The Great Road

Street Address  
 Bedford MA 01730 781 275-7605  
 City/Town State Zip Code Telephone # and extension

Adrienne St. John adrienne@town.bedford.ma.us  
 Contact Person e-mail address (optional)

**C. Facility, Site or Individual Requiring Approval**

Town of Bedford  
 Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)  
 314 Great Road

Street Address  
 Bedford e-mail address (optional)  
 City/Town MA 01730 781 275-7605  
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 EOEPA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEPA 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 \_\_\_\_\_ 7/30/03  
 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

# COPY



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

**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:

Adrienne St. John  
Name  
314 Great Road  
Mailing Address  
Bedford  
City/Town  
781 275-7605  
Telephone Number  
MA  
State  
adrienne@town.bedford.ma.us  
Email (if available)

2. Municipality Name

Bedford  
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



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Facility ID (if known)

**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:	No. of Outfalls	Listed as Impaired?	Impairment
Concord River Name	6 est. Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	metals, nutrients Specify
Shawsheen River Name	31 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	unk. toxicity, low DO, pathogens, metals Specify
Elm Brook Name	11 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens, turbidity Specify
Vine Brook Name	17 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
Beaver Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spring Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mongo Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Peppergrass Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fawn Lake Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants Specify
Tributary to Mill Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland from Town Forest Name	7 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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

Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1-1</u> BMP ID #	<u>Stormwater flyer to residents</u> Specify Best Management Practice	<u>DPW, SuAsCo</u> Responsible Dept./Person Name	<u>distribute to 75% of residents</u> Specify Measurable Goal
<u>1-2</u> BMP ID #	<u>Education program to 5<sup>th</sup> graders</u>	<u>DPW, SuAsCo, Bedford Schools</u>	<u>teach in 1 5<sup>th</sup> grade class</u> Specify Measurable Goal
<u>1-3</u> BMP ID #	<u>Develop website link</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>have in place by 7/05</u> Specify Measurable Goal
<u>1-4</u> BMP ID #	<u>Stormwater flyer to businesses</u> Specify Best Management Practice	<u>DPW, SuAsCo, Chamber of Commerce</u>	<u>distribute to 50% of businesses</u>
<u>1-5</u> BMP ID #	<u>Stormwater info video</u> Specify Best Management Practice	<u>DPW, SuAsCo</u> Responsible Dept./Person Name	<u>show video at public meetings and on local cable station</u>

2. Public Participation:

<u>2-1</u> BMP ID #	<u>Stormwater Display</u> Specify Best Management Practice	<u>DPW, SuAsCo</u> Responsible Dept./Person Name	<u>3 mos. at library, Town Hall, schools</u>
<u>2-2</u> BMP ID #	<u>Local Stormwater Committee</u> Specify Best Management Practice	<u>Selectmen, Cons. Comm, DPW, Planning Board</u>	<u>form committee by 12/04</u> Specify Measurable Goal
<u>2-3</u> BMP ID #	<u>Local Stormwater Meetings</u> Specify Best Management Practice	<u>SW Committee</u> Responsible Dept./Person Name	<u>meet 3x/year</u> Specify Measurable Goal
<u>2-4</u> BMP ID #	<u>Attend Stormwater Summit</u> Specify Best Management Practice	<u>SW Committee</u> Responsible Dept./Person Name	<u>share information, distribute "self Test"</u>
<u>        </u> BMP ID #	<u>        </u> Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal



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Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Purchase GPS equipment</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>in place by 7/04</u> Specify Measurable Goal
<u>3-2</u> BMP ID #	<u>Map SW outlets &gt;8"</u> Specify Best Management Practice	<u>DPW, MRWC</u> Responsible Dept./Person Name	<u>75% capture rate</u> Specify Measurable Goal
<u>3-3</u> BMP ID #	<u>Identify critical resources</u> Specify Best Management Practice	<u>DPW, Conservation Comm.</u> Responsible Dept./Person Name	<u>map, notify abutters, develop BMP's</u>
<u>3-4</u> BMP ID #	<u>Perform water quality testing</u> Specify Best Management Practice	<u>DPW, MRWC</u> Responsible Dept./Person Name	<u>3 sites - residential, municipal, commercial, industrial</u>
<u>3-5</u> BMP ID #	<u>Local bylaw prohibiting illicit discharge to storm system</u>	<u>Selectmen, DPW, Planning</u> Responsible Dept./Person Name	<u>In place by 7/06</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Develop awareness of construction site issues</u>	<u>DPW, Cons. Comm, Code Enforcement</u>	<u>write guidelines, distribute to all builders with permit</u>
<u>4-2</u> BMP ID #	<u>Control construction site waste</u> Specify Best Management Practice	<u>Code Enforcement, Cons. Comm., DPW</u>	<u>reduce litter, erosion, dust, sediment on adjacent streets</u>
<u>4-3</u> BMP ID #	<u>Require ESC plans for disturbances &gt; 5,000 s.f.</u>	<u>Code Enforcement, Cons. Comm., DPW</u>	<u>draft bylaw by 7/07</u> Specify Measurable Goal
<u>4-4</u> BMP ID #	<u>Develop O&amp;M plan for existing Town owned systems</u>	<u>DPW</u> Responsible Dept./Person Name	<u>in place by 7/08</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>



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

3-2

BMP ID #

Map SW outlets

Specify Best Management Practice

DPW, MRWC

Responsible Dept./Person Name

75% capture rate

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

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

4. Construction Site Runoff Control:

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

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



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**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #		
→ Develop bylaws to address stormwater impacts	Selectmen, Planning, Cons. Comm., DPW, SW Committee	in place by 12/05 Specify Measurable Goal
<u>5-2</u> BMP ID #		
Promote infiltration in new developments	Planning, DPW, Cons. Comm. Responsible Dept./Person Name	no increase in flooding levels or locations
<u>5-3</u> BMP ID #		
Expand grass plots, reduce pavement widths	DPW, Planning, SW Comm. Responsible Dept./Person Name	improve infiltration Specify Measurable Goal
<u>5-4</u> BMP ID #		
Research rain barrels Specify Best Management Practice	SW Committee Responsible Dept./Person Name	distribute to 10 households for pilot program
<u>        </u> BMP ID #		
<u>        </u> Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal

6. Municipal Good Housekeeping:

*1. Training*

<u>6-1</u> BMP ID #		
Street sweeping, CB cleaning Specify Best Management Practice	DPW Responsible Dept./Person Name	2x per year in critical areas Specify Measurable Goal
<u>6-2</u> BMP ID #		
Inspect older sewer mains Specify Best Management Practice	DPW, MWRA Responsible Dept./Person Name	TV 1 mile per year Specify Measurable Goal
<u>6-3</u> BMP ID #		
Promote/use alternative fertilizers and pesticides	Cons. Comm., DPW Responsible Dept./Person Name	reduce nitrogen loading Specify Measurable Goal
<u>6-4</u> BMP ID #		
Develop spill prevention plan Specify Best Management Practice	Fire Dept, DPW, DEP Responsible Dept./Person Name	purchase spill control equipment
<u>6-5</u> BMP ID #		
Site better snow dump Specify Best Management Practice	DPW, Cons. Comm. Responsible Dept./Person Name	locate appropriate site by 12/05



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**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

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

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

**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.

Richard Reed, Town Administrator

Printed Name

Signature

7/30/03

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**

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit										
	Spring 03	Summer 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	
1/1		X																		X	
1/2						X															X
1/3							X														
1/4										X											
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