

1074

W041153
Transmittal Number

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

Facility ID (if known)

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:

Peter Castanino, Director of Public Works

Name

Town of Belmont Department of Public Works, 40 Prince Street

Mailing Address

Belmont

City/Town

(617) 489-7171

Telephone Number

MA

State

pcastanino@town.belmont.ma.us

Email (if available)

2. Municipality Name

Town of Belmont

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:

U.S. Route 2

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

See Attachment A for Eligibility Information

Department of Environmental Protection
 Resource Protection - Watershed Management
WM 08A NPDES Stormwater General Permit
Permit for Discharges from Small Municipal Separate
Wastewater Systems (MS4s)

W041153
 Transmittal Number

Facility ID (if known)

Important Information (cont.)

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
 See Attachment A for Eligibility Information

Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Little Pond (#1-7) Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Claypit Pond (#8-14) Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Noxious aquatic plants
Mill Pond (#15-17) Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Duck Pond (#18) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Brook (#19-22) Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Beaver Br. (#23-26) Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
unnamed Trib. to Spy Pond (#27) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
unnamed Trib. to Blair Pond #28) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
unnamed streams (#29-34) Name	6 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

Department of Environmental Protection
 Resource Protection - Watershed Management
WM 08A NPDES Stormwater General Permit
 Permit for Discharges from Small Municipal Separate
 Sewerage Systems (MS4s)

W041153
 Transmittal Number

Facility ID (if known)

Best Management Program Summary

Location:

Stormwater Management Web Page on Web Page	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Stormwater Management Practice		
Information on Town Hall Boards	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Stormwater Management Practice		
Stormwater Educational Flyers Community Newsletter	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Stormwater Management Practice		
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Public Participation:		
BMP ID #		
Public Review of Town's Stormwater Management Program	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Specify Best Management Practice		
BMP ID #		
A-B-C Stormwater Flooding Board to Address Issues in the Little River & Alewife Brook Areas	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Specify Best Management Practice		
BMP ID #		
Sponsor Storm Drain Stenciling Program	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Specify Best Management Practice		
BMP ID #		
Conduct Attitude Surveys	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
Specify Best Management Practice		

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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # <u>Outfall Location Map</u> Specify Best Management Practice	<u>See Attachment B</u> Responsible Dept./Person Name	<u>See Attachment B</u> Specify Measurable Goal
<u>3-2</u> BMP ID # <u>Develop & Adopt a Stormwater By-Law</u> Specify Best Management Practice	<u>See Attachment B</u> Responsible Dept./Person Name	<u>See Attachment A</u> Specify Measurable Goal
<u>3-3</u> BMP ID # <u>Implement an Illicit Discharge Detection & Elimination Plan</u> Specify Best Management Practice	<u>See Attachment B</u> Responsible Dept./Person Name	<u>See Attachment B</u> Specify Measurable Goal
<u>3-4</u> BMP ID # <u>Conduct Infiltration/Inflow Removal from Sanitary Sewer System</u> Specify Best Management Practice	<u>See Attachment B</u> Responsible Dept./Person Name	<u>See Attachment B</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID # <u>Construction Site Inspection and Enforcement</u> Specify Best Management Practice	<u>See Attachment B</u> Responsible Dept./Person Name	<u>See Attachment B</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1

BMP ID #

Update Site Plan Review
Process

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Training Program for Belmont
DPW Staff

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-2

BMP ID #

Catch Basin Cleaning
Program

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-3

BMP ID #

Street Sweeping Program

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-4

BMP ID #

Vehicle & Equipment
Maintenance and Cleaning
Program

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-5

BMP ID #

Landscaping and Lawn Care

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-6

BMP ID #

Road Salt Application and
Storage

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal

6-7

BMP ID #

Hazardous Material Storage

Specify Best Management Practice

See Attachment B

Responsible Dept./Person Name

See Attachment B

Specify Measurable Goal



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)

W041153
 Transmittal Number

 Facility ID (if known)

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

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.

Melvin A. Kleckner, Town Administrator

 Printed Name

 Signature

 Date
 10/9/2003

Hand-enter Your Transmittal Number

W 041153

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

A. Permit Information

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit

Name of Permit Category

Best Management Practices for Stormwater Management Program

Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Belmont Department of Public Works

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

Last Name of Individual

First Name of Individual

MI

40 Prince Street

Street Address

Belmont

MA

02478

617-489-7171

City/Town

State

Zip Code

Telephone # and extension

Peter Castanino, Director DPW

pcastanino@town.belmont.ma.us

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Belmont MS4

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

e-mail address (optional)

Belmont

MA

02478

617-489-7171

City/Town

State

Zip Code

Telephone # and extension

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

Fay, Spofford & Thorndike

Name of Firm Or Individual

5 Burlington Woods

Address

Burlington

MA

01803

781-221-1000

City/Town

State

Zip Code

Telephone # and extension

Sharon T. Raymond, P.E.

Contact Person

LSP Number (21E only)

Permit - Project Coordination

Is project subject to MEPA review? yes no If yes, enter the project's EOE file number _____

Is an Environmental Notification Form assigned when an Environmental Notification Form is submitted to the MEPA unit: yes no EOE file number _____

Is this application part of a larger project for which two or more DEP permits are being or will be sought? yes no

Other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted
-----------------	--	--

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

