Massachusetts Department of Environmental Protection
Transmittal Form for Permit Application and Payment

A. Permit Information

WM08a
Permit Code: 7 or 8 character code from permit instructions
NPDES Stormwater General Permit Notice of Intent
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Canton
Name of Firm - Or, if party needing this approval is an individual enter name below:
Trotta
Last Name of Individual
801 Washington Street
Street Address
Canton
City/Town
MA 02021 781-821-5023
State Zip Code Telephone # and extension
mtrotta@town.canton.ma.us e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Canton
Name of Facility, Site or Individual
801 Washington Street
Street Address
Canton
City/Town

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

Vollmer Associates LLP
Name of Firm Or Individual
38 Chauncy Street
Address

E. Permit - Project Coordination

Is this project subject to MEPA review? □ yes ☒ no If yes, enter the project's EOA file number assigned when an Environmental Notification Form is submitted to the MEPA unit: ____________________________
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 4082, Boston, MA 02211
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:

   Mike Trotta, Superintendent of Public Works
   Name
   801 Washington Street
   Mailing Address
   Canton
   City/Town
   781-821-5023
   Telephone Number
   mtrotta@town.canton.ma.us
   Email (if available)

2. Municipality Name

   Town of Canton
   City/Town

3. Legal Status:

   ☒ City/Town
   ☐ State
   ☐ Tribal
   ☐ Private

   ☐ Other public entity: Specify Public Entity

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

   MassHighway, Boston Medical Schools, MDC Golf Course, MBTA

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
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

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neponset River, MA73-02_2002</td>
<td>3</td>
<td>☑ Yes ☐ No</td>
<td>P. Organ., Met., Low DO., Tur, Path., O&amp;G, Ob. Deposit</td>
</tr>
<tr>
<td>East Branch</td>
<td>5</td>
<td>☑ Yes ☐ No</td>
<td>Met., LowDO, Thermal, Flow, Path., Cause Unknown</td>
</tr>
<tr>
<td>Massapoag Brook</td>
<td>4</td>
<td>☑ Yes ☐ No</td>
<td>Cause Unknown, Nutrients</td>
</tr>
<tr>
<td>Pequitt Brook</td>
<td>4</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Bolivar Pond</td>
<td>6</td>
<td>☑ Yes ☐ No</td>
<td>Organ Enrich Low Do, Pathogens</td>
</tr>
<tr>
<td>Forge Pond</td>
<td>2</td>
<td>☑ Yes ☐ No</td>
<td>Turbidity, Exotic Species (non-Pollutant)</td>
</tr>
<tr>
<td>Beaver Meadow Brook</td>
<td>4</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Shephard Pond</td>
<td>2</td>
<td>☑ Yes ☐ No</td>
<td>Organic Enrichment Low DO, Pathogens</td>
</tr>
<tr>
<td>Steep Hill Brook</td>
<td>8</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Reservoir Pond</td>
<td>2</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>York Brook</td>
<td>0</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Glen Echo Pond</td>
<td>0</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Muddy Pond</td>
<td>8</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Pecunut Brook</td>
<td>6</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Ponkapoag Brook</td>
<td>1</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Ponkapoag Pond</td>
<td>2</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Fowl Meadow</td>
<td></td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
</tbody>
</table>

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D. Stormwater Management Program Summary

1. Public Education:
   
<table>
<thead>
<tr>
<th>BMP ID</th>
<th>BMP ID</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1</td>
<td></td>
<td>Public Works</td>
<td>Educate the Public Via Sewer &amp; Water Bills</td>
</tr>
<tr>
<td>1-2</td>
<td></td>
<td>Public Works</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td>1-3</td>
<td></td>
<td>Con. Corn</td>
<td>Inform the Public</td>
</tr>
<tr>
<td>1-4</td>
<td></td>
<td>SWC</td>
<td>Ensure Ongoing Public Education</td>
</tr>
<tr>
<td>1-5</td>
<td></td>
<td>SWC</td>
<td>Educate the Younger Public</td>
</tr>
</tbody>
</table>

2. Public Participation:
   
<table>
<thead>
<tr>
<th>BMP ID</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1</td>
<td>SWC</td>
<td>Involve Local People in the Development of the SWMP</td>
</tr>
<tr>
<td>2-2</td>
<td>SWC</td>
<td>Public Aids in SW Education</td>
</tr>
<tr>
<td>2-3</td>
<td>Public Works</td>
<td>Review and Oversee Stormwater Issues</td>
</tr>
<tr>
<td>2-4</td>
<td>TC/SWC</td>
<td>Local Involvement in SWMP Creation</td>
</tr>
<tr>
<td>2-5</td>
<td>Specify Best Management Practice</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>
3. Illicit Discharge Detection and Elimination:

- **3-1**
  - BMP ID #
  - Create a Drainage Map
  - Specify Best Management Practice
- **3-2**
  - BMP ID #
  - Adopt an Illicit Discharge By-Law
- **3-3**
  - BMP ID #
  - Enforcement of By-Law
  - Specify Best Management Practice
- **3-4**
  - BMP ID #
  - Train Staff & SWC in Outfall Inspection
- **3-5**
  - BMP ID #
  - Provide Dry Weather Inspections to Outfalls

Public Works
- Responsible Dept./Person Name
- Specify Measurable Goal

Map MS4
- Responsible Dept./Person Name
- Town Adopts By-Law
- Specify Measurable Goal

Public Works
- Responsible Dept./Person Name
- Discourage Violations
- Specify Measurable Goal

TC
- Responsible Dept./Person Name
- Develop Inspection Program
- Specify Measurable Goal

SWC, TC & DPW
- Responsible Dept./Person Name
- Detect Illicit Discharges
- Specify Measurable Goal

4. Construction Site Runoff Control:

- **4-1**
  - BMP ID #
  - Draft an Erosion/Sediment control By-Law
- **4-2**
  - BMP ID #
  - Procedures for Proper erosion and sediment Control
- **4-3**
  - BMP ID #
  - Requirements and Procedures for Site Waste
- **4-4**
  - BMP ID #
  - Procedures for site plan review
- **4-5**
  - BMP ID #
  - Procedures for enforcement
  - Specify Best Management Practice

Con. Com
- Responsible Dept./Person Name
- Adopt By-Law
- Specify Measurable Goal
- Construction Activity
- Specify Measurable Goal
- Construction Activity
- Specify Measurable Goal
- Construction Activity
- Specify Measurable Goal
- Discourage Violations
- Specify Measurable Goal
### D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Activity</th>
<th>Responsible Dept./Person Name</th>
<th>Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-1</td>
<td>Adopt Stormwater Management Policy</td>
<td>Water &amp; Sewer Department</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td>5-2</td>
<td>Procedures for review of Stormwater BMP's</td>
<td>Water &amp; Sewer Department</td>
<td>Ensure Proper BMP's are in place</td>
</tr>
<tr>
<td>5-3</td>
<td>Procedures for Longterm Operation &amp; Maintenance</td>
<td>Water &amp; Sewer Department</td>
<td>Ensure Longevity of BMP's</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Activity</th>
<th>Responsible Dept./Person Name</th>
<th>Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-4</td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

6. Municipal Good Housekeeping:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Activity</th>
<th>Responsible Dept./Person Name</th>
<th>Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-1</td>
<td>Catch Basin Cleaning Program</td>
<td>Highway Department</td>
<td>Prevent Sedimentation Entering MS4</td>
</tr>
<tr>
<td>6-2</td>
<td>Street Sweeping Program</td>
<td>Highway Department</td>
<td>Prevent Sedimentation Entering MS4</td>
</tr>
<tr>
<td>6-3</td>
<td>Specify Best Management Practice</td>
<td>Highway Department</td>
<td>Prevent Leachate Entering MS4</td>
</tr>
<tr>
<td>6-4</td>
<td>Procedures for Housing Salts &amp; Hazardous Materials</td>
<td>Highway Department</td>
<td>Prevent Leachate Entering MS4</td>
</tr>
<tr>
<td>6-5</td>
<td>Procedures for Handling CB Cleanings</td>
<td>Highway Department</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td>6-6</td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Activity</th>
<th>Responsible Dept./Person Name</th>
<th>Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-7</td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>
D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7-1
BMP ID #
Identify Category 5 Outfalls Specify Best Management Practice
Water & Sewer Department Responsible Dept./Person Name Identify Cat. 5 Inspection Points
7-2
BMP ID #
Water Quality Testing at Outfalls
Water & Sewer Department Responsible Dept./Person Name Identify Pollutants Specify Measurable Goal
7-3
BMP ID #
Identify Illicit Discharge Source Specify Best Management Practice
Water & Sewer Department Responsible Dept./Person Name Detect Source Specify Measurable Goal
7-4
BMP ID #
Eliminate Pollutant Discharge Specify Best Management Practice
DPW Director Responsible Dept./Person Name Enforce Illicit Discharge By-Law 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.

[Signature]

William T. Friel
Printed Name

10/7/03
Date

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