



# Hand-enter Your Transmittal Number

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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

WM08a

Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit Notice of Intent

Type of Project or Activity

Water Management

Name of Permit Category

### 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

Mike

Last Name of Individual

First Name of Individual

MI

801 Washington Street

Street Address

Canton

MA

02021

781-821-5023

City/Town

State

Zip Code

Telephone # and extension

Same

Contact Person

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

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA

02021

781-821-5023

State

Zip Code

Telephone # and extension

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

Vollmer Associates LLP

Name of Firm Or Individual

38 Chauncy Street

Address

Boston

City/Town

MA

02111

617-451-0044

State

Zip Code

Telephone # and extension

Jamie Shores

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



**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:

Mike Trotta, Superintendent of Public Works

Name

801 Washington Street

Mailing Address

Canton

City/Town

781-821-5023

Telephone Number

MA

State

mtrotta@town.canton.ma.us

Email (if available)

2. Municipality Name

Town of Canton

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:

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



**BRP WM 08A NPDES Stormwater General Permit**

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

**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
Neponset River, MA73-01_2002	0 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	P. Organ.,Met.,Nut.,Silt,Low DO, Path.,SS, Nox.,Tur.
Neponset River, MA73-02_2002	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	P. Organ.,Met.,Low DO.,Tur, Path., O&G, Ob. Deposit
East Branch Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met.,LowDO,Thermal,Flow,P ath.,Cause Unknown
Massapoag Brook Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cause Unknown, Nutrients Specify
Pequit Brook Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organ Enrich Low Do, Pathogens
Bolivar Pond Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turbidity, Exotic Species (non-Pollutant)
Forge Pond Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turbidity Specify
Beaver Meadow Brook Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organ Enrichment Low DO, Pathogens
Shephard Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Steep Hill Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Reservoir Pond Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
York Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Glen Echo Pond Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Muddy Pond Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pecunit Brook Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ponkapoag Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ponkapoag Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fowl Meadow Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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**D. Stormwater Management Program Summary**

1. Public Education:

1-1 BMP ID # Design and Distribute Brochures	Public Works Responsible Dept./Person Name	Educate the Public Via Sewer & Water Bills
1-2 BMP ID # Air Stormwater Information on Local CA/TV Station	Public Works Responsible Dept./Person Name	Educate the Public Specify Measurable Goal
1-3 BMP ID # Form a Stormwater Committee (SWC)	Con. Com Responsible Dept./Person Name	Inform the Public Specify Measurable Goal
1-4 BMP ID # Label Storm Drains Specify Best Management Practice	SWC Responsible Dept./Person Name	Ensure Ongoing Public Education
1-5 BMP ID # High School Education Specify Best Management Practice	SWC Responsible Dept./Person Name	Educate the Younger Public Specify Measurable Goal

2. Public Participation:

2-1 BMP ID # Enlist Local Citizens to the SWC	SWC Responsible Dept./Person Name	Involve Local People in the Development of the SWMP
2-2 BMP ID # Enlist Local Groups to Label Storm Drains	SWC Responsible Dept./Person Name	Public Aids in SW Education Specify Measurable Goal
2-3 BMP ID # Form a Technical Committee (T/C)	Public Works Responsible Dept./Person Name	Review and Oversee Stormwater Issues
2-4 BMP ID # Review and Comment on the General Permit	TC/SWC Responsible Dept./Person Name	Local Involvement in SWMP Creation
2-5 BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
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**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #		
<u>Create a Drainage Map</u> Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Map MS4</u> Specify Measurable Goal
<u>3-2</u> BMP ID #		
<u>Adopt an Illicit Discharge By-Law</u>	<u>Public Works</u> Responsible Dept./Person Name	<u>Town Adopts By-Law</u> Specify Measurable Goal
<u>3-3</u> BMP ID #		
<u>Enforcement of By-Law</u> Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Discourage Violations</u> Specify Measurable Goal
<u>3-4</u> BMP ID #		
<u>Train Staff &amp; SWC in Outfall Inspection</u>	<u>TC</u> Responsible Dept./Person Name	<u>Develop Inspection Program</u> Specify Measurable Goal
<u>3-5</u> BMP ID #		
<u>Provide Dry Weather Inspections to Outfalls</u>	<u>SWC, TC &amp; DPW</u> Responsible Dept./Person Name	<u>Detect Illicit Discharges</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #		
<u>Draft an Erosion/Sediment control By-Law</u>	<u>Con. Com</u> Responsible Dept./Person Name	<u>Adopt By-Law</u> Specify Measurable Goal
<u>4-2</u> BMP ID #		
<u>Proceedures for Proper erosion and sediment Control</u>	<u>Con. Com</u> Responsible Dept./Person Name	<u>Construction Activity</u> Specify Measurable Goal
<u>4-3</u> BMP ID #		
<u>Requirements and Proceedures for Site Waste</u>	<u>Con. Com</u> Responsible Dept./Person Name	<u>Construction Activity</u> Specify Measurable Goal
<u>4-4</u> BMP ID #		
<u>Proceedures for site plan review</u>	<u>Con. Com.</u> Responsible Dept./Person Name	<u>Construction Activity</u> Specify Measurable Goal
<u>4-5</u> BMP ID #		
<u>Proceedures for enforcement</u> Specify Best Management Practice	<u>Con. Com</u> Responsible Dept./Person Name	<u>Discourage Violations</u> Specify Measurable Goal



**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.)**

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Water &amp; Sewer Department</u> Responsible Dept./Person Name	<u>Town Adopt By-Law</u> Specify Measurable Goal
<u>Adopt Stormwater Management Policy</u>		
<u>5-2</u> BMP ID #	<u>Water &amp; Sewer Department</u> Responsible Dept./Person Name	<u>Ensure Proper BMP's are in place</u>
<u>Proceedures for review of Stormwater BMP's</u>		
<u>5-3</u> BMP ID #	<u>Water &amp; Sewer Department</u> Responsible Dept./Person Name	<u>Ensure Longevity of BMP's</u> Specify Measurable Goal
<u>Proceedures for Longterm Operation &amp; Maintanence</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Prevent Sedimentation Entering MS4</u>
<u>Catch Basin Cleaning Program</u>		
<u>6-2</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Prevent Sedimentation Entering MS4</u>
<u>Street Sweeping Program</u> Specify Best Management Practice		
<u>6-3</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Prevent Leachate Entering MS4</u>
<u>Proceedures for Housing Salts &amp; Hazerdous Materials</u>		
<u>6-4</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Prevent Leachate Entering MS4</u>
<u>Proceedures for Handeling CB Cleanings</u>		
<u>6-5</u> BMP ID #	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	



MAR041031  
REC'D - 15 OCT 03

W036262  
Transmittal Number

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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 (cont.)**

7. BMPs for Meeting TMDL:

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

**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.

William T. Friel

Printed Name

William T. Friel

Signature

10/7/03  
Date

