



Hand-enter Your Transmittal Number

MAR 04 11 00  
→ W036476

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Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

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

#### Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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

<b>For DEP Use Only</b>
Permit No. _____
Rec'd Date _____
Reviewer _____

#### A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A <i>Transmittal # W036476</i>
Name of Permit Category: NPDES STORMWATER GENERAL PERMIT
Type of Project or Activity: MS4

#### B. Applicant Information (Firm or Individual)

Name of Firm: TOWN OF CHARLTON		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI

Street Address 37 MAIN STREET			
City/Town CHARLTON	State MA	Zip Code 01507	Telephone Number (508) 248-2200 ext.
Contact: JILL MYERS		e-mail address (optional)	

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

Name of Facility, Site or Individual		DEP Facility Number (if Known)	
Street Address		e-mail address: (optional)	
City/Town	State	Zip Code	Telephone Number ( ) ext.

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

Name of Individual or Firm:			
Address			
City/Town	State	Zip Code	Telephone Number ( )
Contact:		LSP Number (21E only)	

MUNICIPAL ASSISTANCE UNIT  
AUG 04 2003

#### E. Permit - Project Coordination

Is this project subject to MEPA review?  yes  no  
 If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)  
 EOE # \_\_\_\_\_ 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 Number (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 #:	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		



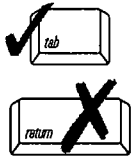
Massachusetts Department of Environmental Protection  
 Bureau of Resource Protection - Watershed Management  
**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate**  
**Storm Sewer Systems (MS4s)**

W036476  
 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 ADMINISTRATOR/ JILL MYERS

37 MAIN STREET

CHARLTON

City/Town

508-248-2200

Telephone Number

MA

State

Email (if available)

2. Municipality Name

CHARLTON

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:

RTE.20 AND RTE. 169

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

MUNICIPAL ASSISTANCE UNIT  
 AUG 04 2003



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

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
<u>GRANITE RESERVOIR</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2200 NOXIOUS AQUATIC PLANTS</u>
<u>GLEN ECHO LAKE</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2200 NOXIOUS AQUATIC PLANTS</u>
_____ 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
_____ 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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\_\_\_\_\_  
Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1A</u>		
BMP ID #		
<u>PUBLIC ED. FOR RESIDENTS</u>	<u>BOARD OF SELECTMEN/JILL MYERS</u>	<u>ANNUAL ARTICLE IN CHARLTON GAZETTE</u>
<u>1B</u>		
BMP ID #		
<u>STORMWATER ED. FOR STUDENTS</u>	<u>BOARD OF SELECTMEN/JILL MYERS</u>	<u>POSTERS IN PUBLIC SCHOOLS W/PERMISSION</u>
<u>3A</u>		
BMP ID #		
<u>PUBLIC ED. COMMUNITY REACHOUT</u>	<u>BOARD OF SELECTMEN/JILL MYERS</u>	<u>CHARLTON WEBSITE INFO</u> Specify Measurable Goal
<u>4A</u>		
BMP ID #		
<u>STORMWATER ED. SURVEY</u> Specify Best Management Practice	<u>BOARD OF SELECTMEN/JILL MYERS</u>	<u>CONDUCT SURVEY IN GAZETTE W/PERMISSION</u>
_____ BMP ID #	_____	_____
_____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal

2. Public Participation:

<u>2A</u>		
BMP ID #		
<u>PUBLIC PART, OF COMMUNITY</u>	<u>BOARD OF SELECTMEN/ CHAIRMAN</u>	<u>ESTABLISH STORM WATER PANEL</u>
<u>2B</u>		
BMP ID #		
<u>PUBLIC PART. RECOMMENDATIONS</u>	<u>BOARD OF SELECTMEN / MEMBERS</u>	<u>CONSIDER RECOMMENDATIONS</u>
<u>2C</u>		
BMP ID #		
<u>PUBLIC PARTICIPATION COMMUNITY</u>	<u>HOUSEHOLD HAZARDOUS WASTE COMM./ C. LAKE</u>	<u>ANNUAL HAZARDOUS WASTE DAY DEP. ON FUND</u>
<u>2D</u>		
BMP ID #		
<u>PUBLIC PARTICIPATION COMMUNITY</u>	<u>HOUSHOLD HAZARDOUS WASTE COMM./C.LAKE</u>	<u>PUBLISH RESULTS OF HAZ. DAY IN GAZETTE W/PERM.</u>
_____ BMP ID #	_____	_____
_____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal



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Facility ID (if known)

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

3. Illicit Discharge Detection and Elimination:

3A BMP ID # HAZARDOUS WASTE EDUCATION	HOUSEHOLD HAZARDOUS WASTE COM./C.LAKE	ANNUAL HAZARDOUS WASTE DAY DEP. ON FUND
3B BMP ID # IDENTIFICATION OF ILLICIT CONNECTIONS	HIGHWAY/ GERRY FOSKETT	WILL SEEK APPRO. TO TRAIN PUBLIC EMPLOYEES
3C BMP ID # STORM DRAINAGE SYSTEM MAP	PLANNING BOARD/ ALAN GORDON AND CONSULT.	BEGIN MAPPING DEPENDING ON FUNDING
3D BMP ID # ILLICIT CONNECTION DATA Specify Best Management Practice	HIGHWAY/ GERRY FOSKETT	OBSERVE COLLECTION OF DATA / PROGRESS
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4A BMP ID # CONSTRUCTION SITE RUN OFF CHECKLIST	BUILDING INSPECTOR/ CURT MESKUS	SEEK APPROV. TO BEGIN S.W. QUALITY CHECKLIST
4B BMP ID # CONSTRUCTION SITE RUN OFF CHECKLIST	BUILDING INSPECTOR/ CURT MESKUS	SEEK APPROV. IMPLEMENT CHECKLIST
4C BMP ID # CONSTRUCTION SITE RUN OFF CONTROL EDUCATION	PLANNING BOARD/ ALAN GORDON	REQUIRE EROSION CONTROL
4D BMP ID # CONSTRUCTION SITE RUN OFF- SITE PLAN	PLANNING BOARD / ALAN GORDON	CONSTRUCTION IN PHASES Specify Measurable Goal
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.)**

5. Post Construction Runoff Control:

<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
5A POST CONSTRUCTION RUNOFF PROGRAM	PLANNING BOARD/ BUILDING INSPECTOR	MEET WITH BOARD OR INDIVIDUAL TO REVIEW
5B DEVELOP STORM WATER ORDINANCE	PLANNING BOARD/ BUIDLING INSPECTOR	SEEK APPR. TO REVIEW SUBDIVISION BYLAWS
5C REVIEW STORMWATER ORDINANCE	PLANNING/ BI / BOARD OF SELECTMEN	PLAN TO SEEK TOWN MEETING APPROVAL
5D REVISIT STORM WATER ORDINANCE	PLANNING/ BI/ BOARD OF SELECTMEN	REVIEW FOR ANY CHANGES
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
6A MUNICIPAL GOOD HSKP. HIGHWAY	HIGHWAY/ GERRY FOSKETT	CATCH BASIN AND STREET SWEEPING SCHEDULE
6B MUNICIPAL GOOD HSKP. EARTH DAY	BOARD OF SELECTMEN/ BOH/ CONSERVATION	SEEK APPROV. FOR EARTH DAY AND STREAM CLEAN
6C MUNICIPAL GOOD HSKP. HIGHWAY	HIGHWAY/ GERRY FOSKETT	REVIEW CLEANING SCHEDULE/REVISE IF NEED
6D MUNICIPAL HIGHWAY	HIGHWAY/ GERY FOSKETT	MEET WI/ HIGHWAY TO TALK ABOUT ANY UPDATES
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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Storm Sewer Systems (MS4s)

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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.

Jill R. Myers, Town Administrator  
 Printed Name  
 Jill R Myers  
 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	Fall 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		
1A				X																			
2A				X																			
3A				X																			
4A				X																			
5A				X																			
6A				X																			
7A				X																			
8A				X																			
9A				X																			
10A				X																			
11A				X																			
12A				X																			
13A				X																			
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68A				X																			
69A				X																			
70A				X																			

Transmittal Number W036470

Facility ID (if known)

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