



Hand-enter Your Transmittal Number

W 035458

1204

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

For DEP Use Only 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 Name of Permit Category: NPDES Stormwater Gen Permit Notice of Intent for Discharges from Small MS4s Type of Project or Activity: Municipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Littleton, Massachusetts

Or, if party needing this approval is clearly an individual:

Individual's Last Name: First Name: MI

Street Address P.O. Box 1305, 37 Shattuck Street

City/Town Littleton State MA Zip Code 01460 Telephone Number (978) 486-3778 ext.

Contact: Eric K. Durling, P.E. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Littleton, Massachusetts DEP Facility Number (if Known)

Street Address P.O. Box 1305, 37 Shattuck Street e-mail address: (optional)

City/Town Littleton State MA Zip Code 01460 Telephone Number (978) 952-2311 ext.

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

Name of Individual or Firm: Vannasse Hangen Brustlin, Inc.

Address 101 Walnut Street, P.O. Box 9151

City/Town Watertown State MA Zip Code 02471 9151 Telephone Number (617) 924-1770 ext.

Contact: Bethany Eisenberg LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] 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 [X] no Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [X] no List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [X] Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less) [] Hardship Request [] Alternative Schedule Project

*There are no fee exemptions for 21E, regardless of applicant status

Check #: N/A Dollar Amount: N/A Date: March 10, 2003

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

W035458
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

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 of Littleton
Name

Eric Darling

P.O. Box 1305, 37 Shattuck Street
Mailing Address

Littleton
City/Town

MA
State

978-952-2311
Telephone Number

Email (if available)

2. Municipality Name

Town of Littleton
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:

Massachusetts Highway Department

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
Beaver Brook Name	9 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutr/pH/organics/pathogens/solids Specify
Bennetts Brook Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Forge Pond Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fort Pond Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Long Lake Name	14 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutrients/organics/ noxious plants Specify
Mill Pond Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants Specify
Nagog Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spectacle Pond Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	organics/noxious plants/exo species Specify
Reedy Meadow Brook Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nutr/pH/organics/pathogens/solids 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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D. Stormwater Management Program Summary

1. Public Education:

<p><u>1A</u> BMP ID # <u>Stormwater Flyer for Residents</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1B</u> BMP ID # <u>Lesson Plan for Fifth Graders</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1C</u> BMP ID # <u>Stormwater Flyer for Businesses</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1D</u> BMP ID # <u>Stormwater Media Campaign</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1E</u> BMP ID # <u>Stormwater Video</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1F</u> BMP ID # <u>Littleton-Specific Stormwater Flyers</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1G</u> BMP ID # <u>Hazardous Waste Day & Recycling</u> Specify Best Management Practice</p>	<p><u>Highway & Water Departments</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1H</u> BMP ID # <u>Coordinate w/ Chamber of Commerce</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1I</u> BMP ID # <u>Stormwater Flyer for Agriculture</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1J</u> BMP ID # <u>Newsletter/Newspaper Articles</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>
<p><u>1K</u> BMP ID # <u>Stormwater Info on Town Website</u> Specify Best Management Practice</p>	<p><u>Water Department</u> Responsible Dept./Person Name</p>	<p><u>See Attached Outline</u> Specify Measurable Goal</p>



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A

BMP ID #

Stormwater Traveling Display
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2B

BMP ID #

Poster Contest for Fifth Graders
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2C

BMP ID #

Photo Contest for High Schoolers
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2D

BMP ID #

Stormwater Summit Event
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2E

BMP ID #

Stormwater Super Summit Event
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2F

BMP ID #

Annual Stormwater Public Hearing
 Specify Best Management Practice

Highway Dept. & Board of Selectmen
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2G

BMP ID #

Involve Local Watershed Groups
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

2H

BMP ID #

Involve Local Children's Groups
 Specify Best Management Practice

Water Department
 Responsible Dept./Person Name

See Attached Outline
 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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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u>		
<u>BMP ID #</u>		
<u>Illicit Discharge Bylaw</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3B</u>		
<u>BMP ID #</u>		
<u>Storm Sewer Map</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3C</u>		
<u>BMP ID #</u>		
<u>Detection & Elimination Plan</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3D</u>		
<u>BMP ID #</u>		
<u>Education for Public & Businesses</u>	<u>Water Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3E</u>		
<u>BMP ID #</u>		
<u>Education for Municipal Employees</u>	<u>Water Department</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

<u>4A</u>		
<u>BMP ID #</u>		
<u>Construction Site Runoff Bylaw</u>	<u>Water & Planning Departments</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4B</u>		
<u>BMP ID #</u>		
<u>Erosion, Sediment, & Waste Controls</u>	<u>Water & Planning Departments</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4C</u>		
<u>BMP ID #</u>		
<u>Site Plan Review Procedures</u>	<u>Water & Planning Departments</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4D</u>		
<u>BMP ID #</u>		
<u>Site Inspection & Enforcement</u>	<u>Water & Planning Departments</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4E</u>		
<u>BMP ID #</u>		
<u>Stormwater Hotline</u>	<u>Water Department</u>	<u>See Attached Outline</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.)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #		
<u>Post-Construction Site Runoff Bylaw</u> Specify Best Management Practice	<u>Water & Planning Departments</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>5B</u> BMP ID #		
<u>Structural & Non-Structural BMPs</u> Specify Best Management Practice	<u>Water & Planning Departments</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>5C</u> BMP ID #		
<u>Long-Term Operation & Maintenance</u> Specify Best Management Practice	<u>Water & Planning Departments</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>5D</u> BMP ID #		
<u>Struct BMP Implement. Procedures</u> Specify Best Management Practice	<u>Water & Planning Departments</u> Responsible Dept./Person Name	<u>See Attached Outline</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

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #		
<u>Municipal Employee Training</u> Specify Best Management Practice	<u>Highway & Water Departments</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6B</u> BMP ID #		
<u>Maintenance & Inspection Procedures</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6C</u> BMP ID #		
<u>Municipal Pollutant Source Reduction</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6D</u> BMP ID #		
<u>Waste Disposal Procedures</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</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



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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.

Paul J. Glavey, Chairman Board of Selectmen
Printed Name

Signature *Paul J. Glavey*

March 3, 2003
Date

