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

A. Permit Information

BRP WM 08A
NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions
Notice of Intent for Discharges from Small MS4s

Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual
First Name of Individual
MI

50 Oakland Street
Street Address
Wellesley
City/Town
Frederick Yule
Contact Person

MA 02481
State
(781) 239-2571
Zip Code
Telephone # and extension
yulefred@mbcc.mass.edu
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Massachusetts Bay Community College
Name of Facility, Site or Individual
50 Oakland Street

DEP Facility Number (if Known)
Federal I.D. Number (if Known)

Address
Streets Address
Wellesley
City/Town

(781) 239-3000
Telephone # and extension

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

Woodard & Curran, Inc.
Name of Firm or Individual
980 Washington Street, Suite 325N

Address
City/Town
Dedham

MA 02026
State
(781) 251-0200 x2427
Zip Code
Telephone # and extension

E. Permit – Project Coordination

For DEP Use Only
Permit No.
Rec’d Date
Reviewer

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: EOA 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

MassBay DEP tr-formw.doc • rev. 5/03
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:
   Frederick Yule, Director of College Facilities
   Massachusetts Bay Community College, 50 Oakland Street
   Wellesley, MA
   (781) 239-2571
   yulefred@mbcc.mass.edu

2. Municipality Name
   Massachusetts Bay Community College (Massachusetts Board of Higher Education)
   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:
   NA

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.)
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

### 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>
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</thead>
<tbody>
<tr>
<td>intermittent stream to Academy Brook</td>
<td>Unknown Number</td>
<td>☐ Yes ☒ No</td>
<td>Specify None</td>
</tr>
<tr>
<td>intermittent stream to Longfellow Pond</td>
<td>Unknown Number</td>
<td>☐ Yes ☒ No</td>
<td>Specify None</td>
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<table>
<thead>
<tr>
<th>Name</th>
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<th>Yes</th>
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### D. Stormwater Management Program Summary
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)

1. Public Education:

   1.1 BMP ID #
   Public Education Materials
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Distribute brochure
   Specify Measurable Goal

   1.2 BMP ID #
   Training Program
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Present at 2 training sessions
   Specify Measurable Goal

   1.3 BMP ID #
   Stormwater Web Page
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Develop Web Page
   Specify Measurable Goal

   1.4 BMP ID #
   Storm Drain Stenciling Program
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Develop & implement program
   Specify Measurable Goal

2. Public Participation:

   2.1 BMP ID #
   "Green Campus" Program
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Develop & implement program
   Specify Measurable Goal

   2.2 BMP ID #
   Partner with Wellesley
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Form partnership
   Specify Measurable Goal

   2.3 BMP ID #
   Partner with Watershed Group
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Form partnership
   Specify Measurable Goal

   2.4 BMP ID #
   Call Center/Suggestion Box
   Specify Best Management Practice
   Facilities Department/F. Yule
   Responsible Dept./Person Name
   Set up designated line or rop box and inform public
   Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)
3. Illicit Discharge Detection and Elimination:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>BMP ID #</th>
<th>BMP ID #</th>
<th>BMP ID #</th>
<th>BMP ID #</th>
<th>BMP ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storm Drain Map</td>
<td>Stormwater Policy</td>
<td>Illicit Discharge Detection</td>
<td>Illicit Discharge Elimination</td>
<td>Education Program</td>
<td></td>
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<tr>
<td>Specify Best Management Practice</td>
<td>Specify Best Management Practice</td>
<td>Specify Best Management Practice</td>
<td>Specify Best Management Practice</td>
<td>Specify Best Management Practice</td>
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<tr>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
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<tr>
<td>Responsible Dept./Person Name</td>
<td>Responsible Dept./Person Name</td>
<td>Responsible Dept./Person Name</td>
<td>Responsible Dept./Person Name</td>
<td>Responsible Dept./Person Name</td>
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<tr>
<td>Complete facility map</td>
<td>Develop &amp; implement policy</td>
<td>Develop &amp; implement policy</td>
<td>Correct illicit discharges detected by BMP 3.3</td>
<td>Develop &amp; distribute fliers</td>
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<tr>
<td>Specify Measurable Goal</td>
<td>Specify Measurable Goal</td>
<td>Specify Measurable Goal</td>
<td>Specify Measurable Goal</td>
<td>Specify Measurable Goal</td>
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4. Construction Site Runoff Control:

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<th>BMP ID #</th>
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<tbody>
<tr>
<td>Regulatory Controls</td>
<td>Review &amp; Site Inspection Procedures</td>
<td>Enforcement Procedures</td>
<td>Procedures for Handling Public Comment</td>
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<tr>
<td>Specify Best Management Practice</td>
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<td>Specify Best Management Practice</td>
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<tr>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
<td>Facilities Department/F. Yule</td>
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<tr>
<td>Responsible Dept./Person Name</td>
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<td>Responsible Dept./Person Name</td>
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<tr>
<td>Develop erosion &amp; sediment control contract specifications</td>
<td>Develop and implement site inspection guidelines</td>
<td>Develop sanctions for violators</td>
<td>Develop &amp; implement procedure for public comment</td>
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<tr>
<td>Specify Measurable Goal</td>
<td>Specify Measurable Goal</td>
<td>Specify Measurable Goal</td>
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D. Stormwater Management Program Summary (Cont.)
5. Post Construction Runoff Control:

5.1 Structural Stormwater Controls
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Develop contract specifications for structural controls

5.2 Stormwater Policy
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Develop & Implement Policy
Specify Measurable Goal

5.3 Planning Strategies
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Update planning criteria
Specify Measurable Goal

6. Municipal Good Housekeeping:

6.1 Employee Training Program
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Maintain employee training program

6.2 Recycling Program
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Monitor and maintain recycling program

6.3 Catch Basin Cleaning Program
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Track cleaning quantities
Specify Measurable Goal

6.4 Street Sweeping Program
BMP ID #
Specify Best Management Practice
Facilities Department/F. Yule
Responsible Dept./Person Name
Track sweeping quantities
Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)
7. BMPs for Meeting TMDL:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Specify Best Management Practice</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
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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.

Frederick Yule, Director of College Facilities - Massachusetts Bay Community College

Printed Name

Signature

Date 7/29/03
### BRP WM 08A NPDES Stormwater General Permit Notice of Intent
for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

#### F. MassBay Stormwater Management Program TIME FRAMES

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>PERMIT YEAR ONE</th>
<th>PERMIT YEAR TWO</th>
<th>PERMIT YEAR THREE</th>
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**Notes:**
- Represents MassBay's measurable goals and target dates
- Represents policy implementation and potential corrective or enforcement actions