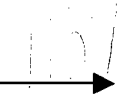




Hand-enter Your Transmittal Number



W040969  
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

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit

Name of Permit Category

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

Type of Project or Activity

## B. Applicant Information – Firm or Individual

Town of Walpole

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

Last Name of Individual

135 School Street

First Name of Individual

MI

Street Address

Walpole

MA

02081

(508) 660-7289

City/Town

State

Zip Code

Telephone # and extension

Michael Boynton, Town Administrator

Contact Person

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Walpole

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

N/A

Street Address

Walpole

e-mail address (optional)

MA

02081

(508) 660-7289

City/Town

State

Zip Code

Telephone # and extension

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

Comprehensive Environmental Incorporated

Name of Firm Or Individual

64 Dilla Street

Address

Milford

MA

01757

800-725-2550

City/Town

State

Zip Code

Telephone # and extension

Rebecca Balke

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)**

Facility ID (if known)

**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:

Town of Walpole  
Name  
135 School St.  
Mailing Address  
Walpole MA  
City/Town State  
(508) 660-7289  
Telephone Number Email (if available)

2. Municipality Name

Town of Walpole  
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:

Norfolk County Agricultural High School, MCI-Cedar Junction, 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)**

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
Unnamed pond on Washington St. (locally known as H&V Pond) Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bird Pond Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority Organics and Noxious Aquatic Plants Specify
Unnamed tributary to Bubbling Brook (Old North St.) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed tributary to Bubbling Brook (Deborah Dr.) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bubbling Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed tributary to Cobbs Pond (Wagon Rd.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed tributary to unnamed pond on Independence Dr. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed pond on Independence Dr. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed tributary to Willet Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Willet Pond Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Unnamed tributary to Cobb's Pond (Delaney Drive) Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed pond on Sunnyrock Ave. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management

W 040969  
 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)

Unnamed tributary to unnamed pond on Sunnyrock Ave. Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary (at Covey Rd.) to Cobb's Pond Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Cobb's Pond (Willett St.) Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Cobb's Pond (Gould St.) Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Cobbs Pond Name	<u>8</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Cobb's Pond Name	<u>2</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Organic enrichment/ Low DO, Noxious Aquatic Plants, Turbidity, Exotic Species Specify _____

See NOI Attachment for Additional Receiving Waters

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1A</u> BMP ID # Develop Stormwater Section of Town Website Specify Best Management Practice	IT Department, Engineering Department, Sewer and Water Department, and Consultant Responsible Dept./Person Name	<u>Number of hits annually.</u> Specify Measurable Goal
<u>1B</u> BMP ID # Distribute Brochures and Fact Sheets to Businesses and Residents Specify Best Management Practice	Conservation Commission, Board of Health, and Consultant Responsible Dept./Person Name	<u>Copies of materials.</u> Specify Measurable Goal
<u>1C</u> BMP ID # Publish Articles on Stormwater Protection in Local Newspaper Specify Best Management Practice	Engineering Department, Board of Health, Sewer and Water Department, and Consultant Responsible Dept./Person Name	<u>Clippings of articles and advertisement printed in local newspaper.</u> Specify Measurable Goal



**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

Facility ID (if known)

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

2. Public Participation:

2A

BMP ID #

Establish a Stormwater  
Telephone Hotline  
Specify Best Management Practice

Engineering Department,  
Sewer and Water Department,  
and Town Administration

Responsible Dept./Person Name

Record number of telephone  
calls to hotline.  
Copies of articles.

Specify Measurable Goal

2B

BMP ID #

Conduct River, Stream, and  
Pond Cleanups  
Specify Best Management Practice

Pond Management Committee

Responsible Dept./Person Name

Cleaner streams as  
documented by before and  
after photographs.

Specify Measurable Goal

2C

BMP ID #

Prepare Press Release  
Specify Best Management Practice

Engineering Department,  
Board of Health, Sewer and  
Water Department, and  
Consultant

Responsible Dept./Person Name

Copies of press articles.

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

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Develop Town Storm Drain  
Outfall Map  
Specify Best Management Practice

Engineering Department,  
Department of Public Works,  
Sewer and Water Department,  
and Consultant

Responsible Dept./Person Name

All outfalls mapped by first  
year.

Copy of storm drain map.

Specify Measurable Goal

3B

BMP ID #

Develop Illicit Discharge  
Prohibition Ordinance  
Specify Best Management Practice

Conservation Commission,  
Planning Board, Board of  
Health, Sewer and Water  
Department, and Consultant

Responsible Dept./Person Name

Obtain authorization to control  
inputs to the municipal  
drainage system. Bylaw at  
Town meeting by end of year  
4.\*

Specify Measurable Goal

\* All new bylaws must go through Town Meeting for approval.



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

Facility ID (if known)

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

3C

BMP ID #

Develop Illicit Discharge  
Detection and Elimination Plan  
and Implement Activities

Specify Best Management Practice

Engineering Department,  
Board of Health, Sewer and  
Water Department, and  
Consultant

Responsible Dept./Person Name

All outfalls examined by year  
2. Sources traced and  
conclusion documented within  
one year of discovery.

Specify Measurable Goal

3D

BMP ID #

Incorporate Information on  
Illicit Discharges into Public  
Education and Outreach  
Topics

Specify Best Management Practice

Board of Health, Pond  
Management Committee,  
Sewer and Water Department,  
and Consultant

Responsible Dept./Person Name

Copies of materials.

Specify Measurable Goal

3E

BMP ID #

Identify Department to Take  
Stormwater Calls

Specify Best Management Practice

Engineering Department,  
Highway Department, and  
Board of Health

Responsible Dept./Person Name

Log of complaints and actions  
taken.

Specify Measurable Goal

**4. Construction Site Runoff Control:**

4A

BMP ID #

Develop Erosion Control  
Regulation

Specify Best Management Practice

Conservation Commission,  
Planning Department, Sewer  
and Water Department, and  
Selectmen

Responsible Dept./Person Name

Bylaw at Town meeting by end  
of year 4.\*

Specify Measurable Goal

4B

BMP ID #

Develop Guidance for Erosion  
Controls

Specify Best Management Practice

Conservation Commission,  
Planning Department,  
Highway Department, Sewer  
and Water Department, and  
Consultant

Inspection checklist and  
documented inspections.

Specify Measurable Goal

4C

BMP ID #

Identify Department to Take  
Stormwater Calls

Specify Best Management Practice

Engineering Department, and  
Highway Department

Responsible Dept./Person Name

Record number of phone calls  
to hotline, copies of  
advertisement.

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

\* All new bylaws must go through Town Meeting for approval.



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate**  
**Storm Sewer Systems (MS4s)**

Facility ID (if known)

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

5. Post Construction Runoff Control:

5A

BMP ID #

Develop Stormwater  
Management Bylaw  
Specify Best Management Practice

Conservation Commission,  
Engineering Department,  
Planning Department, Sewer  
and Water Department,  
Selectmen, and Consultant  
Responsible Dept./Person Name

Bylaw at Town meeting by end  
of year 4.  
Specify Measurable Goal

5B

BMP ID #

Develop BMP Design  
Standards  
Specify Best Management Practice

Planning Department,  
Engineering Department, and  
Consultant  
Responsible Dept./Person Name

Copy of design standards.  
Specify Measurable Goal

5C

BMP ID #

Develop and Implement  
Inspection Program  
Specify Best Management Practice

Conservation Commission,  
Engineering Department,  
Highway Department, and  
Consultant  
Responsible Dept./Person Name

Retain copies of maintenance  
reports received annually, plus  
records of inspections  
completed and results.  
Specify Measurable Goal

5D

BMP ID #

Amend Zoning Bylaws to  
Regulate Impervious Areas  
Specify Best Management Practice

Planning Department, Sewer  
and Water Department, and  
Consultant  
Responsible Dept./Person Name

New zoning bylaw will be  
implemented by end of year  
4.\*  
Specify Measurable Goal

5E

BMP ID #

Amend Subdivision  
Regulations to Minimize  
Clearing and Grading  
Specify Best Management Practice

Planning Department and  
Consultant  
Responsible Dept./Person Name

Subdivision regulation will be  
amended by the end of year  
4.\*  
Records will be kept of all the  
inspections of the Clearing  
and Grading Limit Lines.  
Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Clean Catch Basins  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

Clean all catch basins.  
Specify Measurable Goal

\* All new bylaws must go through Town Meeting for approval.



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

Facility ID (if known)

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

6B

BMP ID #

Sweep Streets in Town  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

Priority plan of sweeping based on water quality impact. Volume of sweepings collected.  
Specify Measurable Goal

6C

BMP ID #

Develop and Implement an Inspection and Maintenance Plan  
Specify Best Management Practice

Engineering Department, Conservation Commission, and Highway Department and Consultant  
Responsible Dept./Person Name

Written schedule. Records of inspections.  
Specify Measurable Goal

6D

BMP ID #

Evaluate Municipal Facilities Throughout Town for Potential Stormwater Impacts and Implement BMPs  
Specify Best Management Practice

Highway Department and Consultant  
Responsible Dept./Person Name

List of Improvements. Improvements completed by end of year 5.  
Specify Measurable Goal

6E

BMP ID #

Identify Other Phase II Institutional Entities  
Specify Best Management Practice

Engineering Department and Consultant  
Responsible Dept./Person Name

List of State and Federal facilities with information on Phase II plans.  
Specify Measurable Goal

6F

BMP ID #

Ensure Water Quality Improvements are Considered for Flood Projects  
Specify Best Management Practice

Engineering Department  
Responsible Dept./Person Name

Ensure Water Quality Improvements are Considered for Flood Projects  
Specify Best Management Practice

6G

BMP ID #

Conduct Town Employee Stormwater Training  
Specify Best Management Practice

Consultant (Town Administrator, Highway Department, and Police and Fire Departments)  
Responsible Dept./Person Name

Attendance sheet and copy of program.  
Specify Measurable Goal





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)

W 040969  
Transmittal Number

Facility ID (if known)

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

7. BMPs for Meeting TMDL:

7A

BMP ID #

Estimate Pollutant Loadings to  
Town Waters

Specify Best Management Practice

Engineering Department and  
Consultant

Responsible Dept./Person Name

Add subwatershed layer to  
drainage base map.

Complete modeling and  
produce a table of priority  
water resources.

Specify Measurable Goal

7B

BMP ID #

Categorize Drainage System

Specify Best Management Practice

Engineering Department and  
Consultant

Responsible Dept./Person Name

Table and map of system  
categorization.

Specify Measurable Goal

7C

BMP ID #

Evaluate Hydraulic Capacity in  
Areas of Concern

Specify Best Management Practice

Engineering Department and  
Consultant

Responsible Dept./Person Name

Report of system evaluation  
and modeling results.

Specify Measurable Goal

7D

BMP ID #

Develop Conceptual  
Stormwater BMPs

Specify Best Management Practice

Engineering Department and  
Consultant

Responsible Dept./Person Name

Report of drainage system  
deficiencies.

Specify Measurable Goal

7E

BMP ID #

Implement Stormwater BMPs

Specify Best Management Practice

Engineering Department and  
Consultant

Responsible Dept./Person Name

As-built design plans.

Specify Measurable Goal

7F

BMP ID #

Construct Structural BMPs at  
Stormwater Discharges to  
Memorial Pond

Specify Best Management Practice

Engineering Department and  
Consultant

Responsible Dept./Person Name

Final design plans.

Specify Measurable Goal

7G

BMP ID #

Apply for Grant Funds to  
Design and Install BMPs at  
Clarks and Cobbs Ponds

Specify Best Management Practice

Engineering Department,  
Pond Management  
Committee, Town  
Administration, and Consultant

Responsible Dept./Person Name

Copy of grant application and  
conceptual designs.

Specify Measurable Goal



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Watershed Management

W 040969  
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)

**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.

Michael Boynton, Town Administrator

Printed Name

*Michael Boynton*

Signature

7/22/07  
Date

**C. Names of (Presently Known) Receiving Waters (continued)**

Unnamed pond on Walnut St. Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed Neponset River tributary crossing Route 1A Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Neponset River Name	<u>7</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed pond at Agricultural High School Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Bird Pond Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Traphole Brook (Union St.) Name	<u>8</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Turner Pond Name	<u>6</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Turner Pond Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to unnamed pond in Francis Willam Park Name	<u>6</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to unnamed pond on East St. Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Traphole Brook (Park Lane) Name	<u>7</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed pond on Emerson Road Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed pond on Scout Rd. Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed Neponset River tributary (Townside Lane) Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed pond on East St. Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Rainbow Pond Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Memorial Pond Name	<u>2</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants and Turbidity _____
Unnamed tributary to unnamed pond on Renmar Ave. Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____

<u>Unnamed pond at Riverview Place</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Neponset River crossing 1A</u> Name	<u>7</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed tributary to Memorial Pond (Stone St.)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed tributary to Memorial Pond (Diamond St.)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Outlet of Clark's Pond (Washington St.)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Clark's Pond</u> Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Tributary to Traphole Brook (Johnson Dr.)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond on Oak St.</u> Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond on Washington St.</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond on Alice Ave.</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond on Pocahontas St.</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Neponset River tributary (South St.)</u> Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Neponset River tributary (Washington St.)</u> Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Neponset River Tributary (Jason's Path)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Cedar Brook Swamp</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond on Butch Songin Circle</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond on Wall St.</u> Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed tributary to unnamed pond on Winter St.</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Smith Pond</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>

Unnamed pond on Starlight Dr. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Bubbling Brook (Trailside Dr.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Willet Pond (Eagle Dr.) Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed outlet of Willet Pond (Bullard St.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to unnamed pond on High St. Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Neponset River between Turner Pond and Stetson Pond Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Stetson Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary to Traphole Brook (Moose Hill Rd.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed pond on Shoreview Lane Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed tributary between Pette Pond and Willet Pond Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify _____
Unnamed wetland adjacent to Mine Brook (Butterfield Lane) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed wetland tributary to unnamed pond (West St.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed wetland tributary (Industrial Rd.) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed wetland tributary to Neponset River (Washington St.) Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Cedar Swamp Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____



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**

Transmittal Number **W040969**  
 Facility ID (if known)  
 Page **1** of **1**

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		
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