





Hand-enter Your Transmittal Number



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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

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 Phase II Stormwater General Permit
Type of Project or Activity: NOI for Discharges from Small Municipal Separate Storm Sewer Systems

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Westborough, Massachusetts
Or, if party needing this approval is clearly an individual:
Individual's Last Name: First Name MI
Street Address
City/Town State Zip Code Telephone Number () ext.
Contact: e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Westborough
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: Earth Tech
Address: 196 Baker Ave.
City/Town: Concord State: MA Zip Code: 01742 Telephone Number: (978) 371-4000 ext.
Contact: Jonathan Himlan 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)
EOEA # 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:

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 [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



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:

Mr. John Walden

Name

131 Oak Street

Mailing Address

Westborough

City/Town

MA

State

(508) 366-3076

Telephone Number

Email (if available)

2. Municipality Name

Town of Westborough, Massachusetts

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:

MA Highway Department, MA Turnpike Authority, Westborough Regional WWTF (**See Stormwater Management Plan, Section 3**)

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

(See the Stormwater Management Plan, Section 2.4)



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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 (*See the Stormwater Management Plan, Section 2.5*)

Note:
Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

(*See the Stormwater Management Plan, Table 2.1 for Impaired Waters*)

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Chauncy Lake Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crane Swamp Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed from Smith St to Crane Swamp	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed east of Washington Street	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rutters Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Denny Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Piccadilly Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whitehall Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sudbury River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jackstraw Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cedar Swamp Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Westborough Reservoir (Sandra Pond)	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed west of Nash St Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed south of West Main Street	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed west of Glenn St Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
SuAsCo Reservoir Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See SWMP Table 2.1 Specify
Hocomonco Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See SWMP Table 2.1 Specify
Assabet River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See SWMP Table 2.1 Specify



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

W035583
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)

D. Stormwater Management Program Summary

1. Public Education: *(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)*

_____	_____	_____
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

2. Public Participation: *(See the Stormwater Management Plan, Section 5 and Table 5.1)*

_____	_____	_____
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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination: *(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)*

_____	_____	_____
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

4. Construction Site Runoff Control: *(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)*

_____	_____	_____
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



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control: *(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)*

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

6. Municipal Good Housekeeping: *(See the Stormwater Management Plan, Sections 4 and 5 and Table 5.1)*

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

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Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice



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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: *There are no waste load allocations, BMP recommendations, or other performance agreements for stormwater discharges for any waters in Westborough.*

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.

John Walden
Printed Name

Signature

3/5/03
Date