



MAR 04 10 68 David Webster AH

Hand-enter Your Transmittal Number

W 035252

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): WM 08A
Name of Permit Category: Stormwater
Type of Project or Activity: Stormwater General Permit

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Weston
Or, if party needing this approval is clearly an individual:
Individual's Last Name: First Name MI

Street Address: 190 Boston Post Road By-Pass
City/Town: Weston State: MA Zip Code: 02493 Telephone Number: (781) 893-1263 ext.
Contact: Stephen R. Fogg e-mail address (optional): fogg.s@westonmass.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Weston 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 ( ) ext.
Contact: 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 [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 [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)

### 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 Weston

*Steve Fogg*

Name

190 Boston Post Road By-Pass

Mailing Address

Weston

MA

City/Town

State

781-893-1263

fogg.s@westonmass.org

Telephone Number

Email (if available)

2. Municipality Name

Weston

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 Turnpike Authority, 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



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**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
Bogle Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Bogle Brook Name	32 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Boulder Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Charles River Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Tributary to Charles River Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to State Highway Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cherry Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Cherry Brook Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Cold Stream Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hobbs Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Hobbs Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Seaverns Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Seaverns Brook Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Stony Brook Name	13 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Rte 128 system Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stony Brook Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stony Brook Reservoir Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Trib. to Hayward Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

Priority organics, nutrients, organic enrichment, low DO, pathogens, noxious aquatic plants, turbidity, (exotic species)



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**D. Stormwater Management Program Summary**

1. Public Education:

<u>1-1</u> BMP ID # <u>Flyer to Residents</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>distribute to 75% of residents</u> Specify Measurable Goal
<u>1-2</u> BMP ID # <u>Lesson Plan for Fifth Graders</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>lesson plan taught</u> Specify Measurable Goal
<u>1-3</u> BMP ID # <u>Flyer to Businesses</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>dist.to 50% businesses</u> Specify Measurable Goal
<u>1-4</u> BMP ID # <u>Media Campaign</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>media packet given to press</u> Specify Measurable Goal
<u>1-5</u> BMP ID # <u>Video</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>show video at public meeting</u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID # <u>Traveling Display</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>3 months on display</u> Specify Measurable Goal
<u>2-2</u> BMP ID # <u>Poster Contest (5<sup>th</sup> Grade)</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>Hold contest</u> Specify Measurable Goal
<u>2-3</u> BMP ID # <u>Photo Contest (High School)</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>Hold contest</u> Specify Measurable Goal
<u>2-4</u> BMP ID # <u>Summit Event</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>Hold Stormwater Summit</u> Specify Measurable Goal
<u>2-5</u> BMP ID # <u>Super-Summit Event</u> Specify Best Management Practice	<u>SuAsCo WCC and SRF</u> Responsible Dept./Person Name	<u>Participate in Super-Summit</u> Specify Measurable Goal



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

**3. Illicit Discharge Detection and Elimination:**

<u>3-1</u> BMP ID # <u>Stormwater System Mapping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Complete mapping of stormwater system</u>
<u>3-2</u> BMP ID # <u>Dry weather screening of outfalls</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Visual inspection/report of known outfalls, 33% each year</u>
<u>3-3</u> BMP ID # <u>Illicit discharge elimination</u> Specify Best Management Practice	<u>DPW, Board of Health</u> Responsible Dept./Person Name	<u>Trace non-stormwater flows and eliminate within 1 year</u>
<u>3-4</u> BMP ID # <u>Water Quality Monitoring</u> Specify Best Management Practice	<u>Cambridge Water Supply</u> Responsible Dept./Person Name	<u>Obtain results of regular monitoring</u>
<u>3-5</u> BMP ID # <u>Amend Stormwater Regulations</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Amended regulations adopted at 2003 Annual Town Meeting</u>
<u>3-6</u> BMP ID # <u>Septic System Monitoring Program</u>	<u>Board of Health</u> Responsible Dept./Person Name	<u>Develop, implement and enforce septic pumping</u>
<u>3-7</u> BMP ID # <u>Dechlorination of New Water Mains</u>	<u>DPW – Water Div.</u> Responsible Dept./Person Name	<u>Use dechlorination tablets when flushing new mains</u>
<u>3-8</u> BMP ID # <u>Trench Dewatering Policy</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Require siltation control on all trench dewatering projects</u>

**4. Construction Site Runoff Control:**

<u>4-1</u> BMP ID # <u>Erosion &amp; Sediment Control ByLaw</u>	<u>Planning Board, Conservation Commission, DPW</u>	<u>Develop, implement and enforce bylaw</u>
<u>4-2</u> BMP ID # <u>Planning Board review of projects</u>	<u>Planning Board</u> Responsible Dept./Person Name	<u>All proj. reviewed for comp. with runoff control measures</u>



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<u>4-3</u> BMP ID # Conservation Commission review of projects	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>All proj. reviewed for compl. with runoff control measures</u>
<u>4-4</u> BMP ID # Street Opening permit process Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Inspections conducted for compl. with Stormwater Regs.</u>
<u>4-5</u> BMP ID # Building Permit process Specify Best Management Practice	<u>Building Dept.</u> Responsible Dept./Person Name	<u>Approp. applicants referred to DPW</u>

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

**5. Post Construction Runoff Control:**

<u>5-1</u> BMP ID # Erosion and Sediment Control ByLaw	<u>DPW</u> Responsible Dept./Person Name	<u>Same as Control Measure 4-1</u> Specify Measurable Goal
<u>5-2</u> BMP ID # DPW Runoff Control Policy Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Dev./redev. projects req'd to handle stormwater on-site</u>
<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<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</u>
<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**6. Municipal Good Housekeeping:**

<u>6-1</u> BMP ID # Street Sweeping Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Sweep all public streets annually</u>
<u>6-2</u> BMP ID # Catch basin cleaning Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Clean all public catch basins annually</u>



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6-3 BMP ID # Drainage Improvement Projects	DPW Responsible Dept./Person Name	Incorporate structural BMPs into each project
6-4 BMP ID # DPW Housekeeping Specify Best Management Practice	DPW Responsible Dept./Person Name	Conduct environmental audit; implement recommendations
6-5 BMP ID # Roadway De-icing Program Specify Best Management Practice	DPW Responsible Dept./Person Name	Install computerized spreader controls; alt. Dispensing equip.
6-6 BMP ID # Waterway maintenance Specify Best Management Practice	DPW Responsible Dept./Person Name	Clear waterways of debris, 3 year rotating basis

**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

**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.

Carl F. Valente  
Printed Name

*Town Mgr.* ✓

*Carl F. Valente*  
Signature

*7/29/03*  
Date



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**F. Storm Water Management Program TIME FRAMES**

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE											
	Spring 03	Summer 03	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		
1-1																				
1-2			X																	
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2-5																				
3-1																				
3-2																				
3-3																				
3-4			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3-5																				
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4-4																				
4-5																				
5-1																				
5-2																				
6-1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6-2																				
6-3																				
6-4																				
6-5																				
6-6																				

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