



Hand-enter Your Transmittal Number

MA 041070

W 035571

AH

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 General Permit
Type of Project or Activity: Notice of Intent for Discharges from Small Municipal MS4s

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Weymouth

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

Individual's Last Name: Madden First Name: David MI: M

Street Address: 120 Winter Street

City/Town: Weymouth State: MA Zip Code: 02188 Telephone Number: (781) 337-5100 ext.

Contact: Andrew P. Fontaine, P.E. e-mail address (optional): cfontaine@weymouth.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Department of Public Works DEP Facility Number (if Known)

Street Address: 120 Winter Street e-mail address (optional)

City/Town: Weymouth State: MA Zip Code: 02188 Telephone Number: (781) 337-5100 ext. 318

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

Name of Individual or Firm: BETA Group, Inc.

Address: 315 Norwood Park South

City/Town: Norwood State: MA Zip Code: 02062 Telephone Number: (781) 255-1982 ext.

Contact: Sean Scully 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

MUNICIPAL ASSISTANCE UNIT
JUL 31 2009



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)

W035571  
 Transmittal Number

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 Weymouth  
 Name  
 120 Winter Street  
 Mailing Address  
 Weymouth MA  
 City/Town State  
 (781) 337-5100  
 Telephone Number Email (if available)

2. Municipality Name

Town of Weymouth  
 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:

\_\_\_\_\_

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

JUL 31 2003  
 MUNICIPAL ASSISTANCE UNIT

**B. Applicant Information (cont.)**



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

Facility ID (if known)

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
Weymouth Back River (South)	20 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Weymouth Back River (North)	23 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic Enrichment/Low DO, Pathogens
Weymouth Fore River	75 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Mill River	47 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Pathogens, Noxious Aquatic Plants
Old Swamp River	71 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, Cause Unknown Specify
Whitman's Pond	47 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Plymouth River	25 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Great Pond	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whorttleberry Pond	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cranberry Pond	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elias Pond	8 Number	<input type="checkbox"/> Yes <input checked="" 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

**D. Stormwater Management Program Summary**



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
**BRP WM 08A** NPDES Stormwater General Permit  
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1. Public Education:

<u>1-1</u> BMP ID #	<u>School Department</u> Responsible Dept./Person Name	<u>Introduce SW Management Issues in Env. Sci. Classes</u>
<u>Classroom Education</u> Specify Best Management Practice		
<u>1-2</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Educational Material, Storm Water Fact Sheets, Flyers</u>
<u>Flyer and Brochure Distribution</u> Specify Best Management Practice		
<u>1-3</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Annual Press Release, Article, Pub. Service Announcement</u>
<u>Using the Media</u> Specify Best Management Practice		
<u>1-4</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Track Collected Waste, Flyers</u>
<u>Hazardous Waste Management</u>		<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

2. Public Participation:

<u>2-1</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>All Water Bodies Adopted, Track Amount Trash Removed</u>
<u>Adopt-A-Stream/Drain Program</u>		
<u>2-2</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Track Cleanup Activities, Participants and Waste</u>
<u>Pond &amp; Stream Cleanup &amp; Monitoring</u>		
<u>2-3</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Stencil 300 or More Drains Per Year.</u>
<u>Stencil Storm Drains</u> Specify Best Management Practice		
<u>2-5</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Establish Hotline/Link, Track # of Calls &amp; Remedied Problems</u>
<u>Community Hotline/Weblink</u> Specify Best Management Practice		
<u>2-8</u> BMP ID #	<u>Town Council</u> Responsible Dept./Person Name	<u>Create &amp; Enforce Ordinance, Track # Signs Posted</u>
<u>Pet Waste Collection</u> Specify Best Management Practice		

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



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

<u>3-1</u> BMP ID #	<u>Inspect &amp; Sample Town Discharges</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Continue Program to Locate, Insp., Sample, Test Discharges</u>
<u>3-2</u> BMP ID #	<u>System Mapping Development</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete System Map, Add Soils, Land Use Maps</u>
<u>3-3</u> BMP ID #	<u>Illegal Dumping Education</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Flyers, Track # of Illegal Dumps Reported &amp; Penalties</u>
<u>3-4</u> BMP ID #	<u>Septic System Controls</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>Track #, Location &amp; Inspection of Septic Systems</u>
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**4. Construction Site Runoff Control:**

<u>4-1</u> BMP ID #	<u>Ordinance Review &amp; Update</u> Specify Best Management Practice	<u>Town Council, Planning</u> Responsible Dept./Person Name	<u>Develop Erosion &amp; Sediment Control Ordinance</u>
<u>4-2</u> BMP ID #	<u>Construction Inspection</u> Specify Best Management Practice	<u>Department of Public Works, Building Department</u>	<u>Track Inadequate Sites/Plans &amp; # of Non-Complaint Permits</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>

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



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5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Town Council/Department of Public Works</u>	<u>Develop Storm Drain Regs. &amp; Construction Details &amp; Policies</u>
<u>Regulations for Post Construction Runoff</u>		
<u>5-2</u> BMP ID #	<u>Department of Public Works</u>	<u>Inspect Structural BMPs Once /yr, Document # of Problems</u>
<u>BMP Inspection &amp; Maintenance</u>	<u>Responsible Dept./Person Name</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 #	<u>Department of Public Works</u>	<u>Develop Program, Collect Data, Refine Program</u>
<u>Catch Basin Cleaning Program</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>6-2</u> BMP ID #	<u>Department of Public Works</u>	<u>Sweep All Roads Annually, Track Lbs. of Debris</u>
<u>Street Cleaning</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>6-3</u> BMP ID #	<u>Department of Public Works</u>	<u>Inspect Drain Lines on As-Needed Basis</u>
<u>Pipe Inspections</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>6-4</u> BMP ID #	<u>Department of Public Works</u>	<u>Clean, Flush Drain Lines on As-Needed Basis</u>
<u>Pipe Cleaning</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>6-5</u> BMP ID #	<u>Department of Public Works</u>	<u>Replace Drainage Pipe &amp; Catch Basins as needed.</u>
<u>New Pipe &amp; Structural Installations</u>	<u>Responsible Dept./Person Name</u>	
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	

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



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7. BMPs for Meeting TMDL:

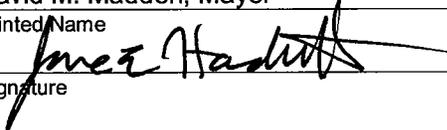
<u>1-1</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Educational Material, Storm Water Fact Sheets, Flyers</u>
<u>Flyer &amp; Brochure Distribution</u> Specify Best Management Practice		
<u>2-2</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Track Cleanup Activities, Participants and Waste</u>
<u>Pond &amp; Stream Cleanup &amp; Monitoring</u>		
<u>2-3</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Stencil 300 or More Drains Per Year.</u>
<u>Stencil Storm Drains</u> Specify Best Management Practice		
<u>3-1</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Locate, Inspect, Sample &amp; Test All Discharges</u>
<u>Inspect &amp; Sample Town Discharges</u>		
<u>3-3</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Flyers, Track # of Illegal Dumps Reported &amp; Penalties</u>
<u>Illegal Dumping Education</u> Specify Best Management Practice		

**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.

David M. Madden, Mayor

Printed Name



Signature

7/29/03

Date

Signed by Jane Hackett, Chief of Staff, per Weymouth Charter

