



Hand-enter Your Transmittal Number

MA R041072

AH

W 040467

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

BRPWM08A

Permit Code: 7 or 8 character code from permit instructions  
NPDES Stormwater General Permit

Type of Project or Activity

Stormwater

Name of Permit Category

## B. Applicant Information - Firm or Individual

Town of Winchester

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

Last Name of Individual

Town Hall, 71 Mt. Vernon Street

First Name of Individual

MI

Street Address

Winchester

MA

01890

781-721-7120

City/Town

State

Zip Code

Telephone # and extension

Mr. Robert Conway, Town Engineer

Contact Person

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Winchester Storm Drainage  
System  
same as above

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual

50 Hampshire Street

Address

Cambridge

MA

02139

617-452-6000

City/Town

State

Zip Code

Telephone # and extension

Brent McCarthy

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

JUL 30 2003

### 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)

**MUNICIPAL ASSISTANCE UNIT**

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



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

W040467  
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)

**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. Robert Conway, Town Engineer

Name

Town Hall, 71 Mt. Vernon Street

Mailing Address

Winchester

City/Town

781-271-7120

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Winchester

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:

None currently known.

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 30 2003

MUNICIPAL ASSISTANCE UNIT



**BRP WM 08A** NPDES Stormwater General Permit

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

**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
<u>Aberjona River</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unionized ammonia, organic enrichment/low DO, pathogens, other habitat alterations Specify
<u>Wedge Pond</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, noxious aquatic plants Specify
<u>Winter Pond</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, noxious aquatic plants, turbidity Specify
<u>Judkins Pond</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, organic enrichment/low DO, pathogens Specify
<u>Mill Pond</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/low DO, pathogens Specify
<u>Upper Mystic Lake</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Horn Pond Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Wetland tributary to Sucker Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Unnamed tributary to Upper Mystic Lake, near Arlington St.</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Unnamed wetland and pond, by High St., Johnson Rd., Ridge St.</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Mill Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



**BRP WM 08A NPDES Stormwater General Permit**

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

<u>Locke Farm Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Sachem Swamp</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Winning Farm wetlands</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Smith Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed wetland off Rt. 3 near the Gables</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Stream behind Churchill Road</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1-1</u> BMP ID # Article/brochure about stormwater in the annual Community Confidence Report. Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Article/brochure distributed annually to all residents and businesses.</u> Specify Measurable Goal
<u>1-2</u> BMP ID # Send information about proper disposal of lawn waste to landscape contractors in Winchester. Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Flyers mailed to landscape contractors.</u> Specify Measurable Goal
<u>1-3</u> BMP ID # Staff a table with information about stormwater at Town Day each year. Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Table staffed each year; number of brochures handed out.</u> Specify Measurable Goal
<u>1-4</u> BMP ID # Offer to give a stormwater education presentation to all classes of a middle school grade. Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Middle school principal contacted; presentation given.</u> Specify Measurable Goal
<u>1-5</u> BMP ID # Install and maintain "Do not feed the waterfowl" signs at popular feeding areas. Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Number of signs installed, number of signs inspected.</u> 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)

W040467  
Transmittal Number

Facility ID (if known)

1-6

BMP ID #

Annual update of the  
Stormwater Management Plan  
at a televised Selectmen's  
meeting.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Annual update of the SWMP  
at a televised Selectmen's  
meeting.

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with state public  
notification guidelines at MGL  
Chapter 39 Section 23B.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Continue to follow.

Specify Measurable Goal

2-2

BMP ID #

Give prize to a water- or  
environment-themed artwork  
in the Middle School Art Fair.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Prize awarded.

Specify Measurable Goal

2-3

BMP ID #

Provide in-kind assistance to  
river and pond clean-ups.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Letters sent to local group(s)  
on availability of assistance.

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Conduct dry weather outfall  
screening.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Percent of outfalls screened.

Specify Measurable Goal

3-2

BMP ID #

Map stormwater outfalls and  
receiving waters.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Map created.

Specify Measurable Goal

3-3

BMP ID #

Map the stormwater collection  
system in a GIS.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

GIS of stormwater system  
created.

Specify Measurable Goal

3-4

BMP ID #

Develop and implement a plan  
to identify and remove non-  
stormwater discharges to the  
MS4.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Number of illicit connections  
found and removed.

Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**

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

3-5

BMP ID #

Develop a Water and Sewer Regulation to allow Town inspectors into a building to check for illicit connections to the storm drain.

Specify Best Management Practice

Town Engineer and Town Attorney

Responsible Dept./Person Name

Draft regulation developed and presented to Board of Selectmen.

Specify Best Management Practice

3-6

BMP ID #

Develop a Water and Sewer Regulation to make it illegal to improperly connect a sanitary sewer to the storm drain system and to dump pollutants into the system.

Specify Best Management Practice

Town Attorney

Responsible Dept./Person Name

Draft regulation developed and presented to Board of Selectmen.

Specify Measurable Goal

3-7

BMP ID #

Develop a Water and Sewer Regulation to require inspection of new construction for correct connection to the sanitary sewer.

Specify Best Management Practice

Town Attorney

Responsible Dept./Person Name

Draft regulation developed and presented to Board of Selectmen.

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Require a Construction Site Erosion and Sediment Control Plan for construction sites greater than 1 acre in area.

Specify Best Management Practice

Town Engineer

Responsible Dept./Person Name

Requirement of an ESCP included in the Engineering Department Construction Standards.

Specify Measurable Goal

4-2

BMP ID #

Require a waste management plan at construction sites larger than one acre.

Specify Best Management Practice

Town Engineer

Responsible Dept./Person Name

Waste management plan for each construction site larger than one acre.

Specify Measurable Goal

4-3

BMP ID #

Continue to review site plans for stormwater impacts.

Specify Best Management Practice

Town Engineer

Responsible Dept./Person Name

Percent of site plans reviewed for erosion and sediment control.

Specify Measurable Goal



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

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

Facility ID (if known)

4-4

BMP ID #

Hold a public hearing for each new construction project that disturbs more than one acre of land.

Specify Best Management Practice

4-5

BMP ID #

Inspect and enforce erosion and sediment controls.

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Public hearing held for each construction project.

Specify Measurable Goal

Town Inspector

Responsible Dept./Person Name

Number of inspections conducted.

Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop a draft Water and Sewer Regulation to apply Standards 2, 3, 4, and 7 of the Massachusetts Stormwater Policy (MSP) to the entire Town. Present the regulation to the Board of Selectmen.

Specify Best Management Practice

5-2

BMP ID #

Specify a stormwater BMP manual to be used for consistent design and performance standards.

Specify Best Management Practice

5-3

BMP ID #

Develop a draft Water and Sewer Regulation that ensures long-term maintenance of structural BMPs.

Specify Best Management Practice

5-4

BMP ID #

Continue to allow conservation restrictions on private land.

Specify Best Management Practice

Town Attorney

Responsible Dept./Person Name

Draft regulation developed and presented to Board of Selectmen.

Specify Measurable Goal

Town Engineer

Responsible Dept./Person Name

BMP manual selected.

Specify Measurable Goal

Town Attorney

Responsible Dept./Person Name

Draft regulation developed and presented to Board of Selectmen.

Specify Measurable Goal

Planning Board; Conservation Commission

Responsible Dept./Person Name

Policy already developed; number of acres protected per year.

Specify Measurable Goal



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

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Facility ID (if known)

6. Municipal Good Housekeeping:

6-1

BMP ID #

Continue employee training  
program.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Number/percent of DPW  
employees who receive  
stormwater training each year.

Specify Measurable Goal

6-2

BMP ID #

Identify sensitive receptors  
(such as wetlands, beaches,  
etc.) within the Town.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

List of sensitive receptors  
developed, staff notified.

Specify Measurable Goal

6-3

BMP ID #

Conduct street and parking lot  
sweeping.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

All streets swept in spring; all  
streets swept at least one  
other time per year;  
municipally-owned parking lots  
swept in spring

Specify Measurable Goal

6-4

BMP ID #

Calibrate salt spreaders and  
monitor industry "smart salting"  
standards.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Amount of deicers used.

Specify Measurable Goal

6-5

BMP ID #

Clean all catch basins at least  
once every five years and  
clean drain pipes as  
necessary.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Number of catch basins  
cleaned annually.

Specify Measurable Goal

6-6

BMP ID #

Train staff in the proper  
application of herbicides,  
pesticides, and fertilizers.

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Training conducted; amount of  
herbicides/fertilizers used.

Specify Measurable Goal

6-7

BMP ID #

Hold Annual Household  
Hazardous Waste Drop-off  
Day.

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

At least one household  
hazardous waste drop-off day  
held per year.

Specify Measurable Goal





Massachusetts Department of Environmental Protection  
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**BRP WM 08A** NPDES Stormwater General Permit

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

Facility ID (if known)

6-8

BMP ID #

Continue proper snow disposal.  
Specify Best Management Practice

Dept. of Public Works  
Responsible Dept./Person Name

Continue existing practices.  
Specify Measurable Goal

6-9

BMP ID #

Develop and implement a plan for catch basin and street sweeping residual disposal.  
Specify Best Management Practice

Dept. of Public Works  
Responsible Dept./Person Name

Plan developed; training held.  
Specify Measurable Goal

6-10

BMP ID #

Evaluate the Town Yard and Transfer Station for stormwater good housekeeping practices.  
Specify Best Management Practice

Dept. of Public Works  
Responsible Dept./Person Name

Assessments conducted twice per year.  
Specify Measurable Goal

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN WINCHESTER

**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.

Brian F. Sullivan Town Manager  
Printed Name  
Brian F. Sullivan  
Signature  
7-28-03  
Date



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**

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	
1-1	X				X				X				X				X					
1-2																						
1-3	X				X				X				X				X					
1-4					X				X				X				X					
1-5	X				X				X				X				X					
1-6	X				X				X				X				X					
2-1																						
2-2					X				X				X				X					
2-3					X				X				X				X					
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 Facility ID (if known): Town of Manchester  
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