Hand-enter Your Transmittal Number → W 041169 1938
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

NOI for Discharges from Small MS4s
Type of Project or Activity

B. Applicant Information – Firm or Individual

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

NA
Last Name of Individual | **First Name** of Individual | MI

Street Address

City/Town | State | Zip Code | Telephone # and extension

Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of [redacted]
Name of Facility, Site or Individual

DEP Facility Number (if Known)

046-001-062
Federal I.D. Number (if Known)

472 Main Street
Street Address

djohnson@town.acton.ma.us
e-mail address (optional)

Acton
City/Town

MA
State

01720
Zip Code

978.264.9612
Telephone # and extension

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

Woodard & Curran, Inc.
Name of Firm Or Individual

980 Washington Street, Suite 325
Address

Dedham
City/Town

MA
State

02026
Zip Code

(781) 251-0200
Telephone # and extension

Helen Priola
Contact Person

NA
LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA file number NA

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

NA	EXEMPT	NA
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

BRP WM 08A NPDES Stormwater General Permit

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

W041169
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:

   Don Johnson, Town Manager
   Name

   472 Main Street
   Mailing Address

   Acton — City/Town
   Massachusetts — State

   978-264-9612 — Telephone Number
   djohnson@town.acton.ma.us — Email (if available)

2. Municipality Name

   Acton
   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 (Route 2, Rte 111, Rte 2A)

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

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
Assabet River (Maynard to Powdermill Dam, Acton) (Name)	3 (Number)	☒ Yes ☐ No	Priority organics Metals Nutrients Organic enrichment/Low DO Thermal modifications Taste, color, and odor Suspended Solids Noxious Aquatic Plants (Specify)
Assabet River (Powdermill Dam, Acton to Concord) (Name)	7 (Number)	☒ Yes ☐ No	Nutrients Organic enrichment/Low DO Pathogens (Specify)
Coles Brook (Name)	5 (Number)	☐ Yes ☒ No	(Specify)
Nashoba Brook (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Conant Brook (Name)	11 (Number)	☐ Yes ☒ No	(Specify)
Grassy Pond Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Fort Pond Brook (Name)	13 (Number)	☐ Yes ☒ No	(Specify)
Pratts Brook (Name)	3 (Number)	☐ Yes ☒ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PE-1	Partner w/ Local Org.	Board of Health/Doug Halley	**Y1** – Provide Financial Contribution to Partner w/ SuAsCo WCC.

D. Stormwater Management Program Summary (Cont.)

PE-2
BMP ID #

Develop Public Ed. Brochures/Flyers
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 – Prepare/Distribute Storm Water Awareness Survey
Y2 – Prepare/Distribute Storm Water Flyer to households Reissue Storm Water Awareness Survey
Y3 – Prepare/Distribute Storm Water Flyer to businesses.
Y4 – Prepare/Publish one media release.
Y5 – Prepare/Publish one media release.
Specify Measurable Goal

PE-3
BMP ID #

Structural BMP Education
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y2 – Construct Kiosk at NARA constructed wetland BMP
Y3 – Identify 2 BMP locations for signs
Y4 – Install BMP signs at 2 chosen locations
Y5 – Check signs for damage
Specify Measurable Goal

PE-4
BMP ID #

Incorporate SW into Public Mtgs. – Provide Electronic Media Outlet
Specify Best Management Practice

IT/Mark Hall
Responsible Dept./Person Name

Y1 – Selectmen's meeting discussing SWMP to be shown live on cable and taped for future broadcast
Y5 – Create storm water video and show at one public meeting and one local cable station event
Specify Measurable Goal

2. Public Participation:

PP-1
BMP ID #

Partner w/ Local Org.
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 – Provide Financial Contribution to Partner w/ SuAsco.
Specify Measurable Goal

PP-2
BMP ID #

Place traveling display at various locations
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 thru Y5 – Place display from SuAsCo at one location throughout the year.
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

PP-3
BMP ID #

Poster/Photo Contests
Specify Best Management Practice

Recreational Dept./Nancy McShea
Responsible Dept./Person Name

Y2 – Hold a storm water poster contest for Youth Groups
Y3 – Hold a storm water photo contest for Youth groups
Specify Measurable Goal

PP-4
BMP ID #

Org. Public Mtgs/Panels
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 thru Y5 – Discuss SW at one public meeting every year
Specify Measurable Goal

PP-5
BMP ID #

Stencil Storm Drains
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1.1 – OAR volunteers stenciled small portion of community in 1998. (completed)
Y1.2 – Submit Grant application for new stenciling program.
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

ID-1
BMP ID #

Drainage Mapping
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1– Prepare draft drainage map with watershed delineations.
Y2 thru Y5 – Field verify and update draft map features for new construction and 25% of streets older than 1960.
Y1 thru Y5 – Reassess eligibility criteria as it applies to drain map.

ID-2
BMP ID #

Develop/Implement Illicit Discharge Bylaw
Specify Best Management Practice

Planning Dept./Roland Bartl & Board of Health/Doug Halley
Responsible Dept./Person Name

Y2.1 – Review/analyze existing bylaws & rules/regulations
Y2.2 – Develop bylaw if req'd
Y3 – Continue to develop bylaw
Y4 - Present bylaw & rules/regs. for public comment
Y5 – Bring bylaw in front of Town meeting for vote
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

ID-3
BMP ID #

Perform Illicit Discharge Detection Campaign
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y1 – Submit grant proposal for funding of Acton Watershed Health Protection Program to identify potential problem areas
Y2 – Conduct investigation and sampling of outfalls discharging to Assabet River (303(d) waterway)
Y3 – Conduct testing of problem areas with focus on discharges to 303(d) waters (Assabet River).
Y4 – Conduct dry weather flow testing
Y5 – Pinpoint sources of illicit discharges
Specify Measurable Goal

ID-4
BMP ID #

Correct Illicit discharges
Specify Best Management Practice

Board of Health/Doug Halley
Responsible Dept./Person Name

Y5 – Enforce bylaw to correct detected illicit discharges
Specify Measurable Goal

4. Construction Site Runoff Control:

CS-1
BMP ID #

Develop/Implement Construction Site Runoff Control Program
Specify Best Management Practice

Planning Dept./ Roland Bartl
Responsible Dept./Person Name

Y2 – Begin in-house assessment.
Y3 and Y4 – Continue Development of program.
Y5 – Present bylaw for Town Mtg. vote
Specify Measurable Goal

CS-2
BMP ID #

Develop/Implement Erosion and Sediment Control Bylaw
Specify Best Management Practice

Planning Dept./ Roland Bartl
Responsible Dept./Person Name

Y2 – Begin in-house assessment.
Y3 and Y4 – Continue Development of program.
Y5 – Present bylaw for Town Mtg. vote
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PC-1	Develop/Implement Post Construction Runoff Control Program	Planning Dept./ Roland Bartl	**Y2** – Begin in-house assessment. **Y3 and Y4** – Continue Development of program. **Y5** – Present bylaw for Town Mtg. vote

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GH-1	Reporting	Board of Health/ Doug Halley	**Y1** – Create a method to record storm water activities for Good Housekeeping and all MCMs. **Y1 thru Y5 –** Record all storm water management activities. Reassess eligibility criteria. Provide yearly report as req'd in the General Permit Part II.F.
GH-2	Audit Current Town Facilities	DPW/David Brown	**Y3** – Conduct an audit of the WWTF **Y4** – Conduct an audit of the Parks, Cemetery and recreational properties **Y5** – Conduct an audit of the DPW facilities.
GH-3	O&M Program	DPW/David Brown	**Y1.1** – Create list of priority outfalls and complete 1st round of outfall cleaning **Y1.2** – Begin tracking records for catch basins cleaned. **Y2.1** – Revisit 25% of priority outfalls for maintenance. **Y2.2** – Begin monitoring amount of sediment removed from catch basins. **Y3.1** – Revisit 25% of priority outfalls for maintenance. **Y3.2** – Refine and record catch basin street sweeping schedule for annual reporting. **Y4 thru Y5**– Revisit 25% of priority outfalls for maintenance.

D. Stormwater Management Program Summary (Cont.)

GH-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Employee training	DPW/David Brown	**Y1** – Conduct a dept. meeting on pollution prevention **Y1** – Generate list of all prior relevant employee training activities **Y3**- Administer a good housekeeping workshop at DPW

GH-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Recycling Program	DPW/David Brown	**Y1** – Review current recycling program & determine/implement changes as needed. **Y2 thru Y5** Continue recycling & hazardous waste collection programs

7. BMPs for Meeting TMDL:

TMDL-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Check Current Impairment list	Board of Health/Doug Halley	**Y1** – There are no completed TMDL studies for receiving waters in Acton. **Y2 thru Y5** – Check list annually to determine new implementation requirements.

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.

Don Johnson, Town Manager
Printed Name

Signature

7/25/03
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. Acton Storm Water Management Program TIME FRAMES

Transmittal Number W041169

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	**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**	**Next Permit**
PE-1		X																			
PE-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
PE-3					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
PE-4		X															—	—	—	—	
PP-1		X																			
PP-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
PP-3					—	—	—	—	—	—	—	—									
PP-4	X				X				X				X				X				
PP-5	—	—	—	—																	
ID-1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
ID-2					—	—	—	—	—	—	—	—	—	—	—	—	X				
ID-3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
ID-4																	—	—	—	—	
CS-1					—	—	—	—	—	—	—	—	—	—	—	—	X				
CS-2																					
PC-1					—	—	—	—	—	—	—	—	—	—	—	—	X				
GH-1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
GH-2									—	—	—	—	—	—	—	—	—	—	—	—	
GH-3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
GH-4	—	—	—	—						X											
GH-5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TMDL-1				X				X				X				X				X	