1074

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)

W041153
Transmittal Number

Facility ID (if known)

A. Instructions

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:

   Peter Castanino, Director of Public Works
   Name

   Town of Belmont Department of Public Works, 40 Prince Street
   Mailing Address

   Belmont — City/Town
   MA — State

   (617) 489-7171 — Telephone Number
   pcastanino@town.belmont.ma.us — Email (if available)

2. Municipality Name

   Town of Belmont
   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:

   U.S. Route 2

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 Attachment A for Eligibility Information***

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Applicant Information (cont.)

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 Attachment A for Eligibility Information***

Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Little Pond (#1-7) (Name)	7 (Number)	☐ Yes ☒ No	(Specify)
Claypit Pond (#8-14) (Name)	7 (Number)	☒ Yes ☐ No	Nutrients, Noxious aquatic plants
Mill Pond (#15-17) (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Duck Pond (#18) (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Beaver Brook (#19-22) (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Trib. to Beaver Br. (#23-26) (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
unnamed Trib. to Spy Pond (#27)	1 (Number)	☐ Yes ☒ No	(Specify)
unnamed Trib. to Blair Pond #28)	1 (Number)	☐ Yes ☒ No	(Specify)
unnamed streams (#29-34) (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

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er Management Program Summary

ation:

Stormwater nent Web Page on Web Page Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
formation on Town Hall Boards Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
ute Educational Flyers Community Newsletter Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
BMP ID # Specify Best Management Practice BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2-1 BMP ID # Public Review of Town's Stormwater Management Program Specify Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
2-2 BMP ID # A-B-C Stormwater Flooding Board to Address Issues in the Little River & Alewife Brook Areas Specify Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
2-3 BMP ID # Sponsor Storm Drain Stenciling Program Specify Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal
2-4 BMP ID # Conduct Attitude Surveys Specify Best Management Practice	See Attachment B Responsible Dept./Person Name	See Attachment B Specify Measurable Goal

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Outfall Location Map	See Attachment B	See Attachment B
3-2	Develop & Adopt a Stormwater By-Law	See Attachment B	See Attachment A
3-3	Implement an Illicit Discharge Detection & Elimination Plan	See Attachment B	See Attachment B
3-4	Conduct Infiltration/Inflow Removal from Sanitary Sewer System	See Attachment B	See Attachment B

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Construction Site Inspection and Enforcement	See Attachment B	See Attachment B

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Update Site Plan Review Process	See Attachment B	See Attachment B

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Training Program for Belmont DPW Staff	See Attachment B	See Attachment B
6-2	Catch Basin Cleaning Program	See Attachment B	See Attachment B
6-3	Street Sweeping Program	See Attachment B	See Attachment B
6-4	Vehicle & Equipment Maintenance and Cleaning Program	See Attachment B	See Attachment B
6-5	Landscaping and Lawn Care	See Attachment B	See Attachment B
6-6	Road Salt Application and Storage	See Attachment B	See Attachment B
6-7	Hazardous Material Storage	See Attachment B	See Attachment B

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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

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.

Melvin A. Kleckner, Town Administrator
Printed Name

Signature

10/9/2003
Date

W 041153
Transmittal Number

Hand-enter Your 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

A. Permit Information

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit
Name of Permit Category

Best Management Practices for Stormwater Management Program
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Belmont Department of Public Works
Name of Firm - Or, if party needing this approval is an individual enter name below:

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

40 Prince Street
Street Address

Belmont | MA | 02478 | 617-489-7171
City/Town | State | Zip Code | Telephone # and extension

Peter Castanino, Director DPW
Contact Person

pcastanino@town.belmont.ma.us
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Belmont MS4
Name of Facility, Site or Individual

DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address | e-mail address (optional)

Belmont | MA | 02478 | 617-489-7171
City/Town | State | Zip Code | Telephone # and extension

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

Fay, Spofford & Thorndike
Name of Firm Or Individual

5 Burlington Woods
Address

Burlington | MA | 01803 | 781-221-1000
City/Town | State | Zip Code | Telephone # and extension

Sharon T. Raymond, P.E.
Contact Person

LSP Number (21E only)

Permit - Project Coordination

project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file
er - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA file number _____
Environmental Impact Report Required? ☐ yes ☒ no
application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☒ no

ny other DEP permits that apply to this project:

rmit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted

Amount Due

cial 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

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

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F. Storm Water Management Program TIME FRAMES

	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
1-1																					
1-2														X							
1-3						X															
2-1		X																			
2-2																					
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5-1																					
6-1																					
6-2																					
6-3	3 to 5 times per year				3 to 5 times per year				3 to 5 times per year				3 to 5 times per year				3 to 5 times per year				
6-4																					
6-5																					
6-6																					
6-7																					