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Hand-enter Your Transmittal Number

W 035570

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 Natick

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

Individual's Last Name: First Name: MI

Street Address: 13 East Central Street City/Town: Natick State: MA Zip Code: 01760 Telephone Number: (508) 647-6400 ext. Contact: Mark Coviello, Town Engineer e-mail address (optional): MCoviello@natickma.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: 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: BETA Group, Inc Address: 315 Norwood Park South City/Town: Norwood State: MA Zip Code: 02062 Telephone Number: (781) 255-1982 ext. Contact: Michael S. Vignale 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) EOE # 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 [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 [ ] Alternative Schedule Project

\*There are no fee exemptions for 21E, regardless of applicant status

JUL 28 2003

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)**

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 Natick  
Name  
13 East Central Street  
Mailing Address  
Natick  
City/Town  
508-647-6430  
Telephone Number  
MA  
State  
MCoviello@Natickma.org  
Email (if available)

2. Municipality Name

Town of Natick  
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:

Route 90 (Mass Turnpike Authority), Route 9 (MassHighway)

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 28 2003



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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
Lake Cochituate Name	78 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, organic enrichment/low dissolved oxygen
Fiske Pond Name	16 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Noxious aquatic plants
Jennings Pond Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Noxious aquatic plants
Charles River (South Natick Dam to Needham/Natick border) Name	49 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, pH, Organic enrichment/low dissolved oxygen, pathogens
Dug Pond Name	33 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nonesuch Pond Name	23 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Morses Pond Name	13 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Dam Brook Name	60 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Davis Brook Name	70 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Indian Brook Name	20 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Course Brook Name	25 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Branch to the Charles River Name	13 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Tributary to Jennings Pond Name	31 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Tributary to the Sudbury River Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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)

W035570  
Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

1-1

BMP ID #

Web Site Modifications

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Links to watershed info

Specify Measurable Goal

1-2

BMP ID #

Storm Water Flyer to  
Community Residents

Town Administrator

Responsible Dept./Person Name

Flyers to 75% of residents

Specify Measurable Goal

1-3

BMP ID #

Storm Water Lesson Plan for  
Fifth Grade Students

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Taught to one or more  
classrooms in community

Specify Measurable Goal

1-4

BMP ID #

Storm Water Flyer to  
Community Businesses

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Flyers to minimum - 50%  
businesses, half showing logo

Specify Measurable Goal

1-5

BMP ID #

Storm Water Media Campaign

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Four press releases

Specify Measurable Goal

1.6

BMP ID #

Storm Water Video

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Show at minimum-one public  
meeting, air at least once-TV

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Storm Water Committee

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Create committee, hold  
quarterly meetings

Specify Measurable Goal

2-2

BMP ID #

Community Hotline

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Establish Hotline, track calls  
and problems resolved

Specify Measurable Goal

2-3

BMP ID #

Storm Water Traveling Display

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Circulate 3 months at minimum  
of 3 locations in year one

Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
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**Storm Sewer Systems (MS4s)**

Facility ID (if known)

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

<u>3-4</u> BMP ID # <u>Illegal Dumping Education</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u># of dumps reported, # penalties, inventory prime areas, # of citizens recognized for reporting dump, # dumps cleaned up</u> Specify Measurable Goal
<u>3-5</u> BMP ID # <u>Septic System Controls</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Mandate and track maintenance, # and location of septic systems, # of systems inspected, # of people trained in inspection and installation</u> Specify Measurable Goal
<b>4. Construction Site Runoff Control:</b>		
<u>4-1</u> BMP ID # <u>Soil and Erosion Control Bylaw</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Develop bylaw and present to Town meeting</u> Specify Measurable Goal
<u>4-2</u> BMP ID # <u>Construction Inspections</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Weekly inspections, # inadequate sites reported, # of non-compliant permits, DPW enforce soil and erosion bylaw</u> Specify Measurable Goal
<b>5. Post Construction Runoff Control:</b>		
<u>5-1</u> BMP ID # <u>Bylaw for Post Construction Runoff</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Develop bylaw and present it to Town meeting</u> Specify Measurable Goal
<u>5-2</u> BMP ID # <u>BMP Inspection and Maintenance</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Inspect BMPs every two years, document problems remedied</u> Specify Measurable Goal



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Facility ID (if known)

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

2-4

BMP ID #

Poster Contest for Fifth Grade Students

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Poster contest held and entries received, judged, & displayed

Specify Measurable Goal

2-5

BMP ID #

Photo Contest for High School Students

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Photo contest held and entries received, judged, & displayed

Specify Measurable Goal

2-6

BMP ID #

Storm Water Summit Special Event

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Advertise and hold local or multi-community summit

Specify Measurable Goal

2-7

BMP ID #

Participate in SuAsCo Super Summit and Public Awareness

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Participate, self-test distributed to 75% residents, compile and consider results of self test

Specify Measurable Goal

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

3-1

BMP ID #

Illicit Discharge Bylaw

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Develop bylaw and present to Town meeting

Specify Measurable Goal

3-2

BMP ID #

Inspect and Sample Town Discharges

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Inspect Outfalls, Sample Discharges, Follow Up Testing

Specify Measurable Goal

3-3

BMP ID #

System Mapping Development

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Complete hydraulic modeling, locate discharges, update map and database, add soils information and land use to maps, map septic system and provide pumping history

Specify Measurable Goal



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

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Facility ID (if known)

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

6. Municipal Good Housekeeping:

6-1

BMP ID #

Catch Basin Cleaning

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Clean 50% of Town's catch basins annually

Specify Measurable Goal

6-2

BMP ID #

Predictive Catch Basin Program

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Develop inspection program, collect data and refine program

Specify Measurable Goal

6-3

BMP ID #

Street Cleaning

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Sweep all streets annually, major street twice starting year 3, parking lots and minor streets annually beginning year 3, document pounds of debris, BUD assessment

Specify Measurable Goal

6-4

BMP ID #

Investigate Town Owned BMPs, for Retrofit Opportunity

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Inspect all structural BMPs annually, two retrofit projects - if required

Specify Measurable Goal

6-5

BMP ID #

Municipal Employee Training

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Continue current practices annually

Specify Measurable Goal

7. BMPs for Meeting TMDL:

N/A

BMP ID #

no TMDL has been established thus far

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



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

W035570

Transmittal Number

**BRP WM 08A** NPDES Stormwater General Permit  
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Storm Sewer Systems (MS4s)

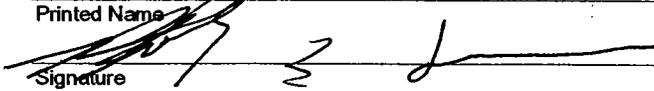
Facility ID (if known)

**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.

Philip E. Lemnios, Town Administrator

Printed Name



Signature

7/24/03

Date

