1232

Hand-enter Your Transmittal Number → W 035577

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 Gen Permit Notice of Intent for Discharges from Small MS4s

Type of Project or Activity:
Muncipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Westford, Massachusetts

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

Individual's Last Name:	First Name	MI

Street Address			
55 Main Street			
City/Town	State	Zip Code	Telephone Number
Westford	MA	01886	(978) 692-5520 ext.
Contact:		e-mail address (optional)	
Mark Hamel		Mhamel@westford.mec.edu	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		DEP Facility Number (if Known)	
Town of Westford			
Street Address		e-mail address:	
55 Main Street		(optional)	
City/Town	State	Zip Code	Telephone Number
Westford	MA	01886	(978) 692-5520 ext.

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

Name of Individual or Firm:
Vannasse Hangen Brustlin, Inc.

Address
101 Walnut Street, P.O. Box 9151

City/Town	State	Zip Code	Telephone Number
Watertown	MA	02471 9151	(617) 924-1770 ext.
Contact:		LSP Number (21E only)	
Bethany Eisenberg			

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EOEA # 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 Number (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

Check #: N/A	Dollar Amount: N/A	Date: March 10, 2003

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)

W035577
Transmittal Number

MAV000007449
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 Westford - James Rand Jr. Hgwy Operations Admin.
   Name

   55 Main Street
   Mailing Address

   Westford — City/Town
   Massachusetts — State

   (978) 692-5520 — Telephone Number
   MHamel@westford.mec.edu — Email (if available)

2. Municipality Name

   Town of Westford, Massachusetts
   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:

   Massachusetts Highway Department

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

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
Stony Brook (Name)	3 (Number)	☒ Yes ☐ No	PH, Organic Enrichment/Low DO, Pathogens, Turbidity, Nutrients (Specify)
Keyes Pond (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Keyes Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Long-Sought For Pond (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Flushing Pond (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Lake Nabnasset (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Grassy Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Old Mill Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Greystone Pond (Name)	10 (Number)	☐ Yes ☒ No	(Specify)
Snake Meadow Brook (Name)	5 (Number)	☐ Yes ☒ No	(Specify)
Tributary to Keyes Pond (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Tributary to Forge Pond (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Boutwell Brook (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Butter Brook (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Nashoba Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Vine Brook (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(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
1A	Stormwater Flyer for Residents	SuAsCo & Westford DPW	See Attached Outline
1B	Lesson Plan for Fifth Graders	SuAsCo & Westford DPW	See Attached Outline
1C	Stormwater Flyer for Businesses	SuAsCo & Westford DPW	See Attached Outline
1D	Stormwater Media Campaign	SuAsCo & Westford DPW	See Attached Outline
1E	Stormwater Video	SuAsCo & Westford DPW	See Attached Outline
1F	Recycling/Trash Info. on Website	Recycling Commission	See Attached Outline
1G	Display Recycling/Trash Pamphlet	Recycling Commission	See Attached Outline
1H	Recycling/Trash Mailing to Residents	Recycling Commission	See Attached Outline
1I	Advertise HHW Info. in Community Phonebook	Recycling Commission	See Attached Outline
1J	Advertise Brush/Multi Collection on Cable and in Paper	Recycling Commission	See Attached Outline
1K	Leaf Dumping Article in Paper	Conservation Commission	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

1L
BMP ID #

Leaf Dumping Pamphlet to Public	Conservation Commission	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1M
BMP ID #

Leaf Dumping Pamphlet at Events	Conservation/Water/Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1N
BMP ID #

Fertilizer Pamphlet to Businesses	Water Department	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1O
BMP ID #

Fertilizer Info. In Newsletter	Water Department/Engineering	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1P
BMP ID #

Septic System Pamphlets in Water Dep't	Water Department	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1Q
BMP ID #

Septic System Pamphlets at Events	Water Dep't/Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1R
BMP ID #

Hazardous Material Bylaw Info. On Website	Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A
BMP ID #

Stormwater Traveling Display	SuAsCo & Westford DPW	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2B
BMP ID #

Poster Contest for Fifth Graders	SuAsCo & Westford DPW	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2C
BMP ID #

Photo Contest for High Schoolers	SuAsCo & Westford DPW	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2D
BMP ID #

Local Stormwater Summit Event	SuAsCo & Westford DPW	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2E	Stormwater Super Summit Event	SuAsCo & Westford DPW	See Attached Outline
2F	Curbside Recycling	Department of Public Works	See Attached Outline
2G	In Town HHW Drop-off	Department of Public Works	See Attached Outline
2H	HHW Drop-off in Lexington	Department of Public Works	See Attached Outline
2I	Leaf Drop-off at Laughton's Nursery	Department of Public Works	See Attached Outline
2J	Brush Drop-off in Westford	Department of Public Works	See Attached Outline
2K	Multi-Collection Events	Dep't of Public Works/Board of Health	See Attached Outline
2L	Mercury Drop-off at Board of Health	Board of Health	See Attached Outline
2M	Mercury Drop-off at Multi-Collection Event	Department of Public Works	See Attached Outline
2N	Public Meetings	Department of Public Works	See Attached Outline
2O	Stormwater Contact	Highway Department	See Attached Outline

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
3A	Storm Sewer Map	Highway Department/GIS	See Attached Outline
3B	Illicit Discharge Bylaw	Engineering/Conservation	See Attached Outline
3C	Detection & Elimination Plan	Highway Department	See Attached Outline
3D	Illicit Discharge Education for Public	SuAsCo/Public Works/Highway/Water/Board of Health	See Attached Outline
3E	Illicit Discharge Education for Municipal Employees	Highway Department	See Attached Outline

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4A	Wetlands Bylaw	Conservation Commission	See Attached Outline
4B	Construction Site Runoff Bylaw	Engineering/Planning/Conservation	See Attached Outline
4C	Erosion, Sediment, & Waste Controls	Engineering/Planning/Conservation	See Attached Outline
4D	Site Plan Review Procedures	Engineering/Planning/Conservation	See Attached Outline
4E	Site Inspection & Enforcement	Engineering/Planning/Conservation	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

4F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Site Contact	Highway Department	See Attached Outline

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post-Construction Site Runoff Bylaw	Engineering/Planning/Conservation	See Attached Outline

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Structural & Non-Structural BMPs	Engineering/Planning/Conservation	See Attached Outline

5C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Long-Term Operation & Maintenance	Engineering/Planning/Conservation	See Attached Outline

5D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Struct BMP Implement. Procedures	Engineering/Planning/Conservation	See Attached Outline

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin Schedule	Highway Department	See Attached Outline

6B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Regular Street Sweeping	Department of Public Works	See Attached Outline

6C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Sand/Salt Covered	Highway Department	See Attached Outline

6D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Used Oil is Recycled	Highway Department	See Attached Outline

D. Stormwater Management Program Summary (cont.)

6E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Hazardous Material Stored Inside	Highway Department	See Attached Outline

6F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement SWPPP at Garage	Highway Department	See Attached Outline

6G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Increase Vehicle Fueling Cover	Highway Department	See Attached Outline

6H
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Employee Training	Highway Department	See Attached Outline

6I
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Operation/Maintenance Plan	Highway Department	See Attached Outline

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

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.

MARK HAMEL
Printed Name

Signature — 3-10-2003
Date

Signature — 6-25-03
Date

JAMES RAND, JR.

Christopher A. Romeo, Chair BOS
Printed Name

Signature — 9-23-03
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)

W035577
Transmittal Number

MAR00000 7449
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.

MARK HAMEL
Printed Name

Signature — Date: 3-10-2003

Signature — Date: 6-25-03

JAMES RAND, JR.

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

Westford, MA
Transmittal Number W035577
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
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	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
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