1069

Hand-enter Your Transmittal Number → **W 036108**

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 Storm Water General Permit
Type of Project or Activity: Notice Of Intent For Discharges From Small Municipal Separate Storm Sewers

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Westwood			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address: 580 High Street			
City/Town: Westwood	State: MA	Zip Code: 02090	Telephone Number: (508) 320-1009 ext.
Contact: Michael A. Jaillet, Executive Administrator	e-mail address (optional): mjaillet@townhall.westwood.ma.us		

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town Of Westwood		DEP Facility Number (if Known)	
Street Address: Entire Town		e-mail address: (optional)	
City/Town: Westwood	StateMA	Zip Code: 02090	Telephone Number: ( ) ext.

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

Name of Individual or Firm: Public Works Department			
Address: 50 Carby Street			
City/Town: Westwood	State: MA	Zip Code: 02090	Telephone Number: (781) 326-8661 ext.1
Contact: J. Timothy Walsh, Director Of Public Works	LSP Number (21E only)		

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 #:	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		

rev. 03/21/00

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)

Y4036108
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:

   Town of Westwood
   Name

   580 High Street
   Mailing Address

   Westwood — MA 02090
   City/Town — State

   (508) 326-4172 — mjaillet@townhall.westwood.ma.us
   Telephone Number — Email (if available)

2. Municipality Name

   Town of Westwood
   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:

   _____

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
Neponset River (Name)	(Number)	☒ Yes ☐ No	Priority organics, metals, organic enrichment/low DO-pathogens (6/21/2002/CU121.0), turbidity, objectable deposits (Specify)
(Name)	(Number)	☐ Yes ☐ No	
(Name)	(Number)	☐ Yes ☐ No	
(Name)	(Number)	☐ Yes ☐ No	(Specify)
Charles River (Name)	(Number)	☒ Yes ☐ No	Priority organics, ph, pathogens, organic enrichment/low dissolved oxygen
(Name)	(Number)	☐ Yes ☐ No	
(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)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #
See attached 1 to 5
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

2. Public Participation:

BMP ID #
See attached 6 to 11
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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #
See attached 12 to 32
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

4. Construction Site Runoff Control:

BMP ID #
See attached 33 to 47
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

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #
See attached 48 to 51
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

6. Municipal Good Housekeeping:

BMP ID #
See attached 52 to 67
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

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.

ANTHONY J. ANTONELLIS — Chair, Board of Selectmen
Printed Name

Signature — 7/16/03
Date