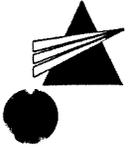




APPENDIX C
NOTICE OF INTENT



TRANSMITTAL

Project #: 212521

TO: Massachusetts Department of Environmental Protection DATE: July 29, 2003
Division of Watershed Management
627 Main Street
Worcester, Massachusetts 01608

RE: NPDES Stormwater General Permit
NOI for Discharges from Small MS4s – Town of Acton, MA

WE ARE SENDING:

QUANTITY	DESCRIPTION
<u>1</u>	<u>MA DEP Transmittal Form for Permit Application and Payment</u>
<u>1</u>	<u>BRP WM 08A – NPDES Stormwater General Permit NOI for Discharges from Small MS4s</u>

For Your:
 USE
 APPROVAL
 REVIEW/COMMENTS
 INFORMATION
 OTHER

Sent By:
 REGULAR MAIL
 FEDERAL EXPRESS
 UPS
 COURIER
 OTHER

COMMENTS: Attached please find the NPDES Stormwater General Permit Notice of Intent (NOI) for the Town of Acton, Massachusetts with an original signature.

[Handwritten Signature]
JUL 31 2003

CC: U.S. Environmental Protection Agency – Boston, MA
 Don Johnson, Town Manager – Acton, MA
 Helen Priola, PE

BY: Emily Ferrazza



Hand-enter Your Transmittal Number →

W 041169

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
NOI for Discharges from Small MS4s

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

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 Acton

Name of Facility, Site or Individual

472 Main Street

Street Address

Acton

City/Town

DEP Facility Number (if Known)

djohnson@town.acton.ma.us

e-mail address (optional)

MA

State

01720

Zip Code

046-001-062

Federal I.D. Number (if Known)

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

Helen Priola

Contact Person

MA

State

02026

Zip Code

NA

LSP Number (21E only)

(781) 251-0200

Telephone # and extension

E. Permit - Project Coordination

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

Check Number

EXEMPT

Dollar Amount

NA

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



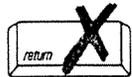
Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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
 978-264-9612
 Telephone Number
 Massachusetts
 State
 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



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)

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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients Organic enrichment/Low DO Pathogens Specify
Coles Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nashoba Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Conant Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Grassy Pond Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fort Pond Brook Name	13 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pratts Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary

1. Public Education:

PE-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 WCC.
 Specify Measurable Goal

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:

PC-1

BMP ID #

Develop/Implement Post
Construction 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

6. Municipal Good Housekeeping:

GH-1

BMP ID #

Reporting

Specify Best Management Practice

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

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.

Specify Measurable Goal

GH-2

BMP ID #

Audit Current Town Facilities
Specify Best Management Practice

DPW/David Brown
Responsible Dept./Person Name

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.

Specify Measurable Goal

GH-3

BMP ID #

O&M Program

Specify Best Management Practice

DPW/David Brown
Responsible Dept./Person Name

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.

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

GH-4

BMP ID #

Employee training

Specify Best Management Practice

DPW/David Brown

Responsible Dept./Person Name

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

Specify Measurable Goal

GH-5

BMP ID #

Recycling Program

Specify Best Management Practice

DPW/David Brown

Responsible Dept./Person Name

Y1 – Review current recycling program & determine/implement changes as needed.

Y2 thru Y5 Continue recycling & hazardous waste collection programs

Specify Measurable Goal

7. BMPs for Meeting TMDL:

TMDL-1

BMP ID #

Check Current Impairment list

Specify Best Management Practice

Board of Health/Doug Halley

Responsible Dept./Person Name

Y1 – There are no completed TMDL studies for receiving waters in Acton.

Y2 thru Y5 – Check list annually to determine new implementation requirements.

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.

Don Johnson, Town Manager

Printed Name

Don Johnson
Signature

7/11/23
Date

