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W 035255

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

PAC 384281 RO 384282

Instructions

Please type or print. A separate Transmittal Form must be completed for each permit application.

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.

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.

Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

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: Municipal Separate Storm Sewer Systems (MS4)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Clinton

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

Individual's Last Name: First Name MI

Street Address: 242 Church St.
City/Town: Clinton State: MA Zip Code: 01510 Telephone Number: (978) 365-4110 ext.
Contact: William Spratt e-mail address (optional): Clintondpw@hotmail.com

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Clinton DEP Facility Number (if Known)
Street Address: 242 Church St e-mail address (optional)
City/Town: Clinton State: MA Zip Code: 01510 Telephone Number: (978) 365-4110 ext.

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

Name of Individual or Firm: Tighe & Bond Consulting Engineers
Address: 324 Grove St
City/Town: Worcester State: MA Zip Code: 01605 Telephone Number: (508) 754-2201 ext.
Contact: Suzanne L. Pisano, P.E. LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
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
Are there 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 [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



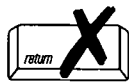
BRP WM 08A NPDES Stormwater General Permit

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 Clinton, c/o Department of Public Works, William P. Spratt, Superintendent
Name

242 Church Street
Mailing Address

Clinton
City/Town

MA 01510
State

978-365-4110
Telephone Number

Clintondpw@hotmail.com
Email (if available)

2. Municipality Name

Clinton
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:

Mass Highway Dept., MWRA

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



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

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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

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 Clinton, c/o Department of Public Works
Name

242 Church Street
Mailing Address

Clinton
City/Town

978-365-4110
Telephone Number

MA 01510
State

Clintondpw@hotmail.com
Email (if available)

RECEIVED
JUL 29 2003
DEP - CENCO

2. Municipality Name

Clinton
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:

Mass Highway Dept., MWRA

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

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APPENDIX A

APPENDIX B



Massachusetts Department of Environmental Protection
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Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

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

C. Names of (Presently Known) Receiving Waters

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plicated to
modate a
list of
ing waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
<u>Lancaster Mill Pond</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>South Meadow Pond</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Mossy Pond</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Coachlace Pond</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Nashua River (including tributaries)</u> Name	<u>To be determined</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Specify</u> <small>Unknown sources, unknown toxicity, pathogens, objectionable deposits</small>
<u>Goodridge Brook</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>South Meadow Brook</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Wachusett Reservoir</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Carville Basin</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>North Brook (and associated pond)</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond off Berlin St.</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed reservoir off Park St.</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Unnamed pond off Chance St.</u> Name	<u>To be determined</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>

APPENDIX A

APPENDIX B



BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

SEE ATTACHMENT A FOR ADDITIONAL BMP INFORMATION

1A

BMP ID #

Household Hazardous Waste Day

DPW / Recycling Committee

At least 1 household hazardous waste day to be held sometime during Years 2, through 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1B

BMP ID #

Household Recycling Day

DPW / Recycling Committee

Annual collection of bulk items not covered under curbside trash removal program, Years 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1C

BMP ID #

Yard Waste Collection Days

DPW / Recycling Committee

Collection of yard wastes at DPW yard, every Saturday in November, Years 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1D

BMP ID #

Community Website

DPW / Board of Selectman

Create Town website, Year 1. Post stormwater related information including DEP link Year 2. Annual updates as necessary, Year 3 - 5

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1E

BMP ID #

Classroom Education

DPW / School Science Department

1 stormwater topic per year minimum (grades to be decided by Science Department), Year 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1F

BMP ID #

Local Cable Access

DPW

Post informational bulletin annually, Year 1 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1G

BMP ID #

Educational Displays

DPW

1 display at Town Hall community bulletin board per year, Year 1 - 5

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Storm Drain Stenciling

DPW / Boy Scouts

Review and evaluate stenciling program, Year 1. Stencil 25% of storm drains annually, Years 2 - 5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

2B

BMP ID #

Volunteer Clean-up Days

Specify Best Management Practice

DPW / Local Conservation Groups
Responsible Dept./Person Name

Advertise and support current programs, Years 2 - 5.
Specify Measurable Goal

2C

BMP ID #

Watershed and Wildlife Organization Meeting

Specify Best Management Practice

DPW / Conservation Commission
Responsible Dept./Person Name

Annually contact local watershed and wildlife organizations to help facilitate meetings, and provide information, to discuss stormwater related issues, Year 1 - 5.
Specify Measurable Goal

2D

BMP ID #

Adopt-a-Stream Program

Specify Best Management Practice

DPW / Conservation Commission
Responsible Dept./Person Name

Initiate program, Year 1. Advertise and support program, Years 2 - 5.
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Mapping Stormwater Outfalls

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Compile and review information from past investigations, and field inspect outfalls, Year 1. Verify outfalls and develop 25% of map, Years 2 - 5.
Specify Measurable Goal

3B

BMP ID #

Non-Stormwater Discharge Bylaw

Specify Best Management Practice

DPW / Board of Selectman

Responsible Dept./Person Name

Evaluate existing procedures and Bylaws, Year 1. Draft new Bylaw, Year 2. Propose for adoption, Year 3. Enforce new Bylaw, Year 3 - 5.
Specify Measurable Goal

3C

BMP ID #

Dry Season Inspections

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Field inspect all outfalls, Year 1. Field inspect 25% outfalls annually, Years 2 - 5.
Specify Measurable Goal

3D

BMP ID #

Develop Illicit Discharge Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Evaluate and draft plan Year 1. Propose for adoption Year 2. Implement thereafter Year 3-5
Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Construction Site Runoff Bylaw

Conservation Commission / Planning Department

Evaluate existing regulations, Year 1. Draft revisions, Year 2. Propose for adoption, Year 3. Enforce Years 3 - 5.

ATTENDANCE

11/11/10



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Notice of Intent for Discharges from Small Municipal Separate Storm
Sewer Systems (MS4s)

Facility ID (if known)

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

D. Stormwater Management Program Summary (Cont.)

Public input?

4B
BMP ID #
Plan review Planning Dept Enforcement under existing City regulations, Year 1 and
Specify Best Management Practice Responsible Dept./Person Name 2. Enforcement under adopted Bylaw, Year 3 - 5.
Specify Measurable Goal

4C
BMP ID #
Inspection / Reporting Building Inspector Enforcement under existing City regulations, Years 1
Specify Best Management Practice Responsible Dept./Person Name and 2. Enforcement under adopted Bylaw, Year 3 - 5.
Specify Measurable Goal

4D
BMP ID #
Building Permit Application Building Inspector Include requirement for sites >1 acre to supply EPA
Specify Best Management Practice Responsible Dept./Person Name permit number to trigger notice Year 1.
Specify Measurable Goal

5. Post Construction Runoff Control:

5A
BMP ID #
Construction Runoff Bylaw for projects >1 acre Planning Board Review current Bylaw, Year 1. Draft amendments,
Specify Best Management Practice Responsible Dept./Person Name Year 2. Propose adoption for, Year 3. Enforce Years
Specify Measurable Goal 3-5.

5B
BMP ID #
Construction site plan review Planning Board Enforcement under existing Town regulations Year 1
Specify Best Management Practice Responsible Dept./Person Name and 2. Enforcement under adopted Bylaw Year 3 - 5.
Specify Measurable Goal

5C
BMP ID #
Stormwater System Maintenance Plan Board of Selectmen Enforcement under existing Town regulations Year 1
Specify Best Management Practice Responsible Dept./Person Name and 2. Enforcement under adopted Bylaw, Year 3 - 5.
Specify Measurable Goal

6. Municipal Good Housekeeping:

6A
BMP ID #
Catch Basin Program DPW Clean all 1400 catch basins in Town annually, Years
Specify Measurable Goal 1 - 5.



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Notice of Intent for Discharges from Small Municipal Separate Storm
Sewer Systems (MS4s)

Facility ID (if known)

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

D. Stormwater Management Program Summary (Cont.)

training?

6B
BMP ID #
Street Sweeping Program DPW Annual sweep all Town streets at least once, with major streets receiving multiple sweepings, Years 1 - 5.
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

6C
BMP ID #
Used Oil Collection DPW Collect used oil from residents at DPW yard for proper disposal and recycling, Years 1 - 5.
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

6D
BMP ID #
Vehicle Washing Program DPW Install vehicle washing collection system, Year 1. Maintain and improve, Years 2 - 5.
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

6E
BMP ID #
Illegal Dumping DPW Post signage at common dumping areas, Year 1. Cleanup of illegally dumped trash as needed, Year 1-5.
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

6F
BMP ID #
Dumpster Recycling Programs DPW / Recycling Committee Maintain current recycling program, Years 1 - 5. Annually evaluate program, and adjust as needed, Years 1 - 5.
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

6G
BMP ID #
Curbside Trash Removal DPW Maintain current solid waste sticker program, Years 1 - 5.
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A
BMP ID #
See Section 7 of the attached narrative, Appendix A
Specify Best Management Practice Responsible Dept./Person Name Specify Measurable Goal

7B
BMP ID #