



Hand-enter Your Transmittal Number →

W 041299
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 NPDES Stormwater General Permit
Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Framingham, MA
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual 150 Concord Street First Name of Individual _____ MI _____
Street Address
Framingham MA 01701 (508) 620-4844
City/Town State Zip Code Telephone # and extension
Paul Josephson *Cons. Town Eng.* e-mail address (optional) _____
Contact Person

C. Facility, Site or Individual Requiring Approval

Town of Framingham
Name of Facility, Site or Individual
Street Address Framingham e-mail address (optional) _____
City/Town MA 01701 (508) 620-4844
State Zip Code Telephone # and extension

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

Rizzo Associates, Inc.
Name of Firm Or Individual
One Grant Street
Address
Framingham MA 01701 (508) 903-2000
City/Town State Zip Code Telephone # and extension
Robert Sims LSP Number (21E only) _____
Contact Person

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 _____
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

Check Number _____ 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

JUL 31 2005
MUNICIPAL ASSISTANCE UNIT



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)

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:

Paul Josephson, Engineering Department
Name

Memorial Building 150 Concord Street
Mailing Address

Framingham
City/Town

MA
State

(508) 620-4844
Telephone Number

Email (if available)

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

2. Municipality Name

Town of Framingham
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

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



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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
<u>Lake Waushakum</u> Name	<u>10</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____ Metals, Turbidity, Noxious Aquatic Plants, Exotic Species
<u>Reservoirs 1,2 & 3</u> Name	<u>89</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____ Metals, Turbidity, Noxious Aquatic Plants, Exotic Species
<u>Beaver Dam Brook</u> Name	<u>43</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
<u>Baiting Brook</u> Name	<u>48</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____ Nutrients Organic Enrichment/Low DO, Suspended Solids Noxious Aquatic Plants
<u>Hop Brook</u> Name	<u>56</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____ Metals, Turbidity, Noxious Aquatic Plants, Exotic Species
<u>Gleason Pond</u> Name	<u>19</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
<u>Learned Pond/Sucker Pond</u> Name	<u>56</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____ Metals, Noxious Aquatic Plants, Turbidity, Exotic Species
<u>Sudbury River/Farm Pond</u> Name	<u>99</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
<u>Dumsell Brook</u> Name	<u>55</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____ Priority Organics, Organic Enrichment/Low DO
<u>Lake Cochituate/Banister Brook/Lake Cochituate Brook</u> Name	<u>15</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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D. Stormwater Management Program Summary

1. Public Education:

<u>1-1</u> BMP ID # <u>Storm Water Flyer to Community Residents</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Distribute Stormwater flyer to 25% of Municipal households</u> Specify Measurable Goal
<u>2-1</u> BMP ID # <u>Lesson plan for Grade 5 Level</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Teach one lesson plan in Grade 5 classroom.</u> Specify Measurable Goal
<u>3-1</u> BMP ID # <u>Stormwater flyer to selected businesses</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Distribute Stormwater flyer to 25% of selected businesses</u> Specify Measurable Goal
<u>4-1</u> BMP ID # <u>Stormwater Media Campaign</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Four press releases to local newspaper</u> Specify Measurable Goal
<u>5-1</u> BMP ID # <u>Show Stormwater Video</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>At one public meeting and once on local cable station.</u> Specify Measurable Goal

2. Public Participation:

<u>1-2</u> BMP ID # <u>Circulate Stormwater Display</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Circulate display at three locations for 3 months</u> Specify Measurable Goal
<u>2-2</u> BMP ID # <u>Stormwater Poster Contest</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Poster contest held.</u> Specify Measurable Goal
<u>3-2</u> BMP ID # <u>Stormwater Photo Contest</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Photo contest held.</u> Specify Measurable Goal
<u>4-2</u> BMP ID # <u>Local Stormwater Summit</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Participate in multi-community stormwater summit.</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>5-2</u> BMP ID # <u>SuAsCo Stormwater Super Summit and Public Awareness</u> Specify Best Management Practice	<u>SuAsCo</u> Responsible Dept./Person Name	<u>Participate in Super Summit and Stormwater self test to 25% municipal households.</u> Specify Measurable Goal
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3. Illicit Discharge Detection and Elimination:

<u>1-3</u> BMP ID # <u>Illicit Discharge Ordinance</u> Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	<u>Develop ordinance language. Develop plan to detect and eliminate illicit discharges</u> Specify Measurable Goal
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<u>2-3</u> BMP ID # <u>Public Education Illicit Connection Impacts.</u> Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	<u>Develop education material. Develop plan to detect and eliminate illicit discharges</u> Specify Measurable Goal
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<u>3-3</u> BMP ID # <u>Implement Plan – Detect and eliminate illicit discharges</u> Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	<u>Implement plan.</u> Specify Measurable Goal
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<u>4-3</u> BMP ID # <u>Implement Plan – Detect and eliminate illicit discharge</u> Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	<u>Continue to implement plan</u> Specify Measurable Goal
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<u>5-3</u> BMP ID # <u>Implement Plan – Detect and eliminate illicit discharge</u> Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	<u>Continue to implement plan</u> Specify Measurable Goal
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4. Construction Site Runoff Control:

<u>1-4</u> BMP ID # <u>Modify Zoning By-Law</u> Specify Best Management Practice	<u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name	<u>Modify Zoning By-Law</u> Specify Measurable Goal
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<u>2-4</u> BMP ID # <u>Establish procedures for site inspections</u> Specify Best Management Practice	<u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name	<u>Establish procedures for site inspection and enforcement</u> Specify Measurable Goal
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D. Stormwater Management Program Summary (Cont.)

<p><u>3-4</u> BMP ID # <u>Runoff Controls</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Review, implement, inspect and enforce construction site runoff controls</u> Specify Measurable Goal</p>
<p><u>4-4</u> BMP ID # <u>Runoff controls</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Continue review, implement, inspect and enforce construction site runoff controls</u> Specify Measurable Goal</p>
<p><u>5-4</u> BMP ID # <u>Runoff Ccontrols</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Continue review, implement, inspect and enforce construction site runoff controls</u> Specify Measurable Goal</p>
<p>5. Post Construction Runoff Control:</p>		
<p><u>1-5</u> BMP ID # <u>Modify Zoning By-Law</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Modify Zoning By-Law</u> Specify Measurable Goal</p>
<p><u>2-5</u> BMP ID # <u>Drainage Master Plan</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Prepare Drainage Master Plan</u> Specify Measurable Goal</p>
<p><u>3-5</u> BMP ID # <u>Implement Drainage Master Plan</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Implement Drainage Master Plan</u> Specify Measurable Goal</p>
<p><u>4-5</u> BMP ID # <u>Implement Drainage Master Plan</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Continue to Implement Drainage Master Plan</u> Specify Measurable Goal</p>
<p><u>5-5</u> BMP ID # <u>Implement Drainage Master Plan</u> Specify Best Management Practice</p>	<p><u>DPW/Planning/Conservation Commission</u> Responsible Dept./Person Name</p>	<p><u>Continue to Implement Drainage Master Plan</u> Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

<u>1-6</u> BMP ID # <u>Litter Ordinance</u> Specify Best Management Practice	<u>DPW/Planning/Conservation Commission & Board of Health</u> Responsible Dept./Person Name	<u>Develop litter ordinance</u> Specify Measurable Goal
<u>2-6</u> BMP ID # <u>Training Program – Good Housekeeping Policies</u> Specify Best Management Practice	<u>DPW/Planning/Conservation Commission & Board of Health</u> Responsible Dept./Person Name	<u>Develop and Implement Training Program</u> Specify Measurable Goal
<u>3-6</u> BMP ID # <u>Street Sweeping/CB Cleaning</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Develop a plan to coordinate street sweeping and CB cleaning</u> Specify Measurable Goal
<u>4-6</u> BMP ID # <u>Evaluate Street Sweeping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Log collections from street sweeping.</u> Specify Measurable Goal
<u>5-6</u> BMP ID # <u>Evaluate CB Cleaning</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Log collections from CB cleaning</u> Specify Measurable Goal

7. BMPs for Meeting TMDL:

<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>2-7</u> BMP ID # <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>3-7</u> BMP ID # <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4-7</u> BMP ID # <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (cont.)

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.

PAUL JOSEPHSON
Printed Name
Signature

7-30-03
Date

