Hand-enter Your Transmittal Number

Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmmform.htm 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

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
Street Address
Framingham
City/Town
Paul Josephson
Contact Person

C. Facility, Site or Individual Requiring Approval

Town of Framingham

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)
e-mail address (optional)

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

Rizzo Associates, Inc.
Name of Firm Or Individual
One Grant Street
Address
Framingham
City/Town
Robert Sims
Contact Person

For DEP Use Only

Permit No.
Rec'd Date
Reviewer

E. Permit - Project Coordination

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

formw • rev. 5/03

MUNICIPAL ASSISTANCE UNIT

JUL 3 2005
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)

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:
   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)

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
### C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Waushakum</td>
<td>10</td>
<td>□ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Reservoirs 1,2 &amp; 3</td>
<td>89</td>
<td>☐ Yes □ No</td>
<td>Metals, Turbidify, Noxious</td>
</tr>
<tr>
<td>Beaver Dam Brook</td>
<td>43</td>
<td>□ Yes ☐ No</td>
<td>Aquatic Plants, Exotic Species Specify</td>
</tr>
<tr>
<td>Baiting Brook</td>
<td>48</td>
<td>□ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Hop Brook</td>
<td>56</td>
<td>☐ Yes □ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Gleason Pond</td>
<td>19</td>
<td>□ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Learned Pond/Sucker Pond</td>
<td>56</td>
<td>□ Yes ☐ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Sudbury River/Farm Pond</td>
<td>99</td>
<td>☐ Yes □ No</td>
<td>Metals, Noxious Aquatic Plants Specify</td>
</tr>
<tr>
<td>Dumsell Brook</td>
<td>55</td>
<td>□ Yes ☐ No</td>
<td>Turbidity, Exotic Species Specify</td>
</tr>
<tr>
<td>Lake Cochituate/Banister Brook/Lake</td>
<td>15</td>
<td>☐ Yes □ No</td>
<td>Priority Organics, Organic Enrichment/Low DO Specify</td>
</tr>
</tbody>
</table>

... (Continued with similar entries for other receiving waters)
D. Stormwater Management Program Summary

1. Public Education:

   1-1
   BMP ID #
   Storm Water Flyer to Community Residents
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Distribute Stormwater flyer to 25% of Municipal households
   Specify Measurable Goal

   2-1
   BMP ID #
   Lesson plan for Grade 5 Level
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Teach one lesson plan in Grade 5 classroom
   Specify Measurable Goal

   3-1
   BMP ID #
   Stormwater flyer to selected businesses
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Distribute Stormwater flyer to 25% of selected businesses
   Specify Measurable Goal

   4-1
   BMP ID #
   Stormwater Media Campaign
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Four press releases to local newspaper
   Specify Measurable Goal

   5-1
   BMP ID #
   Show Stormwater Video
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   At one public meeting and once on local cable station
   Specify Measurable Goal

2. Public Participation:

   1-2
   BMP ID #
   Circulate Stormwater Display
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Circulate display at three locations for 3 months
   Specify Measurable Goal

   2-2
   BMP ID #
   Stormwater Poster Contest
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Poster contest held
   Specify Measurable Goal

   3-2
   BMP ID #
   Stormwater Photo Contest
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Photo contest held
   Specify Measurable Goal

   4-2
   BMP ID #
   Local Stormwater Summit
   Specify Best Management Practice
   SuAsCo
   Responsible Dept./Person Name
   Participate in multi-community stormwater summit
   Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

5-2
BMP ID #
SuAsCo Stormwater Super Summit and Public Awareness Specify Best Management Practice
SuAsCo Responsible Dept./Person Name Participate in Super Summit and Stormwater self test to 25% municipal households. Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

1-3
BMP ID #
Illicit Discharge Ordinance Specify Best Management Practice
DPW/Conservation Commission Responsible Dept./Person Name Develop ordinance language. Develop plan to detect and eliminate illicit discharges Specify Measurable Goal

2-3
BMP ID #
Public Education Illicit Connection Impacts Specify Best Management Practice
DPW/Conservation Commission Responsible Dept./Person Name Develop education material. Develop plan to detect and eliminate illicit discharges Specify Measurable Goal

3-3
BMP ID #
Implement Plan – Detect and eliminate illicit discharges Specify Best Management Practice
DPW/Conservation Commission Responsible Dept./Person Name Implement plan. Specify Measurable Goal

4-3
BMP ID #
Implement Plan – Detect and eliminate illicit discharge Specify Best Management Practice
DPW/Conservation Commission Responsible Dept./Person Name Continue to implement plan Specify Measurable Goal

5-3
BMP ID #
Implement Plan – Detect and eliminate illicit discharge Specify Best Management Practice
DPW/Conservation Commission Responsible Dept./Person Name Continue to implement plan Specify Measurable Goal

4. Construction Site Runoff Control:

1-4
BMP ID #
Modify Zoning By-Law Specify Best Management Practice
DPW/Planning/Conservation Commission Responsible Dept./Person Name Modify Zoning By-Law Specify Measurable Goal

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

3-4
BMP ID #
Runoff Controls Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Review, implement, inspect and enforce construction site runoff controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

4-4
BMP ID #
Runoff controls Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Continue review, implement, inspect and enforce construction site runoff controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

5. Post Construction Runoff Control:

1-5
BMP ID #
Modify Zoning By-Law Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Modify Zoning By-Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

2-5
BMP ID #
Drainage Master Plan Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Prepare Drainage Master Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

3-5
BMP ID #
Implement Drainage Master Plan Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Implement Drainage Master Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

4-5
BMP ID #
Implement Drainage Master Plan Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Continue to Implement Drainage Master Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

5-5
BMP ID #
Implement Drainage Master Plan Specify Best Management Practice

<table>
<thead>
<tr>
<th>DPW/Planning/Conservation Commission</th>
<th>Continue to Implement Drainage Master Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>
### D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Litter Ordinance</th>
<th>DPW/Planning/Conservation Commission &amp; Board of Health</th>
<th>Develop litter ordinance Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Training Program - Good Housekeeping Policies</th>
<th>DPW/Planning/Conservation Commission &amp; Board of Health</th>
<th>Develop and Implement Training Program Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Street Sweeping/CB Cleaning</th>
<th>DPW</th>
<th>Develop a plan to coordinate street sweeping and CB cleaning Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Evaluate Street Sweeping</th>
<th>DPW</th>
<th>Log collections from street sweeping Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Evaluate CB Cleaning</th>
<th>DPW</th>
<th>Log collections from CB cleaning Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td></td>
</tr>
</tbody>
</table>

7. BMPs for Meeting TMDL:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Specify Best Management Practice</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The table continues with similar entries for BMP IDs 2-7, 3-7, 4-7, and 5-6.*
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.

[Signature]

[Printed Name]

[Date] 7-30-03
<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>PERMIT YEAR ONE</th>
<th>PERMIT YEAR TWO</th>
<th>PERMIT YEAR THREE</th>
<th>PERMIT YEAR FOUR</th>
<th>PERMIT YEAR FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spring 03</td>
<td>Spring 04</td>
<td>Winter 04-05</td>
<td>Spring 05</td>
<td>Winter 05-06</td>
</tr>
<tr>
<td>1-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>