



Hand-enter Your Transmittal Number

W036112# 2001

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

MAR - 6 2008

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 Stormwater General Permit
Type of Project or Activity: Notice of Intent

B. Applicant Information (Firm or Individual)

Name of Firm: Framingham State College

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

Individual's Last Name: First Name MI

Street Address: 100 State Street

City/Town: Framingham State: MA Zip Code: 01701 Telephone Number: (508) 626-4590 ext.

Contact: Maureen Bagge Fowler e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Framingham State College DEP Facility Number (if Known)

Street Address: 100 State Street e-mail address: (optional)

City/Town: Framingham State: MA Zip Code: 01701 Telephone Number: (508) 626-4590 ext.

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

Name of Individual or Firm:

Address:

City/Town: State: Zip Code: Telephone Number: ( ) ext.

Contact: LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [ ] yes [X] no

If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit) EOE # Is an Environmental Impact Report Required? [ ] yes [X] no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? [ ] yes [X] no

List 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



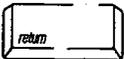
**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

W036 112  
 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:

Framingham State College  
 Name  
100 State Street  
 Mailing Address  
Framingham MA  
 City/Town State  
508-626-4590  
 Telephone Number Email (if available)

2. Municipality Name

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:

N/A

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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**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
<u>Sudbury River</u> Name	<u>1</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>metals</u> 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
_____ 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
_____ 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>		
<u>BMP ID #</u>	<u>Maureen Bagge Fowler</u>	<u>Number of flyers published and distributed</u>
<u>Develop education materials</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

2. Public Participation:

<u>2-1</u>		
<u>BMP ID #</u>	<u>Maureen Bagge Fowler</u>	<u>Number of catch basins stenciled</u>
<u>Stencil storm water catch basins</u>	<u>Responsible Dept./Person Name</u>	
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<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.)**

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>All sub-surface investigation will be complete</u>
<u>Develop a sub-surface storm water system map</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>All construction activity is monitored</u>
<u>Require erosion and sediment control plans</u>		
<u>4-2</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>All construction documents will have new standards</u>
<u>Develop standard requirements for construction</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
<u>Specify Best Management Practice</u>		



**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 (Cont.)**

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>Amount of impervious surfaces will be decreased</u>
<u>Grassed swales will be installed as available</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>All catch basins will be cleaned annually</u>
<u>Clean catch basins</u>		
<u>Specify Best Management Practice</u>		
<u>6-2</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>Number of people trained</u>
<u>Train community in proper spill cleanup mechanisms</u>		<u>Specify Measurable Goal</u>
<u>6-3</u> BMP ID #	<u>Maureen Bagge Fowler</u> Responsible Dept./Person Name	<u>Number of days that streets are swept.</u>
<u>Establish standard practice of street sweeping</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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**D. Stormwater Management Program Summary (cont.)**

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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.

Michael E. Hinkley, Dir. of Facilities  
 Printed Name  
Michael E. Hinkley  
 Signature  
7/29/03  
 Date



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

**ERP WM 08A NPDES Stormwater General Permit Notice of Intent  
or Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**  
- Storm Water Management Program TIME FRAMES

Transmittal Number W036112

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BMP ID #	PERMIT YEAR 03			PERMIT YEAR 04			PERMIT YEAR 05			PERMIT YEAR 06			PERMIT YEAR 07			Next Permit					
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06		Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08
1-1	X								X												X
2-1	X				X								X								
3-1	X						X								X						
4-1																					
4-2																					
6-1		X						X													X
6-2	X								X							X					X
6-3	X	X					X			X			X			X					X



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 Facility ID (if known)

**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
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Maureen Bagge Fowler

Printed Name

Maureen Bagge Fowler  
 Signature

March 6, 2003

Date