



Hand-enter Your Transmittal Number →

1117
W 041238

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

BRPWM08A

Permit Code: 7 or 8 character code from permit instructions

Stormwater Phase II General Permit for MS4s

Name of Permit Category

Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Franklin, Massachusetts

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

150 Emmons Street

First Name of Individual

MI

Street Address

Franklin

MA

02038

(508) 520-4910

City/Town

State

Zip Code

Telephone # and extension

William Fitzgerald, DPW Director

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Franklin, Massachusetts

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Franklin

e-mail address (optional)

MA

02038

(508) 520-4910

City/Town

State

Zip Code

Telephone # and extension

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

Malcolm Pirnie, Inc.

Name of Firm Or Individual

500 Edgewater Drive, Suite 566

Address

Wakefield

MA

01880

(781) 224-4488

City/Town

State

Zip Code

Telephone # and extension

Robert Winn, P.E.

Contact Person

LSP Number (21E only)

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:

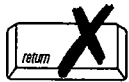
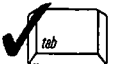
DEP, P.O. Box 4062, Boston, MA 02211



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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 Franklin
Name
150 Emmons Street
Mailing Address
Franklin
City/Town
508-520-4910
Telephone Number
Massachusetts
State
Email (if available)

2. Municipality Name

Town of Franklin
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:

Massachusetts Highway Department Route 495, Dean College

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

B. Applicant Information (cont.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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
Charles River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, Metals Specify
Populatic Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Franklin Reservoir Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
Mine Brook Pond Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants, turbidity
Mine Brook Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cause Unknown Specify
Beaver Pond Name	unknown 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

D. Stormwater Management Program Summary



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

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

Facility ID (if known)

1. Public Education:

<u>1A</u> BMP ID #		
<u>Recycling education for home owners</u>	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Distribute 3 times per year</u> Specify Measurable Goal
<u>1B</u> BMP ID #		
<u>Education information on web site</u>	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Web Site information developed and posted</u>
<u>1C</u> BMP ID #		
<u>Education on waste disposal and water conservation</u>	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Materials available in all public buildings</u>
<u>1D</u> BMP ID #		
<u>Water resource information and protection signs</u>	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Five signs posted per year</u> Specify Measurable Goal
<u>1E</u> BMP ID #		
<u>Public education with Charles River Watershed Assoc.</u>	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Number of coordinated programs</u>

2. Public Participation:

<u>2A</u> BMP ID #		
<u>Storm drain stenciling</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Ten catch basins per year</u> Specify Measurable Goal
<u>2B</u> BMP ID #		
<u>Outreach efforts with Charles Rivers Watershed Assoc.</u>	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Number of coordinated programs</u>
<u>2C</u> BMP ID #		
<u>Public meeting to encourage volunteers</u>	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Meetings held with public</u> Specify Measurable Goal
<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>

D. Stormwater Management Program Summary (Cont.)



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Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID # Storm water map development	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Map completed showing collection system and outfalls</u>
<u>3B</u> BMP ID # Develop non-storm water discharge ordinance	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Ordinance adopted by Town</u> Specify Measurable Goal
<u>3C</u> BMP ID # Develop illicit detection implementation plan	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Plan developed</u> Specify Measurable Goal
<u>3D</u> BMP ID # Perform dry weather outfall assessments	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Prioritized areas and number of outfalls assessed</u>
<u>3E</u> BMP ID # Develop procedures for removing illicit connections	<u>DPW/ William Fitzgerald</u> Responsible Dept./Person Name	<u>Procedures developed and number of locations identified</u>

4. Construction Site Runoff Control:

<u>4A</u> BMP ID # Ordinance development for waste control	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Ordinance adopted by Town</u> Specify Measurable Goal
<u>4B</u> BMP ID # Formalization of site plan review procedures	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Site plan review procedures adopted by Town</u>
<u>4C</u> BMP ID # Revised ordinance to address storm water pollution	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Revised ordinance adopted by the Town</u>
<u>4D</u> BMP ID # Best management practice manual for developers	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Handbook completed and adopted by Town</u>
<u>4E</u> BMP ID # Formalization of inspection procedures	<u>DPW/ William Fitzgerald</u> <u>Plan./Cons Richard Vacca</u>	<u>Inspection procedures adopted by the Town</u> <u>Town completed</u>

D. Stormwater Management Program Summary (Cont.)



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

Facility ID (if known)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Adoption of procedures by</u>
<u>Procedures for long term</u>	<u>Plan./Cons Richard Vacca</u>	<u>Town</u>
<u>O&M</u>		
<u>5B</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Adoption of procedures by</u>
<u>Review Procedures for post</u>	<u>Plan./Cons Richard Vacca</u>	<u>Town</u>
<u>construction impacts</u>		
<u>5C</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Handbook completed and</u>
<u>Best management handbook</u>	<u>Plan./Cons Richard Vacca</u>	<u>adopted by Town</u>
<u>for developers</u>		
<u>5D</u> BMP ID #		
<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>		

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Ten procedures developed</u>
<u>Standard operating procedures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>6B</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Four employees training</u>
<u>Employee training</u>	<u>Responsible Dept./Person Name</u>	<u>sessions</u>
<u>Specify Best Management Practice</u>		
<u>6C</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Schedule developed and</u>
<u>Parking lot and road sweeping</u>	<u>Responsible Dept./Person Name</u>	<u>areas prioritized for cleaning</u>
<u>Specify Best Management Practice</u>		
<u>6D</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>procedures and inventory</u>
<u>Spill response and prevention</u>	<u>Responsible Dept./Person Name</u>	<u>completed</u>
<u>Specify Best Management Practice</u>		
<u>6E</u> BMP ID #	<u>DPW/ William Fitzgerald</u>	<u>Schedule developed and areas</u>
<u>Catch Basin Cleaning</u>	<u>Responsible Dept./Person Name</u>	<u>prioritized cleaning</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	

D. Stormwater Management Program Summary (cont.)



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)

7. BMPs for Meeting TMDL:

N/A

BMP ID #

Not Applicable

Specify Best Management Practice

Not Applicable

Responsible Dept./Person Name

Not Applicable

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.

Printed Name Jeff Notting - Town Administrator
Signature [Handwritten Signature] Date 7/25/03

