



Hand-enter Your Transmittal Number →

W 040558
Transmittal Number

1007

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

Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit

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 Granby

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

Last Name of Individual

First Name of Individual

MI

250 State Street

Street Address

Granby

MA

01033

(413) 467-7177

City/Town

State

Zip Code

Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Granby

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

250 State Street

Street Address

e-mail address (optional)

Granby

MA

01033

(413) 467-7177

City/Town

State

Zip Code

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

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 fee exemptions for 21E, regardless of applicant status

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

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:

William E Johnson, Chair B of Selectmen
Name

Town of Granby, 250 State Street
Mailing Address

Town of Granby
City/Town

MA
State

City/Town

State

(413) 467-7177
Telephone Number

Email (if available)

Telephone Number

2. Municipality Name

Town of Granby
City/Town

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



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)

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

No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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 _____



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

1. Public Education:

1
BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen
Responsible Dept./Person Name

Granby will present to the public at a public meeting Granby's draft Comprehensive Stormwater Management Program.
Specify Measurable Goal

2
BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen
Responsible Dept./Person Name

Granby will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Granby's Comprehensive Stormwater Management Program, including public education and outreach.
Specify Measurable Goal

3
BMP ID #

Address specific groups
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall and Library.
Specify Measurable Goal

4
BMP ID #

Target groups likely to impact storm water
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance.
Specify Measurable Goal



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

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Storm Sewer Systems (MS4s)

W040558
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

5

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

Granby will develop a town web
address and will post links to
stormwater BMPs and other water
quality education resources, including
EPA and DEP on its website.

Specify Measurable Goal

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

Granby will also post links on its
website to the Connecticut River
Watershed Council @
www.ctriver.org, and the Chicopee
River Watershed Council @
www.chicopeeriver.org.

Specify Measurable Goal

7

BMP ID #

Utilize local public access channel
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Public meeting notice and the
meeting reviewing Granby's
Comprehensive Stormwater
Management Program will be posted
on Granby's local access channel.

Specify Measurable Goal

8

BMP ID #

Develop, conduct and document
educational programs

Specify Best Management Practice

Department of Public Works
Liaison

Responsible Dept./Person Name

The Town of Granby will appoint a
liaison to the Connecticut River
Watershed Council and the Chicopee
River Watershed Council.

Specify Measurable Goal

9

BMP ID #

Promote household waste recycling
Specify Best Management Practice

Department of Public Works
Board of Health

Responsible Dept./Person Name

The Town of Granby will work with
the Town's contracted waste hauler
and the Board of Health to continue
to sponsor Hazardous Waste
Collection Days.

Specify Measurable Goal



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

W040558
Transmittal Number

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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

10

BMP ID #

Storm drain stenciling
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Granby will work with local Scout groups to develop a stenciling program. Stenciling will target Granby's subwatersheds.
Specify Measurable Goal

11

BMP ID #

Community clean-ups
Specify Best Management Practice

Department of Public Works
Granby Conservation Commission
Responsible Dept./Person Name

Town of Granby will encourage local stream team cleanups with local residents and area Scout groups. Town will provide solicitation of sponsors and notice of events on local access channel and website.
Specify Measurable Goal

12

BMP ID #

Community clean-ups
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Town will provide trucks and other material to support cleanup efforts and disposal of materials.
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

Inventory and mapping of storm drain system
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Granby will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Granby's Comprehensive Stormwater Management Program, including public education and outreach.
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.)

3. Illicit Discharge Detection and Elimination (Cont.):

14

BMP ID #

Mapping and identification of outfalls and receiving waters

Specify Best Management Practice

Department of Public Works
Board of Assessors

Responsible Dept./Person Name

Granby will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.

Specify Measurable Goal

15

BMP ID #

Identification/description of problem areas

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Granby will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding.

Specify Measurable Goal

16

BMP ID #

Enforcement procedures addressing illicit discharges

Specify Best Management Practice

Planning Board

Town Counsel

Board of Health

Responsible Dept./Person Name

Granby will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting.

Specify Measurable Goal

17

BMP ID #

Public information program regarding hazardous wastes and dumping

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Granby will provide educational brochures to residents promoting proper disposal of household hazardous wastes and conditions for regional collections.

Specify Measurable Goal

18

BMP ID #

Initiation of recycling programs

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Granby will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.

Specify Measurable Goal



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)

W040558
 Transmittal Number

 Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

19

BMP ID #

Watershed assessments and studies
 Specify Best Management Practice

Department of Public Works
Conservation Commission
Board of Health
 Responsible Dept./Person Name

Granby will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems impacting water quality in Aldrich Lake, Forge Pond, Ingraham Brook Pond, and Weston Brook. These waterbodies have been identified as impaired and on DEP's 303d list.

 Specify Measurable Goal

20

BMP ID #

Watershed assessments and studies
 Specify Best Management Practice

Department of Public Works
Water Supply Districts
 Responsible Dept./Person Name

The Town of Granby will encourage cooperation with public drinking water suppliers to apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II in Granby.

 Specify Measurable Goal

4. Construction Site Runoff Control:

21

BMP ID #

Bylaw: Storm water management
regulations for construction sites 1
acre or larger
 Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals
 Responsible Dept./Person Name

Granby will review model by-law developed by DEP in consultation with the Attorney General's Office.

 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.)

5. Post Construction Runoff Control:

22
BMP ID #

Bylaw: Require post-construction runoff controls
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals
Responsible Dept./Person Name

Granby will review model by-law developed by DEP in consultation with the Attorney General's Office.
Specify Measurable Goal

6. Municipal Good Housekeeping:

23
BMP ID #

Develop a municipal Operations and Maintenance Plan
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Using regulations and recommendations from DEP and EPA, Granby will develop and update an operations and maintenance plan to include proper disposal of street sweepings, catchbasin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials.
Specify Measurable Goal

24
BMP ID #

Develop a municipal Operations and Maintenance Plan
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Granby will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.
Specify Measurable Goal

25
BMP ID #

Develop and implement training programs for municipal employees
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Granby will send a minimum of 3 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors.
Specify Measurable Goal



1007

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

A. Instructions

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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:

R. William Johnson, Chairman Board of Select
Name

Town of Granby, 250 State Street
Mailing Address

Town of Granby MA
City/Town State

(413) 467-7177
Telephone Number Email (if available)

2. Municipality Name

Town of Granby
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:

unknown

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

SEP 19 2003

