



Hand-enter Your Transmittal Number →

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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

NDPES General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

Notice of Intent for Discharges from MS4s

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Mansfield, Massachusetts

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

Last Name of Individual

First Name of Individual

MI

6 Park Row

Street Address

Mansfield

MA

02048

508-261-7370

City/Town

State

Zip Code

Telephone # and extension

John O. D'Agostino

TownManager@mansfieldma.com

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Mansfield, Massachusetts

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

6 Park Row

Street Address

Mansfield

e-mail address (optional)

MA

02048

508-261-7370

City/Town

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee

Name of Firm Or Individual

One Cambridge Place, 50 Hampshire Street

Address

Cambridge

MA

02139

617-452-6531

City/Town

State

Zip Code

Telephone # and extension

John T. Doherty

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)

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:

John O. D'Agostino

Name

Six Park Row

Mailing Address

Mansfield

City/Town

(508) 261-7370

Telephone Number

MA

State

TownManager@mansfieldma.com

Email (if available)

2. Municipality Name

Town of Mansfield

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:

State Highways that run within Town boundaries: Route 495, Route 95, Route 140, Old Route 140 (South Main St from Norton line to Spring Street), Copeland Drive (from West St to Foxboro line)

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

W039460
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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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Wading River (Robinson Pond) Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Blakes Pond Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sweet's Pond Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rumford River (Fulton Pond) Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides, Low DO, Pathogens
Kingman Pond Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides
Cabot Pond Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides
Canoe River (Factory Pond) Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Pond Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whitesville Pond Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hodges Brook Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Back Bay Brook (Norton Reservoir) Name	Number	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pesticides, Nutrients, Noxious Aquatic Plants
Plain Street Pond Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants
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:

1-1

BMP ID #

Identify existing programs to
be included in SMP

Engineering

Responsible Dept./Person Name

Identify number of existing
programs

1-2

BMP ID #

Develop NPDES materials for
homeowner education

Engineering

Responsible Dept./Person Name

Number of pamphlets
distributed

1-3

BMP ID #

Distribute materials to
identified programs

Engineering/Public Works

Responsible Dept./Person Name

All identified programs receive
materials

1-4

BMP ID #

Implement Catch Basin
stenciling program

DPW

Responsible Dept./Person Name

Percentage of catch basins
stenciled per year

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Sponsor hazardous waste
collection day

Health

Responsible Dept./Person Name

Funding passed/Event held
Specify Measurable Goal

2-2

BMP ID #

Sponsor recycle center
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Funding passed/Recycle
center available.

2-3

BMP ID #

Identify existing volunteer
environmental groups

Engineering

Responsible Dept./Person Name

Number of groups identified
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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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1 BMP ID # Create GIS Basemap Specify Best Management Practice	Engineering/MIS Responsible Dept./Person Name	Stormwater map created Specify Measurable Goal
3-2 BMP ID # Inspect outfalls, catch basins, and manholes	Engineering/DPW Responsible Dept./Person Name	Field data entered into GIS database
3-3 BMP ID # Draft By-Law prohibiting discharges into system	Engineering/Health Responsible Dept./Person Name	Present draft at Town Meeting for approval.
3-4 BMP ID # Develop plan to identify non - stormwater discharges	Engineering/DPW Responsible Dept./Person Name	Implement plan in Permit Year 5
3-5 BMP ID # Dry weather screening (identify illicit discharges)	Engineering/DPW Responsible Dept./Person Name	Percent of outfalls screened Specify Measurable Goal

4. Construction Site Runoff Control:

4-1 BMP ID # Review existing planning board regulations	Engineering/Planning/Con- Com	Complete review within one year
4-2 BMP ID # Present recommend changes to existing regulations	Engineering/Planning/Con- Com	Changes on public hearing agenda
4-3 BMP ID # Review site plan By-Laws vs. EPA model	Engineering/Building/Con- Com	Site plan By-Laws reviewed within one year
4-4 BMP ID # Site plan By-Law change Specify Best Management Practice	Engineering/Building/Con- Com	Draft developed for presentation at Town Mtg (Y5)
4-5 BMP ID # Develop control measures at construction sites	Planning/Building/Con-Com Responsible Dept./Person Name	Inspection procedure developed



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 BMP ID # Review existing by-laws, ordinances and regulations	Engineering Responsible Dept./Person Name	Review completed within one year
5-2 BMP ID # Draft changes to regulations for runoff controls	Engineering/Planning Responsible Dept./Person Name	Draft changes developed Specify Measurable Goal
5-3 BMP ID # Select appropriate BMPs to be used by planners	Engineering/Planning Responsible Dept./Person Name	Incorporate BMP's into Planning Board Regulations
5-4 BMP ID # Draft changes to by-laws for runoff control	Engineering/Planning Responsible Dept./Person Name	Develop draft by-law and present at Town Meeting
5-5 BMP ID # Develop O&M manual for BMPs	Engineering/DPW Responsible Dept./Person Name	Creation of O&M manual Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1 BMP ID # Identify and map sensitive receptors within municipality	Engineering Responsible Dept./Person Name	Map created Specify Measurable Goal
6-2 BMP ID # Review and modify current street sweeping program	DPW Responsible Dept./Person Name	Review and program modifications completed
6-3 BMP ID # Develop a CIP for equipment needs	DPW Responsible Dept./Person Name	Capital Improvements Program (CIP) created
6-4 BMP ID # Develop policies for snow removal and disposal	DPW Responsible Dept./Person Name	Inventory of possible disposal areas
6-5 BMP ID # Conduct employee training for new vehicle washing practices	DPW Responsible Dept./Person Name	Written policy for vehicle washing
** BMP ID #	See attached for additional BMPs for Control Measure 6 Specify Best Management Practice	



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Storm Sewer Systems (MS4s)

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
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.

John O. D'Agostino
Printed Name

Signature

7-16-03
Date

