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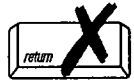
W035581  
Transmittal Number

**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:

Michael J. Gianotis, Town Administrator

Name

195 Main Street

Mailing Address

Maynard

MA

City/Town

State

(978) 897-1017

Telephone Number

Email (if available)

2. Municipality Name

Town of Maynard

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:

FEMA Regional Emergency Response Facility - The federal government will, separately, cover this facility.

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



**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.)**

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 J. Gianotis, Town Administrator

Printed Name

Signature

Date

10/24/03



Hand-enter Your Transmittal Number → W 035581

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

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 - Notice of Intent
Type of Project or Activity: Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Maynard

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

Individual's Last Name: First Name MI

Street Address: 195 Main Street
City/Town: Maynard State: MA Zip Code: 01754 Telephone Number: (978) 897-1001 ext.
Contact: Mr. Michael J. Gianotis, Town Administrator e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Maynard DEP Facility Number (if Known)
Street Address: 195 Main Street e-mail address (optional)
City/Town: Maynard State: MA Zip Code: 01754 Telephone Number: (978) 897-1001 ext.

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

Name of Individual or Firm: Earth Tech
Address: 196 Baker Ave.
City/Town: Concord State: MA Zip Code: 01742 Telephone Number: (978) 371-4000 ext.
Contact: Dale MacKinnon, P.E. 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 A file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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:

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

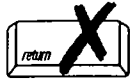
Check #: Dollar Amount: Date:
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211



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

**A. Instructions**

**Important:**  
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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:

Michael J. Gianotis, Town Administrator

Name

195 Main Street

Mailing Address

Maynard

City/Town

MA

State

(978) 897-1017

Telephone Number

Email (if available)

2. Municipality Name

Town of Maynard

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

W035581  
 Transmittal Number

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
Assabet River Name	41 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority Organics-Metals-Nutrients (see Table 2-1)
Taylor Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Second Division Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pratt's Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Puffer's Pond Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals 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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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:

111. BMP ID # Homeowner Focus Specify Best Management Practice	SuAsCo Council and DPW Responsible Dept./Person Name	Flyer distribution. Compile and evaluate survey results
121 BMP ID # Student Focus Specify Best Management Practice	SuAsCo Council and DPW Responsible Dept./Person Name	Prepare and implement lesson Specify Measurable Goal
131 BMP ID # Business Focus Specify Best Management Practice	SuAsCo Council and DPW Responsible Dept./Person Name	Flyer distribution. Specify Measurable Goal
141 BMP ID # General Public Focus Specify Best Management Practice	SuAsCo Council and DPW Responsible Dept./Person Name	4 press releases Specify Measurable Goal
142 BMP ID # General Public Focus Specify Best Management Practice	SuAsCo Council and DPW Responsible Dept./Person Name	Develop/ air stormwater video Specify Measurable Goal

2. Public Participation:

211 BMP ID # Circulate stormwater traveling display	SuAsCo Council and DPW Responsible Dept./Person Name	Develop display/ Feature at 3 locations
221 BMP ID # Poster contest for fifth graders Specify Best Management Practice	SuAsCo Council and DPW Responsible Dept./Person Name	Hold poster contest Specify Measurable Goal
222 BMP ID # Photo contest for high school students	SuAsCo Council and DPW Responsible Dept./Person Name	Hold photo contest Specify Measurable Goal
231 BMP ID # Hold a local stormwater summit	SuAsCo Council and DPW Responsible Dept./Person Name	Advertise and hold summit Specify Measurable Goal
232 BMP ID # Hold a watershed-wide stormwater summit	SuAsCo Council and DPW Responsible Dept./Person Name	Advertise and hold summit 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:

<u>311</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Field Check GIS Map</u> Locations of outfalls.
<u>Map outfalls</u> Specify Best Management Practice		
<u>312</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Build GIS system map for</u> stormwater planning
<u>Map storm sewer system</u> Specify Best Management Practice		
<u>313</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Percentage of total structures</u> Specify Measurable Goal
<u>Map structural BMPs</u> Specify Best Management Practice		
<u>314</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Draft and adopt recommended</u> Planning Board Regulations
<u>Develop regulations to have</u> developers pay Town's cost		
<u>315</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Update storm sewer system</u> GIS map annually
<u>Maintain GIS storm sewer</u> system map		

SEE ATTACHED SHEET FOR ADDITIONAL BMPs FOR Illicit Discharge Detection and Elimination  
→ See Section 5 Pull-outs

4. Construction Site Runoff Control:

<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>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<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)**

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

5. Post Construction Runoff Control:

_____		
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

6. Municipal Good Housekeeping:

_____		
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		





**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.)**

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.

FRANK IGNACHUCK  
 Printed Name  
 Frank Ignachuck  
 Signature  
 3-4-03  
 Date



**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)  
**F. Storm Water Management Program TIME FRAMES**

Transmittal Number W035581

Facility ID (if known) \_\_\_\_\_

Page 1 of 2

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR			PERMIT YEAR FIVE			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			
1.1.1																								
1.2.1																								
1.3.1																								
1.4.1																								
1.4.2																								
2.1.1																								
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