

1133



Hand-enter Your Transmittal Number → W 036130

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

<b>For DEP Use Only</b>
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: Municipal Separate Storm Sewer Systems (MS4)

#### B. Applicant Information (Firm or Individual)

Name of Firm: Town of Mendon		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI
Street Address 20 Main St.		
City/Town Mendon	State MA	Zip Code 01756
Telephone Number (508) 478-8863		ext.
Contact:	e-mail address (optional) aa@mendonma.net	

#### C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Mendon		DEP Facility Number (if Known)	
Street Address 20 Main St		e-mail address: (optional)	
City/Town Mendon	State MA	Zip Code 01756	Telephone Number (508) 478-8863
		ext.	

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

Name of Individual or Firm: Tighe & Bond Consulting Engineers			
Address 324 Grove St			
City/Town Worcester	State MA	Zip Code 01605	Telephone Number (508) 754-2201
		ext.	
Contact: Suzanne L. Pisano, P.E.	LSP Number (21E only)		

#### E. Permit - Project Coordination

Is this project subject to MEPA review?  yes  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  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 Number (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 #:	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:

Town of Mendon, c/o Department of Public Works  
Name

*Alan J. Tremont,  
Highway Dept.*

20 Main Street  
Mailing Address

Mendon  
City/Town

(508) 478-8863  
Telephone Number

MA 01756  
State

aa@mendonma.net  
Email (if available)

2. Municipality Name

Mendon  
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:

Mass Highway Dept.

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)**

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
Mill River Name	To be determined Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, metals Specify
Muddy Brook (associated small ponds and wetlands) Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Willow Brook (associated small ponds and wetlands) Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Long Meadow Brook (associated wetlands) Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rock Meadow Brook (associated ponds, tributaries and wetlands) Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spring Brook (associated small ponds and tributaries) Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nipmuck Pond Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" 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)

Facility ID (if known)

**D. Stormwater Management Program Summary**

**1. Public Education: SEE ATTACHMENT A FOR ADDITIONAL BMP INFORMATION**

1A BMP ID #		
Community Website	Board of Selectmen Administrative Assistant	Post educational information including DEP and EPA stormwater links Year 1. Advertise various programs encouraging stormwater pollution prevention. Post seasonally targeted stormwater pollution prevention initiatives, and update quarterly, Year 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1B BMP ID #		
Newspaper press releases	DPW / Board of Selectmen Administrative Assistant	1 per year in local newspaper, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1C BMP ID #		
Hazardous Waste Collection Day	Board of Health	Annual Collection Day with public advertisement, Year2 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1D BMP ID #		
Educational Displays	DPW	One display at municipal building per year, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1E BMP ID #		
Local Cable Access	Board of Selectmen Administrative Assistant	Post seasonally targeted stormwater pollution prevention initiatives, and update quarterly, Year 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1F BMP ID #		
Classroom Education	Board of Selectmen Administrative Assistant / School Science Department	1 stormwater topic per year minimum, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<b>2. Public Participation:</b>		
2A BMP ID #		
Adopt-a-Road	DPW / Board of Selectmen Administrative Assistant	Initiate program, Year 1. Support program, Years 2 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
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Facility ID (if known)

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

2B		
BMP ID #		
Storm-Drain Stenciling	DPW	Form program, Year 1. Target 25% of Town's targeted priority storm drains catch basins annually, Year 2 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2C		
BMP ID #		
Roadway Clean-Up Day	Conservation Commission	Annual volunteer cleanup of roadways in April, Year 2 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2D		
BMP ID #		
Adopt-a-Stream	DPW / Board of Selectmen Administrative Assistant	Coordinate Year 1. Organize Year 2. Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2E		
BMP ID #		
Poster Contest	Conservation Commission	Annual contest through Lions Club.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<b>3. Illicit Discharge Detection and Elimination:</b>		
3A		
BMP ID #		
Mapping Stormwater Outfalls	DPW	Compile map Year 1. Field inspect / verify 25% of outfalls annually, Year 2-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3B		
BMP ID #		
Non-Stormwater Discharge Bylaw	Board of Selectman / DPW / Board of Health	Evaluate existing procedures Year 1. Draft Bylaw Year 2. Propose for adoption Year 3. Enforce Year 3-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3C		
BMP ID #		
Develop Illicit Discharge Plan	DPW	Evaluate and draft plan Year 1. Propose for adoption Year 2. Implement thereafter Year 3-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3D		
BMP ID #		
Illegal Dumping	DPW	Post signage at common dumping areas, Year 1. Weekly cleanup of illegally dumped trash, Year 1-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
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Facility ID (if known)

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

<u>3E</u> BMP ID #		
Non-Stormwater Discharges	DPW	Develop sampling program for dry weather inspection/detection in target areas, Year 3 – 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3F</u> BMP ID #		
DPW Employee Education	DPW	Training under BMP #6C Year 1 to recognize illicit discharges. Annual refresher Year 2- 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3G</u> BMP ID #		
Failing Septic Systems	Board of Health	Maintain Records for use in determining problem areas and incorporate into Annual Report, Year 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3H</u> BMP ID #		
Video Inspection	Planning Board / Highway Department	Inspect storm drain pipes as part of new subdivisions as needed, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**4. Construction Site Runoff Control:**

<u>4A</u> BMP ID #		
Construction Site Runoff Bylaw for projects > 1 acre	Conservation Commission / Planning Board	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforce Years 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>4B</u> BMP ID #		
Plan review	Conservation Commission / Planning Board / Board of Health	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>4C</u> BMP ID #		
Inspection / Reporting	Building Inspector / Board of Health / Engineer	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**5. Post Construction Runoff Control:**

<u>5A</u> BMP ID #		
Post Construction Runoff Bylaw	Conservation Commission / Planning Department	Review current Bylaw Year 1. Draft amendments Year 2. Propose adoption for Year 3. Enforce Years 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



**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.)**

5B  
BMP ID #

Construction site plan review	Conservation Commission / Planning Department	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5C  
BMP ID #

Stormwater System Maintenance Plan	Board of Selectmen	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**6. Municipal Good Housekeeping:**

6A  
BMP ID #

Catch Basin Program	DPW	Clean all catch basins at least once per year, Years 1 - 5,
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6B  
BMP ID #

Street Sweeping and Parking Lot Cleaning	DPW	Sweep all streets once per year, Year 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6C  
BMP ID #

Stormwater Pollution Prevention Plan for DPW facility	DPW	Implementation of SWPPP Year 1. Compliance Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6D  
BMP ID #

Curbside Recycling Program	Board of Health	Bi-weekly curbside pick-up of paper and containers for recycling, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6E  
BMP ID #

Metal Dumpster Recycling Program	Board of Health	Annually evaluate program, and add new materials to recycling list as needed, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6F  
BMP ID #

Mercury Thermometer and Button Cell Battery Recycling Program	Board of Health	Collection of mercury thermometers and button cell batteries from residents for disposal at no cost to residents, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
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Facility ID (if known)

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

6G BMP ID #		
Composting Program	DPW	Collection of yard waste for composting every Saturday, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6H BMP ID #		
Trash Collection	Board of Health	Weekly curbside pick-up of trash for residents, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**7. BMPs for Meeting TMDL:**

7A BMP ID #		
See Section 7 of the attached narrative, Appendix A		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7B BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7C BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7D 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.

DALE F. PLEAU,  
Printed Name  
Dale F Pleau  
Signature  
Chairman,  
Board of Health  
7/23/03  
Date

