



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

1017

W040561  
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:

JOHN A. GRIFFIN

Name

Town of Palmer, 4417 Main Street

Mailing Address

Palmer

City/Town

MA

State

(413) 283-2603

Telephone Number

Email (if available)

2. Municipality Name

Town of Palmer

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

JUL 28 2004



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**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 _____
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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 _____
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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 _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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**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

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

2

BMP ID #  
Create a Stormwater Program  
 Specify Best Management Practice

Board of Selectmen  
 Department of Public Works  
 Responsible Dept./Person Name

Palmer 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 Palmer's Comprehensive Stormwater Management Program, including public education and outreach.  
 Specify Measurable Goal

3

BMP ID #  
Address specific groups  
 Specify Best Management Practice

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

Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.

Conservation Commission will sponsor annual biodiversity days at Palmer High School.  
 Specify Measurable Goal

4

BMP ID #  
Target groups likely to impact storm water  
 Specify Best Management Practice

Board of Selectmen  
 Department of Public Works  
 Board of Health  
 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





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**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

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

11

BMP ID #

Community clean-ups  
 Specify Best Management Practice

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

Town of Palmer 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

Board of Selectmen  
Department of Public Works  
 Responsible Dept./Person Name

Palmer 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 Palmer's Comprehensive Stormwater Management Program, including public education and outreach.  
 Specify Measurable Goal



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**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 Selectmen

Responsible Dept./Person Name

Palmer 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

Palmer 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

Palmer 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

Palmer 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

Palmer 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



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**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

Palmer 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.  
 Specify Measurable Goal

20  
 BMP ID #

Watershed assessments and studies  
 Specify Best Management Practice

Department of Public Works  
Palmer Water & Fire Districts  
 Responsible Dept./Person Name

The Town of Palmer will encourage the Palmer Water Districts 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. These plans can include stormwater management programs. The proposed tasks will include a public education component.  
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

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



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

5. Post Construction Runoff Control:

<p><u>22</u>          BMP ID #  <u>Bylaw: Require post-construction runoff controls</u>          Specify Best Management Practice</p>	<p><u>Planning Board</u>  <u>Conservation Commission</u>  <u>Town Counsel</u>  <u>Board of Health</u>  <u>Zoning Board of Appeals</u>          Responsible Dept./Person Name</p>	<p><u>Palmer will review model by-law developed by DEP in consultation with the Attorney General's Office.</u>          Specify Measurable Goal</p>
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6. Municipal Good Housekeeping:

<p><u>23</u>          BMP ID #  <u>Develop a municipal Operations and Maintenance Plan</u>          Specify Best Management Practice</p>	<p><u>Department of Public Works</u>          Responsible Dept./Person Name</p>	<p><u>Using regulations and recommendations from DEP and EPA, Palmer 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.</u>          Specify Measurable Goal</p>
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<p><u>24</u>          BMP ID #  <u>Develop a municipal Operations and Maintenance Plan</u>          Specify Best Management Practice</p>	<p><u>Department of Public Works</u>          Responsible Dept./Person Name</p>	<p><u>Palmer will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.</u>          Specify Measurable Goal</p>
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<p><u>25</u>          BMP ID #  <u>Develop and implement training programs for municipal employees</u>          Specify Best Management Practice</p>	<p><u>Department of Public Works</u>          Responsible Dept./Person Name</p>	<p><u>Palmer will send a minimum of 3 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors.</u>          Specify Measurable Goal</p>
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<p><u>26</u>          BMP ID #  <u>Review storm drainage infrastructure needs</u>          Specify Best Management Practice</p>	<p><u>Department of Public Works</u>          Responsible Dept./Person Name</p>	<p><u>Palmer will incorporate storm drain infrastructure review in Palmer's Chapter 90 project utilizations.</u>          Specify Measurable Goal</p>
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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
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BMP ID #		
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Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
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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 A. GRIFFIN, Town Administrator  
 Printed Name

\_\_\_\_\_  
 John A. Griffin  
 Signature

\_\_\_\_\_  
 7-25-2003  
 Date

**STORM WATER MANAGEMENT PROGRAM**

Mass. Transmittal No. W040564

EPA No. \_\_\_\_\_

**SCHEDULE**

Name of MS4: Palmer

BMP ID.	PERMIT YEAR				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		
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Hand-enter Your Transmittal Number

W 040564

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

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 Palmer

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

GRIFFIN

JOHN

A.  
MI

Last Name of Individual

First Name of Individual

4417 Main Street

Street Address

Palmer

MA

01069

(413) 283-2603

City/Town

State

Zip Code

Telephone # and extension

JOHN A. GRIFFIN

JOHN@TOWNOFPALMER.COM

Contact Person

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Palmer

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

4417 Main Street

Street Address

e-mail address (optional)

Palmer

MA

01069

(413) 283-2603

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 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

Date: 11/24/03

Call Report

Time: :

To/From: Mary Mombian Burgess

Phone: (413) 781-0000

Affiliation: DEA

Status: LM/VM 1 2 3 RC 1 2 3

8/28

Subject: Palmer NOI - NOD Response

8/28 RC/LM -

→ Admin. Completeness Ltr. will be sent early next week.

→ Re: New Town Admin:

If changed prior to your 9/25 response to the NOD, then new Town Admin (T.A.) should certify; otherwise (either way) provide to us the name of new T.A. & number if they are SWMP Confab.