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MAY - 5 2004

**TOWN OF PAXTON**  
**697 Pleasant St., Paxton, MA 01612**  
**Tel. 508-754-7638**

This report will document compliance measures that have been taken by the town of Paxton, which is considered to be a small Municipal Separate Storm Sewer System. (MS4)

This Department of Public Works is creating a Stormwater Management Program with a focus on public outreach and education. The following is a list of measures that have been taken:

**SECTION 1**  
**COMPONENTS OF COMPLIANCE**

- 1) Monday June 16, 2003 – Meeting with Mary Burgess of Guertin Associates  
Ms. Burgess presented requirements for compliance with DEP and EPA for Storm Water Management Phase II.

- 2) Public Education & Outreach  
Literature about weekly trash pick-up and mandatory recycling in Paxton is available to every household. Information about an annual hazardous material drop off day is also distributed to Paxton residents.

The Paxton DPW has just created an introductory stormwater management brochure that is available to town residents at the Town Hall, Richards Memorial Library the DPW garage and the Paxton Marketplace.

This brochure uses the watershed approach to raise people's awareness about watersheds, groundwater and pollution prevention. A copy of this brochure is included with this report.

The brochure defines Paxton's watersheds, which include the Blackstone River Valley watershed, the Nashua River watershed, and the Chicopee River watershed. It is somewhat unique for a town to be split into 3 different watersheds, but actually this affords us much more information and possibility for partnerships.

- 3) Partnerships  
The Paxton DPW works closely with the Paxton Municipal Light Department...

Letters have been prepared and mailed to the Paxton Center School, The Paxton Library, Moore State Park, and various scout troop leaders outlining Paxton Stormwater Management goals, and offering these groups opportunities to participate in achieving these goals.

4) Educational Materials

Programs at Moore State Park in Paxton will be held this summer using Project Wet, an environmentally based educational program that features workshops and activities for all ages, from pre-school to adult. These programs could be implemented by the town of Paxton for presentation in the Center School in the future.

Brochures and a web site focusing on lawn and garden treatments, automobile discharges, pet wastes, composting, and water conservation are being developed, as well as a hotline that will be available to town residents.

5) Public Participation and Involvement

The Paxton DPW has contacted the Paxton Center School and local scout troops asking them to participate in stream and water body cleanups around the town. Work has already begun by Girl Scouts cleaning in the Town Center Cemetery.

The DPW will assist with this cleanup by providing bags for the trash and trucks for hauling this away.

Paxton does not have a particularly diverse population, and there are very few businesses in the town, most being service or retail oriented. Letters will be mailed to the town's two restaurants, explaining about grease traps and other pollutants that could be discharged from these businesses., and a list of BMP's will be forward to the three repair garages and one golf course in town.

6) Web Site

A web site will be created when we find out what areas need to be addressed, and what information people must have.

7) Watersheds

The Watershed Approach was used in creating Paxton's first Informational on the three watershed that encompass Paxton have been distributed in the new stormwater management brochure.

8) Future Public Outreach

A Recreational guide will be written and available to golfers, hikers, paddlers, climbers and fishermen.

A stormwater management booth will be created for display at National Public Lands Day (NPLD) on September 18, 2004. NPLD is the largest hands-on volunteer day across the country, where people who have volunteered or participated on public lands or buildings will be honored. A

booth with stormwater management material would be a great place to invite public support.

Paxton DPW's Administrative Assistant is an environmental educator who would be willing to volunteer to host programs for local groups and at the school.

Storm drain systems will be mapped and stormdrains will be stenciled, and a storm water hot line and web site will come as financing for these program becomes available.

Economic incentives to homeowners who embrace environmentally sound stormwater practices is probably not an option in Paxton at this time of fiscal constraints.

## SECTION 2 INFORMATION COLLECTED AND ANALYZED

1. No information has yet been collected or analyzed. The Paxton DPW does monitor all storm drains and keep them open and clear of any debris or other material.

## SECTION 3 PLANNED ACTIVITIES

1. Educational activities have been planned as noted above. Other activities include efforts by the Paxton Center School to map out and construct a nature trail around Illig Pond, which is on the school grounds. Volunteers have been recruited for this activity, and the Administrative Assistant from the Paxton DPW has volunteered to help with this activity.

Hopefully this venture will lead to increased environmental education in our local school.

A Stormwater Management budget will be discussed and voted on at the Town Meeting scheduled for May 17. As money becomes available, hopefully a GIS system will be put in place for use by the town DPW to begin mapping stormdrains and outfalls and other infrastructure.

## SECTION 4 CONSTRUCTION SITE RUNOFF AND CONTROL

1. Subdivision Rules and Regulations govern are in place in which the town may require a plan to show a park or other open space, pursuant to MGL c 41 s 81-U.
2. Stormwater Management (section 4.8.6 in the subdivision manual) outlines BMP's.

Stormwater drainage systems must be designed using BMP's from the most recent version of the Massachusetts Department of Environmental Protection's Non-Point Source Management Manual (the Mega-Manual)

Stormdrains, culverts, ditches and related installations must be designed by methods based on the report of the United States Natural Resources Conservation Service, Urban Hydrology for Small Watersheds, Technical Release #55

Infiltration, detention or attenuation systems shall be analyzed for the one hundred (100) year frequency storm. These systems will not cause water to be discharged with ten feet (10') of the perimeter of the subdivision. Catch basins, manholes and piping shall be designed for a twenty-five (25) years frequency storm at a minimum. The use of detention basins is discouraged.

Paxton's subdivision booklet also regulates catch basins, curb inlets and manholes. It directs connections with existing drains and easements. Drainage layers are suggested for wet areas or areas where groundwater is or has been within two feet (2') of finish grade or where deemed appropriate.

Grass plots and trees must be provided for the full length of each street.

Sincerely,



Frederick Goodrich, Selectman  
Town of Paxton

FACILITY NAME AND PERMIT NUMBER:

TOWN OF PAXTON MA MAR041148

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Form Approved 1/14/99  
OMB Number 2040-0086

Form

## 2A NPDES FORM 2A APPLICATION OVERVIEW

NPDES

### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

#### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow > or = 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

FACILITY NAME AND PERMIT NUMBER:

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1 Facility Information.

Facility name: Town of Paxton
Mailing Address: 697 Pleasant St. Paxton, MA 01612
Contact Person: Scott Runstrom
Title: Selectman
Telephone Number: (508)754-7638
Facility Address (not P.O. Box): 697 Pleasant St. Paxton, MA 01612

A.2 Applicant Information. If the applicant is different from the above, provide the following:

Applicant name
Mailing Address
Contact Person
Title
Telephone Number

Is the applicant the owner or operator (or both) of the treatment works?

owner operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility applicant

A.3 Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

Table with 4 columns: Permit Type, Permit Number, Permit Type, Permit Number. Row 1: NPDES, MAR041148.

A.4 Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Table with 4 columns: Name, Population Served, Type of Collection System, Ownership. Row 1: Town of Paxton, 4,500, Separate, Town of Paxton.

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Total Population Served 4,500

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes No X

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes No X

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .000 mgd

b. Annual average daily flow rate Two Years Ago Last Year This Year .000 .000 .000 mgd

c. Maximum daily flow rate .000 .000 .000 mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer %

Combined storm and sanitary sewer %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? Yes No X

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent
ii. Discharges of untreated or partially treated effluent
iii. Combined sewer overflow points
iv. Constructed emergency overflows (prior to the headworks)
v. Other

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes No X

If yes, provide the following for each surface impoundment:

Location:

Annual average daily volume discharged to surface impoundment(s) mgd

Is discharge continuous or intermittent

c. Does the treatment works land-apply treated wastewater? Yes No X

If yes, provide the following for each land application site:

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Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? \_\_\_\_\_ Yes \_\_\_\_\_ X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

\_\_\_\_\_

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? \_\_\_\_\_ Yes \_\_\_\_\_ X No

If yes, provide the following for each disposal method:



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Description of method (including location and size of site(s) if applicable):

\_\_\_\_\_

Annual daily volume disposed of by this method:

\_\_\_\_\_

Is disposal through this method

\_\_\_\_\_

continuous or

\_\_\_\_\_

intermittent

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TOWN OF PAXTON, MA MAR 41148

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**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a., go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**END OF PART A.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A  
YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

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# BASIC APPLICATION INFORMATION

## PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X  Basic Application Information Packet

Supplemental Application Information packet:

Part D (Expanded Effluent Testing Data)

Part E (Toxicity Testing: Biomonitoring Data)

X  Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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, the information 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.

Name and official title  Mr. Frederick Goodrich, Selectman

Signature 

Telephone number  (508) 754-7638

Date signed \_\_\_\_\_

Upon request of the permitting authority you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETE FORMS TO:**

|  |  |   |                    |                    |  |          |     |    |               |
|--|--|---|--------------------|--------------------|--|----------|-----|----|---------------|
| FORM<br><b>1</b><br>GENERA   |  | U.S. ENVIRONMENTAL PROTECTION AGENCY<br><b>GENERAL INFORMATION</b><br>Consolidated Permits Program<br><i>(Read the "General Instructions" before starting.)</i> | I. EPA I.D. NUMBER |                    |  |          |     |    |               |
|  |  |   | s<br>F             | MAR04148           | T/A<br>D   |          |     |    |               |
| LABEL ITEMS<br>I. EPA I.D. NUMBER<br>III. FACILITY NAME<br>V. FACILITY MAILING ADDRESS<br>VI. FACILITY LOCATION  |  | PLEASE PLACE LABEL IN THIS SPACE  |                    |                    | GENERAL INSTRUCTIONS<br>If a preprinted label has been provided, affix in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |          |     |    |               |
| II. POLLUTANT CHARACTERISTICS<br>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. |  |   |                    |                    |  |          |     |    |               |
| SPECIFIC QUESTIONS   |  | MARK 'X'  |                    | SPECIFIC QUESTIONS |  | MARK 'X' |     |    |               |
|  |  | YES   | NO                 | FORM ATTACHED      |  |          | YES | NO | FORM ATTACHED |
| A. Is this facility a <b>publicly owned treatment works</b> which results in a discharge to waters of the U.S.? (FORM 2A)  |  |   | X                  |                    | B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a discharge to waters of the U.S.? (FORM 2B)  |          |     | X  |               |
| C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> , other than those described in A or B above? (FORM 2C)   |  |   | X                  |                    | D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)  |          |     | X  |               |
| E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)   |  |   | X                  |                    | F. Do you or will you inject at this facility industrial or municipal effluent below the lowestmost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)  |          |     | X  |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)   |  |   | X                  |                    | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel or recovery of geothermal energy? (FORM 4)   |          |     | X  |               |
| I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  |  |   | X                  |                    | J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  |          |     | X  |               |
| III. NAME OF FACILITY<br>C<br>1 Town of Paxton Massachusetts   |  |   |                    |                    |  |          |     |    |               |
| IV. FACILITY CONTACT<br>A. NAME & TITLE (last, first & title)<br>C<br>2 Frederick Goodrich Selectman<br>B. PHONE (area code & no.)<br>(508)754-7638  |  |   |                    |                    |  |          |     |    |               |
| V. FACILITY MAILING ADDRESS<br>A. STREET OR P.O. BOX<br>C<br>3 697 Pleasant Street<br>B. CITY OR TOWN<br>C. STATE<br>D. ZIP CODE<br>C<br>4 Paxton MA 01612   |  |   |                    |                    |  |          |     |    |               |
| VI. FACILITY LOCATION<br>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER<br>C<br>5 697 Pleasant Street<br>B. COUNTY NAME<br>Worcester<br>C. CITY OR TOWN<br>D. STATE<br>E. ZIP CODE<br>F. COUNTY CODE (if known)<br>C<br>6 Paxton MA 01612   |  |   |                    |                    |  |          |     |    |               |

| VII. SIC CODES (4-digit, in order of priority) |           |           |           |
|--|-----------|-----------|-----------|
| A. FIRST                                       |           | B. SECOND |           |
| C<br>7   | (specify) | C<br>7    | (specify) |
| C. THIRD                                       |           | D. FOURTH |           |
| C<br>7   | (specify) | C<br>7    | (specify) |

| VIII. OPERATOR INFORMATION   |   |             |   |
|--|---|-------------|---|
| A. NAME  |   |             | B. Is the name listed in Item VIII-A also the owner?<br>No        |
| C<br>8   |   |             |   |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) |   |             | D. PHONE (area code & no.)  |
| F=FEDERAL<br>S=STATE<br>P=PRIVATE  | M=PUBLIC (other than federal or state)<br>O=OTHER (specify) | X (specify) | C<br>A  |
| E. STREET OR P.O. BOX  |   |             |   |
| F. CITY OR TOWN  |   | G. STATE    | H. ZIP CODE   |
| C<br>6   |   |             | IX. INDIAN LAND<br>Is the facility located on Indian lands?<br>No |

| X. EXISTING ENVIRONMENTAL PERMITS        |          |  |           |
|--|----------|--|-----------|
| A. NPDES (Discharges to Surface Water)   |          | D. PSD (Air Emissions from Proposed Sources) |           |
| C T I<br>9 N                             | MAR41148 | C T I<br>9 P                                 |           |
| B. UIC (Underground Injection of Fluids) |          | E. OTHER                                     |           |
| C T I<br>9 U                             |          | C T I<br>9                                   | (specify) |
| C. RCRA (Hazardous Wastes)               |          | E. OTHER                                     |           |
| C T I<br>9 U                             |          | C T I<br>9                                   | (specify) |

| XI. MAP  |
|--|
| Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements. |

| XII. NATURE OF BUSINESS (provide a brief description) |
|---|
| Town of Paxton  |

| XIII. CERTIFICATION (see instructions)  |
|---|
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. |

|  |  |                           |
|--|--|---------------------------|
| A. NAME & OFFICIAL TITLE (type or print)<br>Frederick Goodrich Selectman | B. SIGNATURE<br> | C. DATE SIGNED<br>4/29/04 |
|--|--|---------------------------|

| COMMENTS FOR OFFICIAL USE ONLY |
|--------------------------------|
| C<br>C                         |

**IV. Effluent Characteristics**

**A. Existing Sources** - Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

**B. New Dischargers** - Provide estimates for the parameters listed in the left-hand column below, unless waived by the

OUTFALL NO.:

| Pollutant or Parameter  | (1) Maximum Daily Value<br>(include units) |               | (2) Average Daily Value<br>(last year)(include units) |               | (3)                                | or | (4)                                    |
|---|--|---------------|---|---------------|------------------------------------|----|--|
|   | Mass                                       | Concentration | Mass  | Concentration | # of Measurements Taken (last yr.) |    | Source of Estimate (if new discharger) |
| Biochemical Oxygen Demand (BOD)   |  |               |   |               |                                    |    |  |
| Total Suspended Solids (TSS)  |  |               |   |               |                                    |    |  |
| Fecal Coliform (if believed present or if sanitary waste is discharged) |  |               |   |               |                                    |    |  |
| Total Residual Chlorine   |  |               |   |               |                                    |    |  |
| Oil and Grease  |  |               |   |               |                                    |    |  |
| *Chemical Oxygen Demand (COD)   |  |               |   |               |                                    |    |  |
| *Total Organic Carbon (TOC)   |  |               |   |               |                                    |    |  |
| Ammonia (as N)  |  |               |   |               |                                    |    |  |
| Discharge Flow  |  |               |   |               |                                    |    |  |
| pH  |  |               |   |               |                                    |    |  |
| Temperature (Winter)  |  |               | °C  | °C            |                                    |    |  |
| Temperature (Summer)  |  |               | °C  | °C            |                                    |    |  |

\*If noncontact cooling water is discharged

EPA I.D. Number (copy from item 1 of Form 1)

MAR04148 MAR041148

Form Approved  
OMB No. 2000-0060  
Approval expires 3-31-86

This permit application  
form was electronically  
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FORM  
2E  
NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. Receiving Waters

| Outfall Number<br>(list) | Latitude |     |     | Longitude |     |     | Receiving Water (name) |
|--------------------------|----------|-----|-----|-----------|-----|-----|------------------------|
|                          | Deg      | Min | Sec | Deg       | Min | Sec |                        |
|                          |          |     |     |           |     |     |                        |

## II. Discharge Date (If a new discharger, the date that you expect to begin discharging.)

12:00:00 AM

## III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged. Other Nonprocess Wastewater (identify)

Sanitary Wastes   
 Restaurant or Cafeteria Wastes   
 Noncontact Cooling Water   
 storm drains

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

| 1. Outfall | 2. Cooling Water Additives Used | 3. Composition |
|------------|---------------------------------|----------------|
|            |                                 |                |

EPA I.D. Number (copy from Item 1 of Form 1)

MAR04148 MAR04148

Form Approved  
OMB No. 2000-0060  
Approval expires 3-31-86

This permit application  
form was electronically  
generated by P.A.S.S.

V. Except for leaks or spills, will the discharge described in this form be intermittent or  
If yes, briefly describe the frequency of flow and duration

Yes  No

VI. Treatment System (Describe briefly any treatment system(s) used or to be used.)

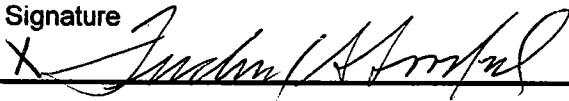
VII. Other Information (Optional)

VIII. Certification

A. Name & Official Title Frederick Goodrich  
Selectman

B. Phone No. (area code & no.)  
(508) 754-7638

C. Signature



D. Date Signed