



Hand-enter Your Transmittal Number

1117
W 041238

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

BRPWM08A

Permit Code: 7 or 8 character code from permit instructions

Stormwater Phase II General Permit for MS4s

Name of Permit Category

Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Franklin, Massachusetts

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

Last Name of Individual

150 Emmons Street

First Name of Individual

MI

Street Address

Franklin

MA

02038

(508) 520-4910

City/Town

State

Zip Code

Telephone # and extension

William Fitzgerald, DPW Director

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Franklin, Massachusetts

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Franklin

e-mail address (optional)

MA

02038

(508) 520-4910

City/Town

State

Zip Code

Telephone # and extension

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

Malcolm Pirnie, Inc.

Name of Firm Or Individual

500 Edgewater Drive, Suite 566

Address

Wakefield

MA

01880

(781) 224-4488

City/Town

State

Zip Code

Telephone # and extension

Robert Winn, P.E.

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:

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

W 041238

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:

Town Franklin

Name

150 Emmons Street

Mailing Address

Franklin

City/Town

508-520-4910

Telephone Number

Massachusetts

State

Email (if available)

2. Municipality Name

Town of Franklin

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:

Massachusetts Highway Department Route 495, Dean College

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

B. Applicant Information (cont.)



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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
Charles River	unknown	☒ Yes ☐ No	Pathogens, Metals
Name	Number		Specify
Populatic Pond	unknown	☐ Yes ☒ No	
Name	Number		Specify
Franklin Reservoir	unknown	☒ Yes ☐ No	Noxious Aquatic Plants, Turbidity
Name	Number		
Mine Brook Pond	unknown	☒ Yes ☐ No	Noxious aquatic plants, turbidity
Name	Number		
Mine Brook	unknown	☒ Yes ☐ No	Cause Unknown
Name	Number		Specify
Beaver Pond	unknown	☐ Yes ☐ No	
Name	Number		Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary



Massachusetts Department of Environmental Protection
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1. Public Education:

1A

BMP ID #

Recycling education for home
owners

DPW/ William Fitzgerald

Responsible Dept./Person Name

Distribute 3 times per year

Specify Measurable Goal

1B

BMP ID #

Education information on web
site

DPW/ William Fitzgerald

Plan./Cons Richard Vacca

Web Site information
developed and posted

1C

BMP ID #

Education on waste disposal
and water conservation

DPW/ William Fitzgerald

Responsible Dept./Person Name

Materials available in all public
buildings

1D

BMP ID #

Water resource information
and protection signs

DPW/ William Fitzgerald

Responsible Dept./Person Name

Five signs posted per year

Specify Measurable Goal

1E

BMP ID #

Public education with Charles
River Watershed Assoc.

DPW/ William Fitzgerald

Plan./Cons Richard Vacca

Number of coordinated
programs

2. Public Participation:

2A

BMP ID #

Storm drain stenciling

Specify Best Management Practice

Responsible Dept./Person Name

Ten catch basins per year

Specify Measurable Goal

2B

BMP ID #

Outreach efforts with Charles
Rivers Watershed Assoc.

DPW/ William Fitzgerald

Plan./Cons Richard Vacca

Number of coordinated
programs

2C

BMP ID #

Public meeting to encourage
volunteers

DPW/ William Fitzgerald

Plan./Cons Richard Vacca

Meetings held with public

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

D. Stormwater Management Program Summary (Cont.)

**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Watershed Management

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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)

3. Illicit Discharge Detection and Elimination:3A

BMP ID #

Storm water map
developmentDPW/ William Fitzgerald

Responsible Dept./Person Name

Map completed showing
collection system and outfalls3B

BMP ID #

Develop non-storm water
discharge ordinanceDPW/ William Fitzgerald

Responsible Dept./Person Name

Ordinance adopted by Town
Specify Measurable Goal3C

BMP ID #

Develop illicit detection
implementation planDPW/ William Fitzgerald

Responsible Dept./Person Name

Plan developed
Specify Measurable Goal3D

BMP ID #

Perform dry weather outfall
assessmentsDPW/ William Fitzgerald

Responsible Dept./Person Name

Prioritized areas and number
of outfalls assessed3E

BMP ID #

Develop procedures for
removing illicit connectionsDPW/ William Fitzgerald

Responsible Dept./Person Name

Procedures developed and
number of locations identified**4. Construction Site Runoff Control:**4A

BMP ID #

Ordinance development for
waste controlDPW/ William Fitzgerald
Plan./Cons Richard VaccaOrdinance adopted by Town
Specify Measurable Goal4B

BMP ID #

Formalization of site plan
review proceduresDPW/ William Fitzgerald
Plan./Cons Richard VaccaSite plan review procedures
adopted by Town4C

BMP ID #

Revised ordinance to address
storm water pollutionDPW/ William Fitzgerald
Plan./Cons Richard VaccaRevised ordinance adopted by
the Town4D

BMP ID #

Best management practice
manual for developersDPW/ William Fitzgerald
Plan./Cons Richard VaccaHandbook completed and
adopted by Town4E

BMP ID #

Formalization of inspection
proceduresDPW/ William Fitzgerald
Plan./Cons Richard VaccaInspection procedures adopted
by the Town Towncompleted**D. Stormwater Management Program Summary (Cont.)**



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5. Post Construction Runoff Control:

5A

BMP ID #

Procedures for long term
O&M

DPW/ William Fitzgerald
Plan./Cons Richard Vacca

Adoption of procedures by
Town

5B

BMP ID #

Review Procedures for post
construction impacts

DPW/ William Fitzgerald
Plan./Cons Richard Vacca

Adoption of procedures by
Town

5C

BMP ID #

Best management handbook
for developers

DPW/ William Fitzgerald
Plan./Cons Richard Vacca

Handbook completed and
adopted by Town

5D

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:

6A

BMP ID #

Standard operating procedures
Specify Best Management Practice

DPW/ William Fitzgerald
Responsible Dept./Person Name

Ten procedures developed
Specify Measurable Goal

6B

BMP ID #

Employee training
Specify Best Management Practice

DPW/ William Fitzgerald
Responsible Dept./Person Name

Four employees training
sessions

6C

BMP ID #

Parking lot and road sweeping
Specify Best Management Practice

DPW/ William Fitzgerald
Responsible Dept./Person Name

Schedule developed and
areas prioritized for cleaning

6D

BMP ID #

Spill response and prevention
Specify Best Management Practice

DPW/ William Fitzgerald
Responsible Dept./Person Name

procedures and inventory
completed

6E

BMP ID #

Catch Basin Cleaning
Specify Best Management Practice

DPW/ William Fitzgerald
Responsible Dept./Person Name

Schedule developed and areas
prioritized cleaning

BMP ID #

Specify Best Management Practice

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

N/A

BMP ID #

Not Applicable

Specify Best Management Practice

Not Applicable

Responsible Dept./Person Name

Not Applicable

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

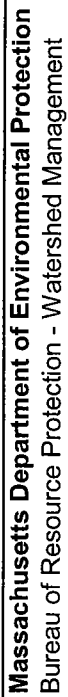
E. Certification

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.

Printed Name Jeff Notting - Town Administrator

Signature [Handwritten Signature]

Date 7/25/03



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 W 041238

W 041238

Facility ID (if known)

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