



Hand-enter Your Transmittal Number

W 040558

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

Notice of Intent for Discharges from Small Municipal

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

Separate Storm Sewer Systems (MS4s)

B. Applicant Information - Firm or Individual

Town of Granby

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

Last Name of Individual

250 State Street

Street Address

Granby

City/Town

First Name of Individual

MI

MA
State

01033
Zip Code

(413) 467-7177
Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Granby

Name of Facility, Site or Individual

250 State Street

Street Address

Granby

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA
State

01033
Zip Code

(413) 467-7177
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

City/Town

Mary Burgess

Contact Person

MA
State

02180
Zip Code

(413) 781-0000
Telephone # and extension

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

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

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



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

W040558

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:

William E Johnson, Chair B of Selectmen
Name

Town of Granby, 250 State Street
Mailing Address

Town of Granby
City/Town

MA
State

(413) 467-7177
Telephone Number

Email (if available)

2. Municipality Name

Town of Granby
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

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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)

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 _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____



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)**

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Transmittal Number

Facility ID (if known)

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

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

2

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

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

3

BMP ID #

Address specific groups
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Distribute EPA and other relevant
educational brochures to targeted
audiences. Distribution points
include Town Hall and Library.
Specify Measurable Goal

4

BMP ID #

Target groups likely to impact storm
water
Specify Best Management Practice

Department of Public Works
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



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)

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

5

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works

MIS Department

Responsible Dept./Person Name

Granby will develop a town web
address and will post links to
stormwater BMPs and other water
quality education resources, including
EPA and DEP on its website.

Specify Measurable Goal

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works

MIS Department

Responsible Dept./Person Name

Granby will also post links on its
website to the Connecticut River
Watershed Council @
www.ctriver.org, and the Chicopee
River Watershed Council @
www.chicopeeriver.org.

Specify Measurable Goal

7

BMP ID #

Utilize local public access channel

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Public meeting notice and the
meeting reviewing Granby's
Comprehensive Stormwater
Management Program will be posted
on Granby's local access channel.

Specify Measurable Goal

8

BMP ID #

Develop, conduct and document
educational programs

Specify Best Management Practice

Department of Public Works

Liaison

Responsible Dept./Person Name

The Town of Granby will appoint a
liaison to the Connecticut River
Watershed Council and the Chicopee
River Watershed Council.

Specify Measurable Goal

9

BMP ID #

Promote household waste recycling

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

The Town of Granby will work with
the Town's contracted waste hauler
and the Board of Health to continue
to sponsor Hazardous Waste
Collection Days.

Specify Measurable Goal



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
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Transmittal Number

Facility ID (if known)

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

Granby will work with local Scout groups to develop a stenciling program. Stenciling will target Granby's subwatersheds.

Specify Measurable Goal

11

BMP ID #

Community clean-ups

Specify Best Management Practice

Department of Public Works

Granby Conservation Commission

Responsible Dept./Person Name

Town of Granby 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

Department of Public Works

Responsible Dept./Person Name

Granby 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 Granby's Comprehensive Stormwater Management Program, including public education and outreach.

Specify Measurable Goal



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

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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

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 Assessors

Responsible Dept./Person Name

Granby 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

Granby 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

Granby 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

Granby 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

Granby 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



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
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Facility ID (if known)

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

Granby 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 in Aldrich Lake, Forge Pond, Ingraham Brook Pond, and Weston Brook. These waterbodies have been identified as impaired and on DEP's 303d list.

Specify Measurable Goal

20

BMP ID #

Watershed assessments and studies
Specify Best Management Practice

Department of Public Works
Water Supply Districts

Responsible Dept./Person Name

The Town of Granby will encourage cooperation with public drinking water suppliers 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 in Granby.

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

Granby will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal



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)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

22

BMP ID #

Bylaw: Require post-construction
runoff controls

Specify Best Management Practice

Planning Board
Conservation Commission

Town Counsel

Board of Health

Zoning Board of Appeals

Responsible Dept./Person Name

Granby will review model by-law
developed by DEP in consultation
with the Attorney General's Office.

Specify Measurable Goal

6. Municipal Good Housekeeping:

23

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Using regulations and
recommendations from DEP and
EPA, Granby 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.

Specify Measurable Goal

24

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Granby will implement a formal
inspection program, including
maintenance logs and scheduling, for
catchbasin cleaning, repairs, and new
installation.

Specify Measurable Goal

25

BMP ID #

Develop and implement training
programs for municipal employees

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Granby will send a minimum of 3
public works employees annually to
training seminars sponsored by
MassHighway, BayState Roads, and
other relevant agencies or vendors.

Specify Measurable Goal



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)**

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Transmittal Number

Facility ID (if known)

A. Instructions

Important:
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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:

William Johnson, Chairman Board of Select
Name

Town of Granby, 250 State Street

Mailing Address

Town of Granby

MA

City/Town

State

(413) 467-7177

Telephone Number

Email (if available)

2. Municipality Name

Town of Granby

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:

unknown

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

SEP 19 2003



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)**

W040558
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping (Cont.):

26

BMP ID #

Review storm drainage infrastructure
needs

Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Granby will incorporate storm drain
infrastructure review in Granby's
Chapter 90 project utilizations.
Specify Measurable Goal

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 #

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Responsible Dept./Person Name

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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

Signature

William E. Johnson
Chairman Board of Selectmen
7-28-03

Date

SEP 19 2003