



Hand-enter Your Transmittal Number →

1026
W 039460

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

NDPES General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

Notice of Intent for Discharges from MS4s

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Mansfield, Massachusetts

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

Last Name of Individual

First Name of Individual

MI

6 Park Row

Street Address

Mansfield

MA

02048

508-261-7370

City/Town

State

Zip Code

Telephone # and extension

John O. D'Agostino

TownManager@mansfieldma.com

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Mansfield, Massachusetts

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

6 Park Row

Street Address

e-mail address (optional)

Mansfield

MA

02048

508-261-7370

City/Town

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee

Name of Firm Or Individual

One Cambridge Place, 50 Hampshire Street

Address

Cambridge

MA

02139

617-452-6531

City/Town

State

Zip Code

Telephone # and extension

John T. Doherty

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



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

W039460

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 O. D'Agostino

Name

Six Park Row

Mailing Address

Mansfield

City/Town

(508) 261-7370

Telephone Number

MA

State

TownManager@mansfieldma.com

Email (if available)

2. Municipality Name

Town of Mansfield

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:

State Highways that run within Town boundaries: Route 495, Route 95, Route 140, Old Route 140 (South Main St from Norton line to Spring Street), Copeland Drive (from West St to Foxboro line)

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



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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
Wading River (Robinson Pond)	Number	☐ Yes ☒ No	Specify
Blakes Pond	Number	☐ Yes ☒ No	Specify
Sweet's Pond	Number	☐ Yes ☒ No	Specify
Rumford River (Fulton Pond)	Number	☒ Yes ☐ No	Pesticides, Low DO, Pathogens
Kingman Pond	Number	☒ Yes ☐ No	Pesticides
Cabot Pond	Number	☒ Yes ☐ No	Pesticides
Canoe River (Factory Pond)	Number	☐ Yes ☒ No	Specify
Mill Pond	Number	☐ Yes ☒ No	Specify
Whitesville Pond	Number	☐ Yes ☒ No	Specify
Hodges Brook	Number	☐ Yes ☒ No	Specify
Back Bay Brook (Norton Reservoir)	Number	☒ Yes ☒ No	Pesticides, Nutrients, Noxious Aquatic Plants
Plain Street Pond	Number	☒ Yes ☐ No	Noxious Aquatic Plants
	Number	☐ Yes ☐ No	Specify
	Number	☐ Yes ☐ No	Specify
	Number	☐ Yes ☐ No	Specify
	Number	☐ Yes ☐ No	Specify
	Number	☐ Yes ☐ No	Specify
	Number	☐ Yes ☐ No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Identify existing programs to
be included in SMP

Engineering

Responsible Dept./Person Name

Identify number of existing
programs

1-2

BMP ID #

Develop NPDES materials for
homeowner education

Engineering

Responsible Dept./Person Name

Number of pamphlets
distributed

1-3

BMP ID #

Distribute materials to
identified programs

Engineering/Public Works

Responsible Dept./Person Name

All identified programs receive
materials

1-4

BMP ID #

Implement Catch Basin
stenciling program

DPW

Responsible Dept./Person Name

Percentage of catch basins
stenciled per year

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Sponsor hazardous waste
collection day

Health

Responsible Dept./Person Name

Funding passed/Event held
Specify Measurable Goal

2-2

BMP ID #

Sponsor recycle center
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Funding passed/Recycle
center available.

2-3

BMP ID #

Identify existing volunteer
environmental groups

Engineering

Responsible Dept./Person Name

Number of groups identified
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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Create GIS Basemap
Specify Best Management Practice

Engineering/MIS
Responsible Dept./Person Name

Stormwater map created
Specify Measurable Goal

3-2

BMP ID #

Inspect outfalls, catch basins,
and manholes

Engineering/DPW
Responsible Dept./Person Name

Field data entered into GIS
database

3-3

BMP ID #

Draft By-Law prohibiting
discharges into system

Engineering/Health
Responsible Dept./Person Name

Present draft at Town Meeting
for approval.

3-4

BMP ID #

Develop plan to identify non -
stormwater discharges

Engineering/DPW
Responsible Dept./Person Name

Implement plan in Permit Year
5

3-5

BMP ID #

Dry weather screening
(identify illicit discharges)

Engineering/DPW
Responsible Dept./Person Name

Percent of outfalls screened
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Review existing planning
board regulations

Engineering/Planning/Con-
Com

Complete review within one
year

4-2

BMP ID #

Present recommend changes
to existing regulations

Engineering/Planning/Con-
Com

Changes on public hearing
agenda

4-3

BMP ID #

Review site plan By-Laws vs.
EPA model

Engineering/Building/Con-
Com

Site plan By-Laws reviewed
within one year

4-4

BMP ID #

Site plan By-Law change
Specify Best Management Practice

Engineering/Building/Con-
Com

Draft developed for
presentation at Town Mtg (Y5)

4-5

BMP ID #

Develop control measures at
construction sites

Planning/Building/Con-Com
Responsible Dept./Person Name

Inspection procedure
developed



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 BMP ID # Review existing by-laws, ordinances and regulations	Engineering Responsible Dept./Person Name	Review completed within one year
5-2 BMP ID # Draft changes to regulations for runoff controls	Engineering/Planning Responsible Dept./Person Name	Draft changes developed Specify Measurable Goal
5-3 BMP ID # Select appropriate BMPs to be used by planners	Engineering/Planning Responsible Dept./Person Name	Incorporate BMP's into Planning Board Regulations
5-4 BMP ID # Draft changes to by-laws for runoff control	Engineering/Planning Responsible Dept./Person Name	Develop draft by-law and present at Town Meeting
5-5 BMP ID # Develop O&M manual for BMPs	Engineering/DPW Responsible Dept./Person Name	Creation of O&M manual Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1 BMP ID # Identify and map sensitive receptors within municipality	Engineering Responsible Dept./Person Name	Map created Specify Measurable Goal
6-2 BMP ID # Review and modify current street sweeping program	DPW Responsible Dept./Person Name	Review and program modifications completed
6-3 BMP ID # Develop a CIP for equipment needs	DPW Responsible Dept./Person Name	Capital Improvements Program (CIP) created
6-4 BMP ID # Develop policies for snow removal and disposal	DPW Responsible Dept./Person Name	Inventory of possible disposal areas
6-5 BMP ID # Conduct employee training for new vehicle washing practices	DPW Responsible Dept./Person Name	Written policy for vehicle washing
** BMP ID #	See attached for additional BMPs for Control Measure 6 Specify Best Management Practice	



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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

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.

John O. D'Agostino

Printed Name

Signature

Date

7-16-03



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)

F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE			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
1-1										X											
1-2																					
1-3																					
1-4											X					X					
2-1			X							X					X						
2-2		X				X															
2-3																					
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Facility ID (if known)

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