



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)

1208
W035581

Transmittal Number

Facility ID (if known)

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. Instructions

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:

Michael J. Gianotis, Town Administrator

Name

195 Main Street

Mailing Address

Maynard

MA

City/Town

State

(978) 897-1017

Telephone Number

Email (if available)

2. Municipality Name

Town of Maynard

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:

FEMA Regional Emergency Response Facility - The federal government will, separately, cover this facility.

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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Storm Sewer Systems (MS4s)

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

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.

Michael J. Gianotis, Town Administrator

Printed Name

Signature

Date

10/24/03

**Hand-enter Your Transmittal Number****W 035581**

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):
BRPWM08A

Name of Permit Category:
NPDES Stormwater General Permit - Notice of Intent

Type of Project or Activity:
Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Maynard

Or, if party needing this approval is clearly an individual:

Individual's Last Name:

First Name

MI

Street Address
195 Main Street

City/Town
Maynard

State
MA

Zip Code
01754

Telephone Number
(978) 897-1001 ext.

Contact:
Mr. Michael J. Gianotis, Town Administrator

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
Town of Maynard

DEP Facility Number (if Known)

Street Address
195 Main Street

e-mail address:
(optional)

City/Town
Maynard

State
MA

Zip Code
01754

Telephone Number
(978) 897-1001 ext.

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

Name of Individual or Firm:
Earth Tech

Address
196 Baker Ave.

City/Town
Concord

State
MA

Zip Code
01742

Telephone Number
(978) 371-4000 ext.

Contact:
Dale MacKinnon, P.E.

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOE A file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # _____ 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 Number (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 #:	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

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

Facility ID (if known)

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B. Applicant Information

1. Small MS4 Operator/Owner Information:

Michael J. Gianotis, Town Administrator

Name

195 Main Street

Mailing Address

Maynard

City/Town

MA

State

(978) 897-1017

Telephone Number

Email (if available)

2. Municipality Name

Town of Maynard

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



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

111.

BMP ID #

Homeowner Focus

Specify Best Management Practice

SuAsCo Council and DPW

Responsible Dept./Person Name

Flyer distribution. Compile
and evaluate survey results

121

BMP ID #

Student Focus

Specify Best Management Practice

SuAsCo Council and DPW

Responsible Dept./Person Name

Prepare and implement lesson
Specify Measurable Goal

131

BMP ID #

Business Focus

Specify Best Management Practice

SuAsCo Council and DPW

Responsible Dept./Person Name

Flyer distribution.
Specify Measurable Goal

141

BMP ID #

General Public Focus

Specify Best Management Practice

SuAsCo Council and DPW

Responsible Dept./Person Name

4 press releases
Specify Measurable Goal

142

BMP ID #

General Public Focus

Specify Best Management Practice

SuAsCo Council and DPW

Responsible Dept./Person Name

Develop/ air stormwater video
Specify Measurable Goal

2. Public Participation:

211

BMP ID #

Circulate stormwater traveling
display

SuAsCo Council and DPW
Responsible Dept./Person Name

Develop display/ Feature at 3
locations

221

BMP ID #

Poster contest for fifth graders
Specify Best Management Practice

SuAsCo Council and DPW
Responsible Dept./Person Name

Hold poster contest
Specify Measurable Goal

222

BMP ID #

Photo contest for high school
students

SuAsCo Council and DPW
Responsible Dept./Person Name

Hold photo contest
Specify Measurable Goal

231

BMP ID #

Hold a local stormwater
summit

SuAsCo Council and DPW
Responsible Dept./Person Name

Advertise and hold summit
Specify Measurable Goal

232

BMP ID #

Hold a watershed-wide
stormwater summit

SuAsCo Council and DPW
Responsible Dept./Person Name

Advertise and hold summit
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

311

BMP ID #

Map outfalls

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Field Check GIS Map
Locations of outfalls.

312

BMP ID #

Map storm sewer system

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Build GIS system map for
stormwater planning

313

BMP ID #

Map structural BMPs

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Percentage of total structures
Specify Measurable Goal

314

BMP ID #

Develop regulations to have
developers pay Town's cost

Planning Board

Responsible Dept./Person Name

Draft and adopt recommended
Planning Board Regulations

315

BMP ID #

Maintain GIS storm sewer
system map

DPW

Responsible Dept./Person Name

Update storm sewer system
GIS map annually

SEE ATTACHED SHEET FOR ADDITIONAL BMPs FOR Illicit Discharge Detection and Elimination
See Section 5 Pull-outs

4. Construction Site Runoff Control:

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 #

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Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

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
BMP ID #	Specify Best Management Practice	



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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

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Responsible Dept./Person Name

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FRANK IGNACHUCK
Printed Name

Frank Ignachuck
Signature

3-4-03
Date



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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 W035581

Facility ID (if known) _____

Page 1 of 2

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	
1.1.1																	
1.2.1																	
1.3.1																	
1.4.1																	
1.4.2																	
2.1.1																	
2.2.1																	
2.2.2																	
2.3.1																	
2.3.2																	
3.1.1																	
3.1.2																	
3.1.3																	
3.1.4																	
3.1.5																	
3.2.1																	
3.2.2																	
3.3.1																	
3.3.2																	
3.3.3																	
3.3.4																	
3.3.5																	
3.4.1																	
3.5.1																	
3.6.1																	

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Facility ID (if known)

F. Storm Water Management Program Time Frames

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of

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