1133

Hand-enter Your Transmittal Number → **W 036130**

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
Type of Project or Activity: Municipal Separate Storm Sewer Systems (MS4)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Mendon

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

Individual's Last Name:	First Name	MI

Street Address 20 Main St.			
City/Town Mendon	State MA	Zip Code 01756	Telephone Number (508) 478-8863 ext.
Contact:		e-mail address (optional) aa@mendonma.net	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Mendon			DEP Facility Number (if Known)
Street Address 20 Main St			e-mail address: (optional)
City/Town Mendon	State MA	Zip Code 01756	Telephone Number (508) 478-8863 ext.

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

Name of Individual or Firm: Tighe & Bond Consulting Engineers			
Address 324 Grove St			
City/Town Worcester	State MA	Zip Code 01605	Telephone Number (508) 754-2201 ext.
Contact: Suzanne L. Pisano, 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 EOEA 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		

rev: 03/21/00

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

W036130
Transmittal Number

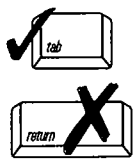
BRP WM 08A NPDES Stormwater General Permit

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 of Mendon, c/o Department of Public Works
Name

20 Main Street
Mailing Address

Mendon
City/Town

MA 01756
State

(508) 478-8863
Telephone Number

aa@mendonma.net
Email (if available)

2. Municipality Name

Mendon
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:

Mass Highway Dept.

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.)

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
Mill River (Name)	To be determined (Number)	☒ Yes ☐ No	Priority organics, metals (Specify)
Muddy Brook (associated small ponds and wetlands) (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Willow Brook (associated small ponds and wetlands) (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Long Meadow Brook (associated wetlands) (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Rock Meadow Brook (associated ponds, tributaries and wetlands) (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Spring Brook (associated small ponds and tributaries) (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Nipmuck Pond (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
(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

1. Public Education:

SEE ATTACHMENT A FOR ADDITIONAL BMP INFORMATION

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	Community Website	Board of Selectmen Administrative Assistant	Post educational information including DEP and EPA stormwater links Year 1. Advertise various programs encouraging stormwater pollution prevention. Post seasonally targeted stormwater pollution prevention initiatives, and update quarterly, Year 1 - 5.
1B	Newspaper press releases	DPW / Board of Selectmen Administrative Assistant	1 per year in local newspaper, Years 1 - 5.
1C	Hazardous Waste Collection Day	Board of Health	Annual Collection Day with public advertisement, Year2 - 5.
1D	Educational Displays	DPW	One display at municipal building per year, Years 1 - 5.
1E	Local Cable Access	Board of Selectmen Administrative Assistant	Post seasonally targeted stormwater pollution prevention initiatives, and update quarterly, Year 1 - 5.
1F	Classroom Education	Board of Selectmen Administrative Assistant / School Science Department	1 stormwater topic per year minimum, Years 1 - 5.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	Adopt-a-Road	DPW / Board of Selectmen Administrative Assistant	Initiate program, Year 1. Support program, Years 2 - 5.

D. Stormwater Management Program Summary (Cont.)

2B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Storm-Drain Stenciling	DPW	Form program, Year 1. Target 25% of Town's targeted priority storm drains catch basins annually, Year 2 - 5.

2C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Roadway Clean-Up Day	Conservation Commission	Annual volunteer cleanup of roadways in April, Year 2 - 5.

2D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Adopt-a-Stream	DPW / Board of Selectmen Administrative Assistant	Coordinate Year 1. Organize Year 2. Implement Year 3-5.

2E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Poster Contest	Conservation Commission	Annual contest through Lions Club.

3. Illicit Discharge Detection and Elimination:

3A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Mapping Stormwater Outfalls	DPW	Compile map Year 1. Field inspect / verify 25% of outfalls annually, Year 2-5

3B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Non-Stormwater Discharge Bylaw	Board of Selectman / DPW / Board of Health	Evaluate existing procedures Year 1. Draft Bylaw Year 2. Propose for adoption Year 3. Enforce Year 3-5

3C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop Illicit Discharge Plan	DPW	Evaluate and draft plan Year 1. Propose for adoption Year 2. Implement thereafter Year 3-5

3D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illegal Dumping	DPW	Post signage at common dumping areas, Year 1. Weekly cleanup of illegally dumped trash, Year 1-5

D. Stormwater Management Program Summary (Cont.)

3E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Non-Stormwater Discharges	DPW	Develop sampling program for dry weather inspection/detection in target areas, Year 3 – 5.

3F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
DPW Employee Education	DPW	Training under BMP #6C Year 1 to recognize illicit discharges. Annual refresher Year 2- 5.

3G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Failing Septic Systems	Board of Health	Maintain Records for use in determining problem areas and incorporate into Annual Report, Year 1 - 5.

3H
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Video Inspection	Planning Board / Highway Department	Inspect storm drain pipes as part of new subdivisions as needed, Years 1 - 5.

4. Construction Site Runoff Control:

4A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Site Runoff Bylaw for projects > 1 acre	Conservation Commission / Planning Board	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforce Years 3-5.

4B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Plan review	Conservation Commission / Planning Board / Board of Health	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.

4C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspection / Reporting	Building Inspector / Board of Health / Engineer	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted Bylaw, Year 3-5.

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post Construction Runoff Bylaw	Conservation Commission / Planning Department	Review current Bylaw Year 1. Draft amendments Year 2. Propose adoption for Year 3. Enforce Years 3-5.

D. Stormwater Management Program Summary (Cont.)

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction site plan review	Conservation Commission / Planning Department	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.

5C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater System Maintenance Plan	Board of Selectmen	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted Bylaw Year 3-5.

6. Municipal Good Housekeeping:

6A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin Program	DPW	Clean all catch basins at least once per year, Years 1 - 5,

6B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping and Parking Lot Cleaning	DPW	Sweep all streets once per year, Year 1 - 5.

6C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Pollution Prevention Plan for DPW facility	DPW	Implementation of SWPPP Year 1. Compliance Year 2-5.

6D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Curbside Recycling Program	Board of Health	Bi-weekly curbside pick-up of paper and containers for recycling, Years 1 - 5.

6E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Metal Dumpster Recycling Program	Board of Health	Annually evaluate program, and add new materials to recycling list as needed, Years 1 - 5.

6F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Mercury Thermometer and Button Cell Battery Recycling Program	Board of Health	Collection of mercury thermometers and button cell batteries from residents for disposal at no cost to residents Years 1 - 5

D. Stormwater Management Program Summary (Cont.)

6G
BMP ID #

Composting Program	DPW	Collection of yard waste for composting every Saturday, Years 1 - 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6H
BMP ID #

Trash Collection	Board of Health	Weekly curbside pick-up of trash for residents, Years 1 - 5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A
BMP ID #

See Section 7 of the attached narrative, Appendix A		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7D
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.

DALE F. PLEAU
Printed Name

Dale F Pleau
Signature

7/23/03
Date

Chairman, Board of Selectmen

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

Transmittal Number W0036130

Facility ID (if known)

Minimum Control	BMP ID	Description of BMP	Permit Year 1				Permit Year 2				Permit Year 3				Permit Year 4				Permit Year 5				
			Spring '03	Summer '03	Fall '03	Winter '03	Spring '04	Summer '04	Fall '04	Winter '04	Spring '05	Summer '05	Fall '05	Winter '05	Spring '06	Summer '06	Fall '06	Winter '06	Spring '07	Summer '07	Fall '07	Winter '07	Next Permit
No. 1 - Public Education / Outreach Program	1A	Community Website	Permit not in effect																				
	1B	Newspaper press releases			X				X				X				X						
	1C	Hazardous Waste Collection Day					X				X				X				X		X		X
	1D	Educational Displays		X				X				X				X				X			X
	1E	Local Cable Access		X				X				X				X				X			X
	1F	Classroom Education																					
No. 2 - Public Involvement/ Participation	2A	Adopt-a-Road																					
	2B	Storm-Drain Stenciling																					
	2C	Roadway Clean-Up Day					X				X				X				X				X
	2D	Adopt-a-Stream																					
	2E	Poster Contest		X				X				X				X				X			X
No. 3 - Illicit Discharge Detection and Elimination	3A	Mapping Stormwater Outfalls																					
	3B	Non-Stormwater Discharge Bylaw																					
	3C	Develop Illicit Discharge Plan																					
	3D	Illegal Dumping																					
	3E	Non-Stormwater Discharges		X				X				X				X				X			X
	3F	DPW Employee Education				X				X				X				X				X	X
	3G	Failing Septic Systems																					
	3H	Video Inspection																					
No. 4 - Construction Site Runoff Control	4A	Construction Site Runoff Bylaw for projects > 1 acre																					
	4B	Plan review																					
	4C	Inspection / Reporting																					
No. 5 - Post-Construction Stormwater Mgmt.	5A	Post Construction Runoff Bylaw																					
	5B	Construction site plan review																					
	5C	Stormwater System Maintenance Plan																					
No. 6 - Good Housekeeping	6A	Catch Basin Program																					
	6B	Street Sweeping and Parking Lot Cleaning																					
	6C	Stormwater Pollution Prevention Plan for DPW facility (no NOI)																					
	6D	Curbside Recycling Program																					
	6E	Metal Dumpster Recycling Program																					
	6F	Mercury Thermometer and Button Cell Battery Recycling Program																					
	6G	Composting Program																					
	6H	Trash Collection																					