



Hand-enter Your Transmittal Number →

W 040553

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

NPDES Stormwater General Permit

Name of Permit Category

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

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Paxton

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

Last Name of Individual

697 Pleasant Street

First Name of Individual

MI

Street Address

Paxton

MA

01612

(508) 753-2803

City/Town

State

Zip Code

Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Paxton

Name of Facility, Site or Individual

697 Pleasant Street

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Paxton

e-mail address (optional)

MA

01612

(508) 753-2803

City/Town

State

Zip Code

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

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

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

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT

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

W040561

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:

Name

Town of Paxton, 697 Pleasant Street

Mailing Address

Paxton

City/Town

(508) 753-2803

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Paxton

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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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 _____



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Storm Sewer Systems (MS4s)**

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

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

2

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Paxton 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 Paxton'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, Library, and Transfer Station.
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

5

BMP ID #

Identify alternative information sources
Specify Best Management Practice

Department of Public Works
MIS Department
Responsible Dept./Person Name

Paxton will post links to stormwater BMPs and other water quality education resources, including EPA and DEP on its website.
Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

Paxton will also post links on its website to the Blackstone River Watershed Association @ www.thebrwa.org, the Blackstone River Watershed Council @ www.BVTourism.com, the Nashua River Watershed Association @ www.nashuariverwatershed.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 Paxton's Comprehensive Stormwater Management Program will be posted on Paxton'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 Paxton will appoint a liaison to the Blackstone River Watershed Association, the Chicopee River Watershed Council, and the Nashua River Watershed Association to disseminate information to the Town on programs and activities.

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 Paxton 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



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Bureau of Resource Protection - Watershed Management

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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

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

Specify Measurable Goal

11

BMP ID #

Community clean-ups

Specify Best Management Practice

Department of Public Works

Paxton Conservation Commission

Responsible Dept./Person Name

Town of Paxton 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

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

Specify Measurable Goal



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Bureau of Resource Protection - Watershed Management

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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

Paxton 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

Paxton 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

Paxton 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

Paxton 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

Paxton 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



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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

Paxton 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 Eames Pond. This waterbody has 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

Leicester Water Supply District

Responsible Dept./Person Name

The Town of Paxton will encourage cooperation with the Leicester Water Supply District 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 Leicester's Zones II in Paxton.

Paxton will receive and incorporate recommendations found in Worcester's Source Water Protection Plan with respect to Worcester's 4 reservoirs located in Paxton.

Specify Measurable Goal



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

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

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

Paxton will review model by-law
developed by DEP in consultation
with the Attorney General's Office.
Specify Measurable Goal

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

Paxton 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, Paxton 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

Paxton will implement a formal
inspection program, including
maintenance logs and scheduling, for
catchbasin cleaning, repairs, and new
installation.
Specify Measurable Goal



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

25

BMP ID #

Develop and implement training
programs for municipal employees
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Paxton will send a minimum of 5
public works employees annually to
training seminars sponsored by
MassHighway, BayState Roads, and
other relevant agencies or vendors.
Specify Measurable Goal

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

Paxton will incorporate storm drain
infrastructure review in Paxton'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 #

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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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

Scott P. Runstrom, Chairman, Board of
Selectmen

Signature

Date

7/28/2003

Selectman

STORM WATER MANAGEMENT PROGRAM

Mass. Transmittal No. WO40553

EPA No _____

SCHEDULE

Name of MS4: Paxton

BMP ID.	PERMIT YEAR				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	
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