Hand-enter Your Transmittal Number Logged VHS → **W 035255**

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

PAC 384281 RO 384282

nstructions

Please type or nt. A separate nsmittal Form must completed for each mit application.

Your check should made payable to Commonwealth of ssachusetts. ase mail your eck along with a py of this form to: P, P.O. Box 4062, ston, MA 02211.

Three (3) copies of s form will be eded.

py 1 (the original) ust accompany your rmit application. **py 2** must company your fee yment. **py 3** should be ained for your cords

Both fee-paying d exempt applicants ust mail a copy of s transmittal form to EP, P.O. Box 4062, ston, MA 02211

r DEP Use Only
rmit No._____
ec'd Date_____
eviewer_____

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 Clinton			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address 242 Church St.			
City/Town Clinton	State MA	Zip Code 01510	Telephone Number (978) 365-4110 ext.
Contact: William Spratt	e-mail address (optional) Clintondpw@hotmail.com		

RECEIVED JUL 29 2003 CERO

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Clinton		DEP Facility Number (if Known)	
Street Address 242 Church St		e-mail address: (optional)	
City/Town Clinton	State MA	Zip Code 01510	Telephone Number (978) 365-4110 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)	

. Permit - Project Coordination

this project subject to MEPA review? ☐ yes ☐ no

yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EA # Is an Environmental Impact Report Required? ☐ yes ☐ no

this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☐ no

st any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal Number (if application already submitted)

. Amount Due

ecial 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

heck #:	Dollar Amount:	Date:

lease make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 062, Boston, MA 02211

rev: 03/21/00

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

W035255
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 Clinton, c/o Department of Public Works, William P. Spratt, Superintendent
   Name

   242 Church Street
   Mailing Address

   Clinton — City/Town
   MA 01510 — State

   978-365-4110 — Telephone Number
   Clintondpw@hotmail.com — Email (if available)

2. Municipality Name

   Clinton
   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., MWRA

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

W035255
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

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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 Clinton, c/o Department of Public Works
Name

242 Church Street
Mailing Address

Clinton
City/Town

MA 01510
State

978-365-4110
Telephone Number

Clintondpw@hotmail.com
Email (if available)

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2. Municipality Name

Clinton
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., MWRA

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

BRP WM 08A NPDES Stormwater General Permit

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

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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

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ving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Lancaster Mill Pond (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
South Meadow Pond (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Mossy Pond (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Coachlace Pond (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Nashua River (including tributaries) (Name)	To be determined (Number)	☒ Yes ☐ No	Unknown sources, unknown toxicity, pathogens, objectionable deposits (Specify)
Goodridge Brook (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
South Meadow Brook (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Wachusett Reservoir (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Carville Basin (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
North Brook (and associated pond) (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Unnamed pond off Berlin St. (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Unnamed reservoir off Park St. (Name)	To be determined (Number)	☐ Yes ☒ No	Specify
Unnamed pond off Chance St. (Name)	To be determined (Number)	☐ Yes ☒ No	Specify

APPENDIX A

APPENDIX B

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

W035255
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)

D. Stormwater Management Program Summary

1. Public Education:

SEE ATTACHMENT A FOR ADDITIONAL BMP INFORMATION

1A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Household Hazardous Waste Day	DPW / Recycling Committee	At least 1 household hazardous waste day to be held sometime during Years 2, through 5.

1B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Household Recycling Day	DPW / Recycling Committee	Annual collection of bulk items not covered under curbside trash removal program, Years 1 - 5.

1C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Yard Waste Collection Days	DPW / Recycling Committee	Collection of yard wastes at DPW yard, every Saturday in November, Years 1 - 5.

1D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Community Website	DPW / Board of Selectman	Create Town website, Year 1. Post stormwater related information including DEP link Year 2. Annual updates as necessary, Year 3 - 5

1E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
✓Classroom Education	DPW / School Science Department	1 stormwater topic per year minimum (grades to be decided by Science Department),Year 1 - 5.

1F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Local Cable Access	DPW	Post informational bulletin annually, Year 1 - 5.

1G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Educational Displays	DPW	1 display at Town Hall community bulletin board per year, Year 1 - 5

2. Public Participation:

2A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Storm Drain Stenciling	DPW / Boy Scouts	Review and evaluate stenciling program, Year 1. Stencil 25% of storm drains annually, Years 2 - 5.

Massachusetts Department of Environmental Protection
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BRP WM 08A NPDES Stormwater General Permit

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

W035255
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Volunteer Clean-up Days	DPW / Local Conservation Groups	Advertise and support current programs, Years 2 - 5.

2C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Watershed and Wildlife Organization Meeting	DPW / Conservation Commission	Annually contact local watershed and wildlife organizations to help facilitate meetings, and provide information, to discuss stormwater related issues, Year 1 - 5.

2D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Adopt-a-Stream Program	DPW / Conservation Commission	Initiate program, Year 1. Advertise and support program, Years 2 - 5.

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 and review information from past investigations, and field inspect outfalls, Year 1. Verify outfalls and develop 25% of map, Years 2 – 5.

3B
BMP ID #

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

3C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Dry Season Inspections	DPW	Field inspect all outfalls, Year 1. Field inspect 25% outfalls annually, Years 2 - 5.

3D
BMP ID #

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

4. Construction Site Runoff Control:

4A
BMP ID #

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

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)

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

D. Stormwater Management Program Summary (Cont.)

Public input?

4B
BMP ID #

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

4D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Building Permit Application	Building Inspector	Include requirement for sites >1 acre to supply EPA permit number to trigger notice Year 1.

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Runoff Bylaw for projects >1 acre	Planning Board	Review current Bylaw, Year 1. Draft amendments, Year 2. Propose adoption for, Year 3. Enforce Years 3-5.

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction site plan review	Planning Board	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 1400 catch basins in Town annually, Years 1 - 5.

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Facility ID (if known)

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

D. Stormwater Management Program Summary (Cont.)

6B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping Program	DPW	Annual sweep all Town streets at least once, with major streets receiving multiple sweepings, Years 1 - 5.

training?

6C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Used Oil Collection	DPW	Collect used oil from residents at DPW yard for proper disposal and recycling, Years 1 - 5.

6D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Vehicle Washing Program	DPW	Install vehicle washing collection system, Year 1. Maintain and improve, Years 2 - 5.

6E
BMP ID #

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

6F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Dumpster Recycling Programs	DPW / Recycling Committee	Maintain current recycling program, Years 1 - 5. Annually evaluate program, and adjust as needed, Years 1 - 5.

6G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Curbside Trash Removal	DPW	Maintain current solid waste sticker program, Years 1 - 5.

7. BMPs for Meeting TMDL:

7A
BMP ID #

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

7B
BMP ID #