Hand-enter Your Transmittal Number → W 041299
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).

1116

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

Last Name of Individual | **First Name** of Individual | MI

150 Concord Street
Street Address

Framingham | MA | 01701 | (508) 620-4844
City/Town | State | Zip Code | Telephone # and extension

Paul Josephson Asst. Town Eng.
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Framingham
Name of ~~Facility, Site or Individual~~ | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address | e-mail address (optional)

Framingham | MA | 01701 | (508) 620-4844
City/Town | State | Zip Code | Telephone # and extension

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

Rizzo Associates, Inc.
Name of Firm Or Individual

One Grant Street
Address

Framingham | MA | 01701 | (508) 903-2000
City/Town | State | Zip Code | Telephone # and extension

Robert Sims
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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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 2009
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

BRP WM 08A NPDES Stormwater General Permit

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

Transmittal Number

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

1. Small MS4 Operator/Owner Information:

   Paul Josephson, Engineering Department
   Name

   Memorial Building 150 Concord Street
   Mailing Address

   Framingham — City/Town
   MA — State

   (508) 620-4844 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Framingham
   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

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

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)

Transmittal Number

Facility ID (if known)

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
Lake Waushakum (Name)	10 (Number)	☐ Yes ☒ No	(Specify)
Reservoirs 1,2 & 3 (Name)	89 (Number)	☒ Yes ☐ No	Metals, Turbidity, Noxious Aquatic Plants, Exotic Species (Specify)
Beaver Dam Brook (Name)	43 (Number)	☐ Yes ☒ No	(Specify)
Baiting Brook (Name)	48 (Number)	☐ Yes ☒ No	(Specify)
Hop Brook (Name)	56 (Number)	☒ Yes ☐ No	Nutrients Organic Enrichment/Low DO, Suspended Solids Noxious Aquatic Plants (Specify)
Gleason Pond (Name)	19 (Number)	☐ Yes ☒ No	(Specify)
Learned Pond/Sucker Pond (Name)	56 (Number)	☐ Yes ☒ No	(Specify)
Sudbury River/Farm Pond (Name)	99 (Number)	☒ Yes ☐ No	Metals, Noxious Aquatic Plants, Turbidity, Exotic Species (Specify)
Dumsell Brook (Name)	55 (Number)	☐ Yes ☒ No	(Specify)
Lake Cochituate/Banister Brook/Lake Cochituate Brook (Name)	15 (Number)	☒ Yes ☐ No	Priority Organics, Organic Enrichment/Low DO (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)

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)

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Storm Water Flyer to Community Residents	SuAsCo	Distribute Stormwater flyer to 25% of Minicipal households
2-1	Lesson plan for Grade 5 Level	SuAsCo	Teach one lesson plan in Grade 5 classroom.
3-1	Stormwater flyer to selected businesses	SuAsCo	Distribute Stormwater flyer to 25% of selected businesses
4-1	Stormwater Media Campaign	SuAsCo	Four press releases to local newspaper
5-1	Show Stormwater Video	SuAsCo	At one public meeting and once on local cable station.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-2	Circulate Stormwater Display	SuAsCo	Circulate display at three locations for 3 months
2-2	Stormwater Poster Contest	SuAsCo	Poster contest held.
3-2	Stormwater Photo Contest	SuAsCo	Photo contest held.
4-2	Local Stormwater Summit	SuAsCo	Participate in multi-community stormwater summit.

D. Stormwater Management Program Summary (Cont.)

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
SuAsCo Stormwater Super Summit and Public Awareness	SuAsCo	Participate in Super Summit and Stormwater self test to 25% municipal households.

3. Illicit Discharge Detection and Elimination:

1-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illicit Discharge Ordinance	DPW/Conservation Commission	Develop ordinance language. Develop plan to detect and eliminate illicit discharges

2-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Public Education Illicit Connection Impacts.	DPW/Conservation Commission	Develop education material. Develop plan to detect and eliminate illicit discharges

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Plan – Detect and eliminate illicit discharges	DPW/Conservation Commission	Implement plan.

4-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Plan – Detect and eliminate illicit discharge	DPW/Conservation Commission	Continue to implement plan

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Plan – Detect and eliminate illicit discharge	DPW/Conservation Commission	Continue to implement plan

4. Construction Site Runoff Control:

1-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Modify Zoning By-Law	DPW/Planning/Conservation Commission	Modify Zoning By-Law

2-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Establish procedures for site inspections	DPW/Planning/Conservation Commission	Establish procedures for site inspection and enforcement

D. Stormwater Management Program Summary (Cont.)

3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Runoff Controls	DPW/Planning/Conservation Commission	Review, implement, inspect and enforce construction site runoff controls

4-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Runoff controls	DPW/Planning/Conservation Commission	Continue review, implement, inspect and enforce construction site runoff controls

5-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Runoff Ccontrols	DPW/Planning/Conservation Commission	Continue review, implement, inspect and enforce construction site runoff controls

5. Post Construction Runoff Control:

1-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Modify Zoning By-Law	DPW/Planning/Conservation Commission	Modify Zoning By-Law

2-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Drainage Master Plan	DPW/Planning/Conservation Commission	Prepare Drainage Master Plan

3-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Drainage Master Plan	DPW/Planning/Conservation Commission	Implement Drainage Master Plan

4-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Drainage Master Plan	DPW/Planning/Conservation Commission	Continue to Implement Drainage Master Plan

5-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Drainage Master Plan	DPW/Planning/Conservation Commission	Continue to Implement Drainage Master Plan

D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-6	Litter Ordinance	DPW/Planning/Conservation Commission & Board of Health	Develop litter ordinance
2-6	Training Program – Good Housekeeping Policies	DPW/Planning/Conservation Commission & Board of Health	Develop and Implement Training Program
3-6	Street Sweeping/CB Cleaning	DPW	Develop a plan to coordinate street sweeping and CB cleaning
4-6	Evaluate Street Sweeping	DPW	Log collections from street sweeping.
5-6	Evaluate CB Cleaning	DPW	Log collections from CB cleaning

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-7			
3-7			
4-7			

D. Stormwater Management Program Summary (cont.)

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.

PAUL JOSEPHSON
Printed Name

Signature

7-30-03
Date

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 - Town of Framingham

Transmittal Number _____

Facility ID (if known) _____

Page _____ of _____

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	**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**	**Next Permit**
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