



Hand-enter Your Transmittal Number →

W 040327  
Transmittal Number

2027

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

BRPWM08A

Permit Code: 7 or 8 character code from permit instructions

Storm Water Management

Type of Project or Activity

Storm Water Management

Name of Permit Category

## B. Applicant Information – Firm or Individual

Bridgewater State College

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

Last Name of Individual

Boyden Hall

Street Address

Bridgewater

City/Town

Miguel Gomes

Contact Person

First Name of Individual

MI

MA

State

02325

Zip Code

508-531-2750

Telephone # and extension

mgomes@bridgew.edu

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Bridgewater State College

Name of Facility, Site or Individual

Boyden Hall

Street Address

Bridgewater

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA

State

02325

Zip Code

508-531-2750

Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

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

## 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

n/a

Check Number

n/a

Dollar Amount

06/16/04

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

WO40327  
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:

Bridgewater State College -Miguel Gomes, Associate VP Facilities Mgmt & Planning  
Name

Boyden Hall  
Mailing Address

Bridgewater MA 02325  
City/Town State

508-531-2750 mgomes@bridgew.edu  
Telephone Number Email (if available)

2. Municipality Name

Bridgewater  
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

**B. Applicant Information (cont.)**



**BRP WM 08A NPDES Stormwater General Permit**

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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
Overflow from Town River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town River (this is name of the river) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
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Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

**D. Stormwater Management Program Summary**



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

WO40327  
 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)

1. Public Education:

01

BMP ID #

Distribute flyer to campus  
 Specify Best Management Practice

EH&S Officer/Patricia Delaney  
 Responsible Dept./Person Name

Flyers Distributed  
 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

2. Public Participation:

02

BMP ID #

Storm Drain Stenciling  
 Specify Best Management Practice

Facilities/Bill Richardss  
 Responsible Dept./Person Name

All Drains Stenciled  
 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

**D. Stormwater Management Program Summary (Cont.)**



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)

WO40327  
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Facility ID (if known)

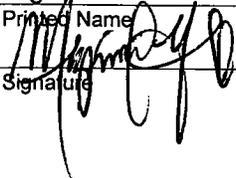
7. BMPs for Meeting TMDL:

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.

Miguel Gomes

Printed Name \_\_\_\_\_  
 Signature  \_\_\_\_\_

06/16/04  
 Date



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

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**Storm Sewer Systems (MS4s)**

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

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 \_\_\_\_\_

4. Construction Site Runoff Control:

03

BMP ID # \_\_\_\_\_

Develop erosion & sediment  
 policy \_\_\_\_\_

EH&S Officer/Patricia Delaney  
 Responsible Dept./Person Name

Policy Developed  
 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 \_\_\_\_\_

**D. Stormwater Management Program Summary (Cont.)**



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

5. Post Construction Runoff Control:

<u>04</u> BMP ID #	<u>Develop policy on post construction runoff</u> Specify Best Management Practice	<u>EH&amp;S Officer/Patricia Delaney</u> Responsible Dept./Person Name	<u>Policy developed</u> Specify Measurable Goal
<u>        </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>        </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>        </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>        </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>05</u> BMP ID #	<u>Yearly parking lot sweeping</u> Specify Best Management Practice	<u>Facilities/Keith MacDonald</u> Responsible Dept./Person Name	<u>Yearly Compliance</u> Specify Measurable Goal
<u>06</u> BMP ID #	<u>Used Motor Oil Recycling</u> Specify Best Management Practice	<u>EH&amp;S Officer/Patricia Delaney</u> Responsible Dept./Person Name	<u>Manifest of Recycled Oil</u> Specify Measurable Goal
<u>07</u> BMP ID #	<u>Catch Basins Cleaned on a yearly basis</u>	<u>Facilities/Keith MacDonald</u> Responsible Dept./Person Name	<u>Yearly Compliance</u> Specify Measurable Goal
<u>08</u> BMP ID #	<u>Training Employees</u> Specify Best Management Practice	<u>EH&amp;S Officer/Patricia Delaney</u> Responsible Dept./Person Name	<u>Training completed</u> Specify Measurable Goal
<u>09</u> BMP ID #	<u>Spill Response &amp; Prevention</u> Specify Best Management Practice	<u>EH&amp;S Officer/Patricia Delaney</u> Responsible Dept./Person Name	<u>Revised SPCC Plan</u> Specify Measurable Goal

**D. Stormwater Management Program Summary (cont.)**



**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

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

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Miguel Gomes

Printed Name

Signature

06/16/04

Date

