



Hand-enter Your Transmittal Number →

1032
W 041051
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

BRPWM08A National Pollutant Discharge Elimination System (DPDES) General Permit
Permit Code: 7 or 8 character code from permit instructions
MS4 Stormwater Management Plan
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Cohasset, Board of Health
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
41 Highland Avenue
Street Address
Cohasset MA 02025 781-383-4116
City/Town State Zip Code Telephone # and extension
Joseph R. Godzik cohassetboh@cohassetmass.org
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
Street Address e-mail address (optional)
City/Town State Zip Code 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

Check Number _____ Dollar Amount _____ Date _____

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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)

W 041051
 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

1. Small MS4 Operator/Owner Information:

Town of Cohasset MARK Haddad, Town Joseph Gladzich Bq/H Agent
 Name
 41 Highland Avenue
 Mailing Address
 Cohasset MA
 City/Town State
 781-383-4116
 Telephone Number cohassetboh@cohassetmass.org
 Email (if available)

2. Municipality Name

Town of Cohasset
 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:

Massachusetts Highway Department

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

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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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Aaron River Reservoir Name	14 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Aaron River/Bound Brook Name	27 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cohasset Harbor Name	17 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Gulf River Name	39 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lily Pond Name	13 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Harbor Name	34 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens (Fecal Coliform) Specify
Massachusetts Bay Name	35 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Peppermint Brook Name	24 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sanctuary Pond Name	38 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Straits Pond Name	15 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Herring Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
James Brook Name	50 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Richardson Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rattlesnake Run Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Turkey Hill Run Name	15 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Weir River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
TBD Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
 Name	 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	BOH/ See Attachment A Responsible Dept./Person Name	See Attached Table 4.1 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	BOH/ See Attachment A Responsible Dept./Person Name	See Attached Table 4.1 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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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	TBD/See Attachment A Responsible Dept./Person Name	See Attached Table 4.1 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	TBD/See Attachment A Responsible Dept./Person Name	See Attached Table 4.1 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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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u> </u> BMP ID # <u>See Attached Table 4.1</u> Specify Best Management Practice	<u> </u> TBD/See Attachment A Responsible Dept./Person Name	<u> </u> See Attached Table 4.1 Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u> </u> BMP ID # <u>See Attached Table 4.1</u> Specify Best Management Practice	<u> </u> DPW and Water Commission Responsible Dept./Person Name	<u> </u> See Attached Table 4.1 Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> See Attachment A Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	BOH And DPW Responsible Dept./Person Name	See Attached Table 4.1 Specify Measurable Goal
BMP ID #	See Attachment A 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.

Mark W. Haddad, Town Manager

Printed Name

Mark W. Haddad
 Signature

7/28/2003

Date

ATTACHMENT A

Stormwater Management Program Summary

1. The Board of Health is the Department responsible for this program. Education will be promoted through "Health Notes", (a weekly column in the Cohasset Mariner), public service announcements on radio and local cable, an informational mailing included with tax bills and annual public meetings to evaluate the program.
2. The Board of Health is responsible for implementing this program. It includes the "Volunteer Monitoring" component of the program. Cohasset has just recently opened the Center for Student Coastal Research where volunteer monitors can perform laboratory tests for water quality. Presently fecal coliform, , dissolved oxygen, PH, temperature and nitrates testing are being performed. By the second year it is anticipated that total suspended solid tests will also be performed. This program will be expanded to include non-coastal areas such as the water supply and Straits Pond, an ACEC.
3. Presently a draft regulation dealing with illicit discharge detection and elimination is being developed. The implementing department has not been determined. The regulation or bylaws will be presented to the Town in spring 2004 for adoption. The DPW will work to detect illicit discharges in catch basins through their maintenance program.
4. Construction site runoff control regulation or by law will be developed and presented to the Town in the spring of 2005. An appropriate Town department will monitor inspection of sites. The Board of Health will be the lead agency in developing the bylaw.
5. Port construction runoff control regulation or bylaw will be developed and presented to the Town in the spring of 2005. Monitoring of operation and maintenance plans from applicants will be done by an appropriate Town department The Board of Health will be the lead agency in developing the bylaw.
6. Pollution prevention and municipal good housekeeping is the responsibility of the DPW. A regular catch basin cleaning program is presently underway. During the cleaning, DPW personnel will provide connectivity information to complete the storm water mapping of the MS4. Repair of the system will be ongoing and in the out years funding will be sought to implement BMP's for the MS4. The Water Commission has developed a remediation plan for the Peppermint Brook Sub basin, the largest contributor of pollutants to the water supply (Lily Pond). The Water Commission will be the lead agency for developing BMP's within the Water Resource District.
7. The volunteer monitoring program has been gathering water quality data in Little Harbor for several years. Fecal coliform is the only impairment. In the out years the Board of Health and the DPW will be responsible for seeking funds to implement BMP's which are developed.

**Table 4.1
Program Element Summary**

Permit Term Year	Element	Activity
March 2003 to March 2004	<p>Public Education and Outreach</p> <p>Public Involvement and Participation</p> <p>Illicit Discharge Detection and Elimination</p> <p>Construction Site Storm Water Runoff Control</p> <p>Post Construction Storm Water Management</p> <p>Pollution Prevention and Good House Keeping</p> <p>Volunteer Monitoring</p>	<p>Form partnerships with local watershed associations, environmental groups or other civic associations, in order to develop plan; identify measurable goals and BMPs for achieving these goals.</p> <p>Look to have volunteers assist in the collection of water quality samples.</p> <p>Complete the map of the storm sewer system outfalls and develop by-law/regulation prohibiting illicit discharges.</p> <p>Town officials will promulgate a Construction Site Runoff bylaw/regulation ordinances, based on a one-acre disturbance.</p> <p>Town officials will develop a Post Construction Storm Water Management bylaw/regulation, based on the one-acre disturbance.</p> <p>Implement DEP's new subsurface wastewater disposal regulations. Catch basin cleaning policies will be incorporated into new or existing regulations; Town officials meet to discuss the need for any new good housekeeping ordinances, based on these new policies.</p> <p>Mapping of all discharge points; begin field screening about 30% of the discharge points during wet and dry seasons; analytical testing, as necessary.</p>
March 2004 to March 2008	<p>Public Education and Outreach</p> <p>Public Involvement and Participation</p> <p>Illicit Discharge Detection and Elimination</p> <p>Construction Site Storm Water Runoff Control</p> <p>Post Construction Storm Water Management</p> <p>Pollution Prevention and Good House Keeping</p> <p>Volunteer Monitoring</p>	<p>Implement Plan (i.e. Brochures, informational meetings and presentations, public service announcements, and storm drain stenciling)</p> <p>As problem areas are identified, additional public participation examples include additional water quality monitoring, community cleanup days, and adopt a drain/stream program.</p> <p>Present regulation for adoption to address non-storm water discharges; inform public employees, businesses, and the general public of the hazards associated with illegal discharges; provide a mechanism for citizens to report illicit discharges.</p> <p>Present regulatory/bylaw for adoption in second permit year. Implement and enforce thereafter.</p> <p>Present regulatory/bylaw for adoption in second permit year. Implement and enforce thereafter.</p> <p>Regulation may be proposed in the second year of the permit term and implemented thereafter; develop an Operations and Maintenance Plan to implement the good housekeeping measure. Determine appropriate BMP's throughout the remainder of the year.</p> <p>Continue field screening of discharge points during wet and dry seasons; analytical testing, as necessary; identify pollutants of concern and location of pollutant sources; quantify the volume of storm water and pollutant loadings.</p>