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W 036180

Hand-enter Your Transmittal Number



W 036180

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

MAR 17 REC'D

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. 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: Stormwater Discharges from MS4

B. Applicant Information (Firm or Individual)

Name of Firm: Dartmouth Department of Public Works

Or, if party needing this approval is clearly an individual:

Individual's Last Name: Hickox	First Name David	MI T
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Street Address 759 Russells Mills Road			
City/Town Dartmouth	State MA	Zip Code 02748	Telephone Number (508) 999-0740 ext.210
Contact: David T. Hickox, P.E.	e-mail address (optional) dhickox@town.dartmouth.ma.us		

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Dartmouth	DEP Facility Number (if Known)		
Street Address 759 Russells Mills Road	e-mail address: (optional)		
City/Town Dartmouth	State MA	Zip Code 02748 508	Telephone Number (508) 999-07 ext.210

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

Name of Individual or Firm: David T. Hickox, P.E., Assistant Superintendent DPW			
Address 759 Russells Mills Road			
City/Town Dartmouth	State MA	Zip Code 02748	Telephone Number (508) 999-0740 ext.210
Contact: David T. Hickox, P.E.	LSP Number (21E only)		

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no
 If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
 EOE # _____ 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 Number (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 #:	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

1. Small MS4 Operator/Owner Information:

Town of Dartmouth - Massachusetts

Name

759 Russells Mills Road

Mailing Address

Dartmouth

MA

City/Town

State

(508) 999-0740

dhickox@town.dartmouth.ma.us

Telephone Number

Email (if available)

2. Municipality Name

Dartmouth

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:

I-195, US Rte. 6, University of Massachusetts - Dartmouth, Bristol County House of Correction

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)

Transmittal Number _____

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

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
Clarks Cove Name	8 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0300, 1700 Specify
Tributary to Clarks Cove Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	--- Specify
Apponagansett Bay Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0300, 1700 Specify
Tributary to Apponagansett Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	--- Specify
Buttonwood Brook Name	21 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1700 Specify
Tributary to Buttonwood Brk. Name	23 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	--- Specify
Paskemansett River Name	10 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1700 Specify
Tributary to Paskemansett Name	16 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	--- Specify
Lake Noquechoke Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0300,0500,2200,2500 Specify
Tributary to Deerfield Swamp 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



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:

1-1

BMP ID # _____

Partnerships

Specify Best Management Practice _____

DPW,BOH/ Hickox,Henderson

Responsible Dept./Person Name _____

Disperse Education Materials

Specify Measurable Goal _____

1-2

BMP ID # _____

Educational Materials

Specify Best Management Practice _____

DPW,BOH/Hickox, Henderson

Responsible Dept./Person Name _____

Disperse Education Materials

Specify Measurable Goal _____

1-3

BMP ID # _____

Reaching Diverse Audiences

Specify Best Management Practice _____

DPW,BOH/Hickox, Henderson

Responsible Dept./Person Name _____

Disperse Education Materials

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:

2-1

BMP ID # _____

Storm Drain Stenciling

Specify Best Management Practice _____

Planning,CC/Perry,O'Reilly

Responsible Dept./Person Name _____

Contest & Stencil Storm Drain

Specify Measurable Goal _____

2-2

BMP ID # _____

Existing Program Assistance

Specify Best Management Practice _____

DPW,CC/Hickox,O'Rielly

Responsible Dept./Person Name _____

Public Presentations/Volunteer

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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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 (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #		
<u>Mapping</u> Specify Best Management Practice	<u>DPW,CC/Hickox,O'Rielly</u> Responsible Dept./Person Name	<u>GIS Aerial Flight</u> Specify Measurable Goal
<u>3-2</u> BMP ID #		
<u>Legal Prohibit.-Enforcement</u> Specify Best Management Practice	<u>BOH,CC/Henderson,O'Rielly</u> Responsible Dept./Person Name	<u>Update Regulations</u> Specify Measurable Goal
<u>3-3</u> BMP ID #		
<u>Detection Plan</u> Specify Best Management Practice	<u>BOH,DPW/Henderson,Hickox</u> Responsible Dept./Person Name	<u>Drainage Survey Log</u> Specify Measurable Goal
<u>3-4</u> BMP ID #		
<u>Awareness & Education</u> Specify Best Management Practice	<u>BOH, Plan. /Henderson/Perry</u> Responsible Dept./Person Name	<u>Public Notices</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

<u>None</u> BMP ID #		
<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</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

