



Hand-enter Your Transmittal Number →

1106
W 040641

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

BRP WM 08A

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

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 Douglas

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

Mahony

Kenneth

R.

Last Name of Individual

First Name of Individual

MI

29 Depot Street

Street Address

Douglas

MA

01516

508-476-4000 ext. 101

City/Town

State

Zip Code

Telephone # and extension

William J. Cundiff, P.E.

WCundiff@DouglasMA.org

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Douglas

04-6001131

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

29 Depot Street

WCundiff@DouglasMA.org

Street Address

e-mail address (optional)

Douglas

MA

01516

508-476-4000 ext 108

City/Town

State

Zip Code

Telephone # and extension

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

William J. Cundiff, P.E.

Name of Firm Or Individual

29 Depot Street

Address

Douglas

MA

01516

508-476-4000 ext 108

City/Town

State

Zip Code

Telephone # and extension

William J. Cundiff, P.E.

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

N/A

7/22/03

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



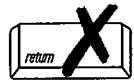
Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

W 040641
 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 Douglas
 Name
 29 Depot Street
 Mailing Address
 Douglas MA
 City/Town State
 (508 476 - 4000 ext. 108
 Telephone Number WCundiff@DouglasMA.org
 Email (if available)

2. Municipality Name

Douglas
 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:

Route 16 & 146 (State Highways), Douglas State Forest

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 **SEE ATTACHMENT A**



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

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?

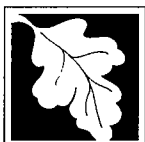
yes pending no

SEE ATTACHMENT B

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
Badluck Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bating Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bating Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Caswell Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cedar Swamp Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Centerville Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chamberlain Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chase Pond (MA51017) Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chockalog River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crystal Lake (MA51031) Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Douglas Cedar Swamp Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dudley Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dudley Pond (MA51041) Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dunleavey Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Gilboa Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Gilboa Pond (MA51052) Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Grassy Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Greene Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



BRP WM 08A NPDES Stormwater General Permit

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

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
Hemlock Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hunt Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Laurel Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Manchaug Pond (MA51091) Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Martin St. Pond (MA51095) Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Morse Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mumford River (MA51-14) Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, pH, Organic enrichment/Low DO, Pathogens Specify
Riddle Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rocky Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Round Top Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Scadden Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Southwick Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stephens Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tinkerville Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Nipmuck Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributaries to Whitins Reservoir Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Wallis Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wallis Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wallum Lake Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Weeks Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whitins Reservoir Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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)

W 040641
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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

2.1 BMP ID # Lawn & Garden Activities Specify Best Management Practice	Comm. Dev. Dept./Wm. Cundiff Responsible Dept./Person Name	Cable Advertisements/Internet Specify Measurable Goal
2.2 BMP ID # Household Hazardous Waste Specify Best Management Practice	Comm. Dev. Dept./Wm. Cundiff Responsible Dept./Person Name	Cable Advertisements/Internet Specify Measurable Goal
2.3 BMP ID # Pet Waste Management Specify Best Management Practice	Comm. Dev. Dept./Wm. Cundiff Responsible Dept./Person Name	Cable Advertisements/Internet Specify Measurable Goal
2.4 BMP ID # Trash Management Specify Best Management Practice	ConCom./Wm. Cundiff Responsible Dept./Person Name	Cable Advertisements/Internet Specify Measurable Goal
2.5 BMP ID # Classroom Education Specify Best Management Practice	School /Connie Verge Responsible Dept./Person Name	Number of Classes Specify Measurable Goal
2.6 BMP ID # Stormwater Educational Mats Specify Best Management Practice	Comm. Dev. Dept./Wm. Cundiff Responsible Dept./Person Name	Cable Advertisements/Internet Specify Measurable Goal

2. Public Participation:

3.1 BMP ID # Storm Drain Stenciling Specify Best Management Practice	Highway. Dept./Ed Therrien Responsible Dept./Person Name	No. of Storm Drains Stenciled Specify Measurable Goal
3.2 BMP ID # Stream Cleanup & Monitoring Specify Best Management Practice	ConCom./Wm. Cundiff Responsible Dept./Person Name	No. of Clean up Events Specify Measurable Goal
3.3 BMP ID # Adopt-A-Stream Program Specify Best Management Practice	ConCom./Wm. Cundiff Responsible Dept./Person Name	No. of Streams Adopted Specify Measurable Goal
3.4 BMP ID # Community Hotlines Specify Best Management Practice	Highway. Dept./Ed Therrien Responsible Dept./Person Name	# of telephone calls Received Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

4.1		
BMP ID #		
Failing Septic System	Bd of Health/Marlene Bacon	No. of Systems repaired
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.2		
BMP ID #		
Imp. Wastewater Conn/Disch	Comm. Dev. Dept./Wm. Cundiff	Surveys Completed
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.3		
BMP ID #		
Sanitary Sewer Overflows	Sewer Dept/ Denis Croteau	No. of Overflows/Repairs
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:

5.1		
BMP ID #		
Runoff Control	Comm. Dev. Dept./Wm. Cundiff	Implementation of Requirem'ts
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5.2		
BMP ID #		
Erosion Control	Comm. Dev. Dept./Wm. Cundiff	Implementation of Requirem'ts
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5.3		
BMP ID #		
Sediment Control	Comm. Dev. Dept./Wm. Cundiff	Implementation of Requirem'ts
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5.4		
BMP ID #		
Good Housekeeping	Comm. Dev. Dept./Wm. Cundiff	Implementation of Requirem'ts
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

6.1		
BMP ID #		
Structural BMPs	Comm. Dev. Dept./Wm. Cundiff	Implementation of Requirem'ts
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.2		
BMP ID #		
Non-Structural BMPs	Comm. Dev. Dept./Wm. Cundiff	Implementation of Requirem'ts
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

6. Municipal Good Housekeeping:

7.1		
BMP ID #		
Operation & Maintenance	Highway Dept./Ed Therrien	Implementation of Requirem'ts
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



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

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

8.1 BMP ID #		
Upgrade of WWTP Specify Best Management Practice	Sewer Dept/ Denis Croteau Responsible Dept./Person Name	Completion of Construction Specify Measurable Goal
8.2 BMP ID #		
Implementation of Req'mts Specify Best Management Practice	Comm. Dev. Dept./Wm. Cundiff Responsible Dept./Person Name	Implementation of Requirement's 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.

Kenneth R. Mahony, Executive Administrator
Printed Name

Signature

2/2/07
Date

