



Hand-enter Your Transmittal Number →

1107

W 040845

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

Permit Code: 7 or 8 character code from permit instructions

NPDES Storm Water General Permit

Name of Permit Category

Notice of Intent For Discharges From Small Municipal Separate Storm Sewers

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Dover

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

Last Name of Individual

5 Springdale Avenue

Street Address

Town of Dover

City/Town

Craig Hughes, Highway Director

Contact Person

First Name of Individual

MI

Ma

02030

State

Zip Code

508-785-0058

Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Dover

Name of Facility, Site or Individual

Entire Town

Street Address

Dover

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

Ma

02030

State

Zip Code

508-785-0058

Telephone # and extension

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

Engineering Department

Name of Firm Or Individual

2 Dedham Street

Address

Dover

City/Town

Robert H. Homer, P.E.

Contact Person

Ma

02030

State

Zip Code

508-785-8112

Telephone # and extension

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: _____

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

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



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

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
Charles River Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tubwreck Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hales Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Ponds Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed streams to Charles River Name	13 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
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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



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1.1 BMP ID # Education displays Specify Best Management Practice	engineering/highway Responsible Dept./Person Name	place in town buildings Specify Measurable Goal
1.2 BMP ID # educational displays Specify Best Management Practice	school department Responsible Dept./Person Name	place in classrooms Specify Measurable Goal
1.3 BMP ID # Press releases Specify Best Management Practice	engineering Responsible Dept./Person Name	provide phase II information Specify Measurable Goal
1.4 BMP ID # stormwater alert Specify Best Management Practice	engineering Responsible Dept./Person Name	townwide mailout Specify Measurable Goal
1.5 BMP ID # hazardous waste collection Specify Best Management Practice	highway Responsible Dept./Person Name	establish dates and time Specify Measurable Goal

2. Public Participation:

2.1 BMP ID # watershed committee Specify Best Management Practice	selectmen Responsible Dept./Person Name	obtain volunteers Specify Measurable Goal
2.2 BMP ID # adopt a stream Specify Best Management Practice	watershed committee Responsible Dept./Person Name	organize program Specify Measurable Goal
2.3 BMP ID # adopt a street Specify Best Management Practice	highway Responsible Dept./Person Name	organize program 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



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
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3.1 BMP ID #		
map stormwater systems Specify Best Management Practice	engineering Responsible Dept./Person Name	locate systems and create maps
3.2 BMP ID #		
town employee education Specify Best Management Practice	selectmen Responsible Dept./Person Name	program seminars Specify Measurable Goal
3.3 BMP ID #		
capital budget and planning Specify Best Management Practice	engineering /highway Responsible Dept./Person Name	identify system improvements 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:

4.1 BMP ID #		
town regulations Specify Best Management Practice	engineering/selectmen Responsible Dept./Person Name	write regulations Specify Measurable Goal
4.2 BMP ID #		
site plan review Specify Best Management Practice	engineering Responsible Dept./Person Name	establish process Specify Measurable Goal
4.3 BMP ID #		
site inspection Specify Best Management Practice	engineering Responsible Dept./Person Name	bulider compliance 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:

5.1 BMP ID # town regulations post construction	engineering / selectmen Responsible Dept./Person Name	adopt regulations Specify Measurable Goal
5.2 BMP ID # design standards Specify Best Management Practice	planning board Responsible Dept./Person Name	revise rules and regulations Specify Measurable Goal
5.3 BMP ID # final site inspection Specify Best Management Practice	engineering Responsible Dept./Person Name	identify non-compliance 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:

6.1 BMP ID # coordination of town departments	selectmen Responsible Dept./Person Name	compliance with town regulations
6.2 BMP ID # questionnaire on activities Specify Best Management Practice	engineering Responsible Dept./Person Name	evaluate response to questionnaire
6.3 BMP ID # street cleaning Specify Best Management Practice	highway Responsible Dept./Person Name	schedule operations Specify Measurable Goal
6.4 BMP ID # town housekeeping policy Specify Best Management Practice	selectmen Responsible Dept./Person Name	establish policy 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.)

7. BMPs for Meeting TMDL:

7.1 BMP ID # <u>check outfall flows</u> Specify Best Management Practice	<u>engineering</u> Responsible Dept./Person Name	<u>shdeule program</u> Specify Measurable Goal
7.2 BMP ID # <u>identify impaired waters</u> Specify Best Management Practice	<u>engineering</u> Responsible Dept./Person Name	<u>test for water quality</u> Specify Measurable Goal
7.3 BMP ID # <u>eatablish tdmis</u> Specify Best Management Practice	<u>engineering</u> Responsible Dept./Person Name	<u>identify pollutant source</u> Specify Measurable Goal
7.4 BMP ID # <u>pollutant removal</u> Specify Best Management Practice	<u>engineering</u> Responsible Dept./Person Name	<u>track program</u> Specify Measurable Goal
7.5 BMP ID # <u>check outfall flows</u> Specify Best Management Practice	<u>engineering</u> Responsible Dept./Person Name	<u>evaluate pollutant removal</u> 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.

David W. Ramsay
Printed Name

David W. Ramsay
Signature

7/18/03
Date

