



Hand-enter Your Transmittal Number

1036 →

W 035898

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

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: National Pollutant Discharge Elimination System (DPDES) General Permit
Type of Project or Activity: MS4 Storm Water Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Hanover Department of Public Works

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

Individual's Last Name:	First Name	MI
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Street Address 40 Pond Street			
City/Town Hanover	State MA	Zip Code 02339	Telephone Number (781) 826-3189 ext.
Contact: Frank Cheverie		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

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

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

Name of Individual or Firm: Environmental Partners Group Inc.			
Address 350 Lincoln Street			
City/Town Hingham	State MA	Zip Code 02043	Telephone Number (781) 749-6771 ext. 102
Contact: Paul G. Costello, 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: 7-21-03
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)

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 Hanover Frank Cheverie, DPW Director
Name
40 Pond Street
Mailing Address
Hanover Ma
City/Town State
781-826-3189
Telephone Number
Email (if available)

2. Municipality Name

Town of Hanover
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

B. Applicant Information (cont.)



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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
Factory Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Forge Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NAPs, Turbidity Specify
Drinkwater River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
French Stream Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Low DO, Pathogens
Indian Head River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients, Low DO Specify
North River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens (Fecal Coliform) 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
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

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Facility ID (if known)

1. Public Education:

<u>1</u> BMP ID #	<u>Conservation Commission, BOH and DPW</u>	<u>Regular meeting attendance</u> Specify Measurable Goal
<u>Continue Partnership with Local Watershed Association</u>		
<u>2</u> BMP ID #	<u>DPW</u>	<u>Quarterly Mailings</u> Specify Measurable Goal
<u>Develop Brochures</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>3</u> BMP ID #	<u>IT DEPT & DPW</u>	<u>WEB Site Publication & Maintenance</u>
<u>WEB Site Public Service Postings</u>	<u>Responsible Dept./Person Name</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>

2. Public Participation:

<u>4</u> BMP ID #	<u>DPW</u>	<u>2 Rounds of Water Quality Sampling of Priority Waters</u>
<u>Water Quality Testing</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</u>		
<u>5</u> BMP ID #	<u>DPW</u>	<u>Annually</u> Specify Measurable Goal
<u>Community Cleanup Days</u>	<u>Responsible Dept./Person Name</u>	
<u>Specify Best Management Practice</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>

D. Stormwater Management Program Summary (Cont.)



BRP WM 08A NPDES Stormwater General Permit
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3. Illicit Discharge Detection and Elimination:

<u>6</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>GIS Mapping</u> Specify Measurable Goal
<u>Catch Basin/Outfall and Receiving Water Mapping</u>		
<u>4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Testing of Priority Water Bodies</u>
<u>Water Quality Testing</u>		
<u>Specify Best Management Practice</u>		
<u>7</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Regulatory Revisions and Action</u>
<u>Regulatory Review</u>		
<u>Specify Best Management Practice</u>		
<u>8</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Local Construction Site Oversight and Enforcement</u>
<u>Permit Enforcement</u>		
<u>Specify Best Management Practice</u>		
<u>9</u> BMP ID #	<u>DPW/BOH</u> Responsible Dept./Person Name	<u>Connectivity Mapping, Bylaw Enforcement and Fines</u>
<u>Misconnection/Illegal Dumping Detection and Correction</u>		

4. Construction Site Runoff Control:

<u>7</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Regulatory Revisions to Bylaws as necessary</u>
<u>Regulatory Review</u>		
<u>Specify Best Management Practice</u>		
<u>8</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Local Construction Site Oversight and Enforcement</u>
<u>Permit Enforcement</u>		
<u>Specify Best Management Practice</u>		
<u>10</u> BMP ID #	<u>DPW/Planning Board</u> Responsible Dept./Person Name	<u>Electronic As-built Submittals on Town GIS System</u>
<u>Improved As-built Review</u>		
<u>Specify Best Management Practice</u>		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u>Specify Best Management Practice</u>		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u>Specify Best Management Practice</u>		

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

<u>7</u> BMP ID #	<u>Regulatory Review</u> Specify Best Management Practice	<u>DPW/Planning</u> <u>Board/BOH/Con. Comm.</u>	<u>Bylaw revisions as necessary</u> Specify Measurable Goal
<u>8</u> BMP ID #	<u>Permit Enforcement</u> Specify Best Management Practice	<u>DPW/Planning</u> <u>Board/BOH/Con. Comm.</u>	<u>Construction Site Oversight</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>11</u> BMP ID #	<u>Improved Street Sweeping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>12</u> BMP ID #	<u>Improved Catch Basin</u> <u>Cleaning</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>13</u> BMP ID #	<u>Household Hazardous Waste</u> <u>Days</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Annual Collection</u> Specify Measurable Goal
<u>14</u> BMP ID #	<u>Drain Stenciling</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Aquifer Protection Area</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

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

<u>6</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>GIS Mapping of Priority Waters and Drainage Patterns</u>
<u>GIS Mapping</u> Specify Best Management Practice		
<u>4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Water Quality Testing</u>
<u>Water Quality Testing</u> Specify Best Management Practice		
<u>15</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Needs Assessment for Category 5 Water Bodies</u>
<u>Stormwater Modeling</u> Specify Best Management Practice		
<u>16</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>i.e. Construction improvements</u>
<u>Misc. Structural BMPs as needed</u>		<u>Specify Measurable Goal</u>
<u>17</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>i.e Bylaw Enforcement, Fees and Fines</u>
<u>Misc. Non-structural BMPs as needed</u>		

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.

R. Alan Rugman - BOARD OF SELECTMEN
Printed Name
[Signature]
Signature

July 15, 2003
Date



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)
APPROXIMATE SCHEDULE OF ACTIVITIES (ALSO SEE ATTACHED TABLE 4.1)**

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BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit											
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05		Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	
1, 2, 3																						
4, 5																						
6	Structure Mapping																					
7, 8	Regulatory Review																					
9	Misconnection/Illegal Dumping Detection and Correction																					
10	Improved As-Built Requirements																					
11-14	Stormwater Modeling																					
15	Misc. Structural and Non-Structural BMPs, as needed																					
16, 17	Misc. Structural and Non-Structural BMPs, as needed																					
LEGEND:																						
1 = Continued Partnership with Local Watershed Associations												9 = Misconnection/Illegal Dumping Detection and Correction										
2 = Developing Brochures for mailing												10 = Improved Gas-Built Requirements										
3 = WEB Site Public Service Announcements												11 = Improved Street Sweeping										
4 = Water Quality Testing												12 = Improved Catch Basin Cleanings										
5 = Community Cleanup Days												13 = Household Hazardous Waste Days										
6 = GIS Mapping												14 = Drain Stenciling										
7, 8 = Regulatory Review and Permit Enforcement																						