



Hand-enter Your Transmittal Number

W 035480

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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): BRPWMOBA Name of Permit Category: NOTICE OF INTENT Type of Project or Activity: DISCHARGES FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS

B. Applicant Information (Firm or Individual)

Name of Firm: TOWN OF HARWICH Or, if party needing this approval is clearly an individual:

Individual's Last Name: BORGESI First Name: JOSEPH JM

Street Address: 732 MAIN STREET City/Town: HARWICH State: MA Zip Code: 02645 Telephone Number: (508) 430-7508 ext. Contact: JOSEPH J. BORGESI TOWN ENGINEER e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: TOWN OF HARWICH DEP Facility Number (if Known) Street Address: 732 MAIN STREET e-mail address (optional) City/Town: HARWICH State: MA Zip Code: 02645 Telephone Number: (508) 430-7508 ext.

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

Name of Individual or Firm: Address: City/Town: State: Zip Code: Telephone Number: Contact: LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] 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 [x] no Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [x] no List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [x] Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less) [] Hardship Request [] 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)**

W035480
Transmittal Number

Facility ID (if known)

Name _____ number _____ Yes No _____
Specify

D. 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.

Printed Name _____
Signature George C. Merrill _____ Date 2/24/03 _____



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

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
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Wayne C. Melville
 Printed Name
 Signature
 Date 5/28/03



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W035480
Transmittal Number

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

Facility ID (if known)

Name _____ number _____ Yes No _____
Specify

D. 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.

Wayne C. Melville Town Administrator
Printed Name
Wayne C. Melville _____
Signature Date 9/14/03

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

Facility ID (if known)

E. Stormwater Management Program SUMMARY

Public Education

BMP ID #	Best Management Practice	Responsible Dept./Person	Measurable Goal
E1	Channel 18 Specify	Assist. Admin. Name	Video Production Specify
E2	Hand outs & Flyers Specify	Various Dept. Name	Provided at Public Facility Specify
E3	Posters Specify	Various Dept. Name	Post at Public Facility Specify
E4	Town Web Site Specify	Assist. Admin. Name	Post Plan Specify

Public Participation

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
P1	Town Web Site Specify	Assist. Admin. Name	Provide Response Specify
P2	Public Hearings Specify	Bylaws/Var. Dept. Name	Enact Bylaw Specify
P3	Hazardous Waste Collection Specify	Link Hooper Name	Reduce Hazardous Waste Specify
P4	Oil, antifreeze etc. Specify	Recycling Com. Name	Increase Amount Collected Specify

Illicit Discharge Detection and Elimination

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
D1	Locate discharge to water Specify	Harbormaster Name	Reduce Number of Discharges Specify
D2	Locate discharge areas Specify	Consultant Name	Fly over Specify
	Specify	Name	Specify
	Specify	Name	Specify

Construction Site Runoff Control

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
S1	Construction Site Bylaw Specify	Planning Board Name	Approval of Bylaw Specify

Specify	Name	Specify
Specify	Name	Specify

Post-Construction Runoff Control

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
C1	Specify Same as S1	Specify	Approval of By-Law
	Specify	Specify	Name
	Specify	Specify	Name
	Specify	Specify	Name

Municipal Good Housekeeping

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
G1	Specify Street Sweeping	DPW	All roads swept Annually
G2	Specify Review town prop. for drainage	DPW/Chris N.	Locate problems & Repair
	Specify	Name	Specify
	Specify	Name	Specify

BMPs for Meeting TMDL

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
M1	Specify Continue drainage installation	DPW	Improve entire system
	Specify	Name	Specify
	Specify	Name	Specify
	Specify	Name	Specify

