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W 041239

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 Stormwater Phase II General Permit for MS4s
Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of North Reading, MA
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
235 North Street
Street Address
North Reading MA 01864 (978) 664-6060
City/Town State Zip Code Telephone # and extension
David Hanlon, Michael Soraghan
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of North Reading, MA
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
Street Address e-mail address (optional)
North Reading MA 01864 (978) 664-6060
City/Town State Zip Code Telephone # and extension

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

Malcolm Pirnie, Inc.
Name of Firm Or Individual
500 Edgewater Drive, Suite 566
Address
Wakefield MA 01880 (781) 224-4488
City/Town State Zip Code Telephone # and extension
Robert Winn, 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

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

W 041239
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)

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 North Reading
Name
235 North Street
Mailing Address
North Reading
City/Town
(978) 664-6060
Telephone Number
Massachusetts
State
Email (if available)

2. Municipality Name

Town of North Reading
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, Route 28

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
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 Storm Sewer Systems (MS4s)

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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
Skug River Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Martins Pond Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, turbidity, noxious aquatic plants
Martins Brook Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment, low DO, pathogens
Ipswich River Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Eisenhaures Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bradford Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Swan Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rapier Brook Name	unknown 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
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



BRP WM 08A NPDES Stormwater General Permit
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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u>		
<u>BMP ID #</u>		
<u>Two meetings with Town</u>	<u>DPW/ D. Hanlon, M. Soraghan</u>	<u>Number of meetings held</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>1B</u>		
<u>BMP ID #</u>		
<u>Plan developed for public education</u>	<u>DPW/ D. Hanlon, M. Soraghan</u>	<u>Number of public education programs developed</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>

2. Public Participation:

<u>2A</u>		
<u>BMP ID #</u>		
<u>Two meetings with Town</u>	<u>DPW/ D. Hanlon, M. Soraghan</u>	<u>Number of meetings held</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>2B</u>		
<u>BMP ID #</u>		
<u>Plan developed for public participation</u>	<u>DPW/ D. Hanlon, M. Soraghan</u>	<u>Number of public participation programs developed</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>



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #		
<u>Illicit Connection Identification</u> Specify Best Management Practice	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Number of dry weather outfalls assessed</u>
<u>3B</u> BMP ID #		
<u>Illicit Source Identification</u> Specify Best Management Practice	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Number of illicit sources investigated</u>
<u>3C</u> BMP ID #		
<u>Ordinance development to prohibit non stormwater flows</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Ordinance adopted by Town</u> Specify Measurable Goal
<u>3D</u> BMP ID #		
<u>Storm water map development</u> Specify Best Management Practice	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Map completed showing outfalls</u>
<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>4A</u> BMP ID #		
<u>Ordinance development for waste control</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Ordinance adopted by Town</u> Specify Measurable Goal
<u>4B</u> BMP ID #		
<u>Formalization of site plan review procedures</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Site plan review procedures document completed</u>
<u>4C</u> BMP ID #		
<u>Revised ordinance to address storm water pollution</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Revised ordinance and adoption of BMP manual</u>
<u>4D</u> BMP ID #		
<u>Best management practice manual</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Handbook completed and adopted by Town</u>
<u>4E</u> BMP ID #		
<u>Formalization of inspection procedures</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Inspection procedures handbook completed</u>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #		
<u>Procedures for long term O&M</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Adoption of procedures by Town</u>
<u>5B</u> BMP ID #		
<u>Site plan review procedures for water quality impacts</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Adoption of procedures by Town with public input</u>
<u>5C</u> BMP ID #		
<u>Best management handbook Specify Best Management Practice</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Handbook completed and adopted by Town</u>
<u>5D</u> BMP ID #		
<u>Revised ordinance to address storm water pollution</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Revised ordinance and adoption of BMP manual</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #		
<u>Employee Training Specify Best Management Practice</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Number of employees trained Specify Measurable Goal</u>
<u>6B</u> BMP ID #		
<u>Prioritized street sweeping Specify Best Management Practice</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Schedules and prioritized sweeping</u>
<u>6C</u> BMP ID #		
<u>Spill response and prevention Specify Best Management Practice</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Development of procedures Specify Measurable Goal</u>
<u>6D</u> BMP ID #		
<u>Prioritized catch basin cleaning</u>	<u>DPW/ D. Hanlon, M. Soraghan</u> Responsible Dept./Person Name	<u>Schedules and prioritized cleaning</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>	



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

N/A
BMP ID #

Not Applicable
Specify Best Management Practice

Not Applicable
Responsible Dept./Person Name

Not Applicable
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

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.

Thomas G. Younger
Printed Name

Thomas G. Younger
Signature

8/25/03
Date

