



Hand-enter Your Transmittal Number

W 035900

1052

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 Norwell

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

Individual's Last Name: First Name MI

Street Address: 345 Main Street
City/Town: Norwell State: MA Zip Code: 02061 Telephone Number: (781) 659-8042 ext.
Contact: Paul Foulsham 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 [X] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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 [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: [ ] 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: 7-3-03
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

**MASSACHUSETTS DEP BRPWM08A FORM**



# 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 Norwell Paul Baster Highway Superintendent  
Name  
345 Main Street  
Mailing Address  
Norwell Ma  
City/Town State  
781-659-8042  
Telephone Number Email (if available)

2. Municipality Name

Town of Norwell  
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



**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
Accord Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 2 Specify
Bound Brook Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Indian Head River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Pathogens Specify
Jacobs Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 4c - Exotic species Specify
Torrey Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NAPs, Turbidity, Exotic species
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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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

W 035900  
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)

**D. Stormwater Management Program Summary**

1. Public Education:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

BMP ID # See Attached Sect. 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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
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:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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

4. Construction Site Runoff Control:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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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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:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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
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BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



Massachusetts Department of Environmental Protection  
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**BRP WM 08A** NPDES Stormwater General Permit  
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7. BMPs for Meeting TMDL:

BMP ID # See Attached Table 4.1 Specify Best Management Practice	See Attached Table 3.2 Responsible Dept./Person Name	See Attached Table 4.1 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.

JAMES M. BONDREAU - TOWN MANAGER  
 Printed Name  
 James M. Bondreau  
 Signature  
 7/1/03  
 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)**



Transmittal Number **W 035900**  
 Facility ID (if known)  
 Page **1** of **1**  
 PERMIT YEAR FIVE  
 Spring 07  
 Summer 07  
 Fall 07  
 Winter 07-08  
 Next Permit

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE																				
	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	Next Permit												
1																																	
2																																	
3	Mapping																																
4	Regulatory Review																																
5	Regulatory Review																																
6																																	
7																																	
<b>LEGEND:</b>																																	
1 = Public Education and Outreach (Meeting with local Watershed Associations and sampling)																																	
2 = Public Involvement and Participation (Volunteerism and Literature Campaign)																																	
3 = Mapping and Illicit Discharge Detection																																	
4 = Construction Site Runoff Control																																	
5 = Post-Construction Storm Water Management																																	
6 = Pollution Prevention and Good Housekeeping																																	
7 = Water Quality Stewardship																																	