

MAR041053A#

Hand-enter Your Transmittal Number

W 036392



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

MAR 13 2003

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

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit
Type of Project or Activity: NOI for small MS4s

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Norwood
Or, if party needing this approval is clearly an individual: Individual's Last Name: First Name MI

Street Address: 566 Washington Street
City/Town: Norwood State: MA Zip Code: 02062 0040 Telephone Number: (781) 762-1240 ext.
Contact: John Carroll e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Norwood 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:
Address:
City/Town: State: Zip Code: Telephone Number: () ext.
Contact: LSP Number (21E only)

For DEP Use Only
Permit No.
Rec'd Date
Reviewer

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] no
If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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 [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:
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
Application Completeness List**

Application Completeness List

- The applicant has obtained a copy of the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems from U.S. EPA Region I. The web address is <http://www.epa.gov/ne/npdes/stormwater/index.html>.
- The applicant has submitted complete information for all BRP WM 08 A forms including the Notice of Intent, and Time Frame form.
- An official has signed the certification statement, which for municipalities, should be a principal executive officer or ranking elected official.
- The DEP Transmittal Form is completed.
- The applicant has also submitted a Notice of Intent with EPA to obtain coverage under the permit. The information provided by the applicant on DEP's BRP WM 08A forms will be accepted by EPA as their Notice of Intent, if all signatures are original.

To submit the General Permit Notice of Intent package:

- Checklist items have been completed.
- Send one copy of the BRP WM 08A package along with one copy of the DEP Transmittal Form to:

Department of Environmental Protection
Office of Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608

If applicants are fee exempt, a copy of the DEP Transmittal Form must be sent to the address above.

- Send fee (if applicable) of:

\$60 for BRP WM 08A, in the form of check or money order made payable to "Commonwealth of Massachusetts", along with one copy of the DEP Transmittal Form to:

Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211

- Keep a copy of the transmittal form and General Permit Notice of Intent package for your records.

For further information or questions please contact Ginny Scarlet, Ginny.Scarlet@state.ma.us (1-508-767-2797) or Linda Domizio, Linda.Domizio@state.ma.us (1-508-849-4005).



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:

Name John J. Carroll
Mailing Address 566 Washington St.
City/Town NORWOOD State MA 02062
Telephone Number 781-762-1240 Email (if available)

2. Municipality Name

City/Town Town of Norwood, Massachusetts

3. Legal Status:

Federal City/Town State Tribal Private

Other public entity: _____
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries: US Interstate I-95, -
Mass. Highways Rte 1 and Rte 1A - Norwood Hospital
NORWOOD MEMORIAL AIRPORT

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
<u>Ellis Pond</u> Name	<u>9</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Neponset River</u> Name	<u>22</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Meadowbrook</u> Name	<u>6</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Hawes Brook</u> Name	<u>11</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Trapshole Brook</u> Name	<u>7</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Plantingfield Brook</u> Name	<u>5</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Purgatory Brook</u> Name	<u>8</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Germany Brook</u> Name	<u>6</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Wetland area behind J.F.H.S. (North) to Germany B.K.</u> Name	<u>6</u> 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



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)

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D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u> BMP ID #	<u>Recycling + Rubbish Web Page Manager's Office</u> Specify Best Management Practice	<u>Manager's Office</u> Responsible Dept./Person Name	<u>Track # of hits</u> Specify Measurable Goal
<u>1B</u> BMP ID #	<u>(Water Conserv.) Auto. Meter Reading</u> Specify Best Management Practice	<u>Manager's Office</u> Responsible Dept./Person Name	<u>Monthly billing track water usage</u> Specify Measurable Goal
<u>1C</u> BMP ID #	<u>Recycling + Rubbish Flyers Manager's Office</u> Specify Best Management Practice	<u>Manager's Office</u> Responsible Dept./Person Name	<u>Spring / Fall Town wide mailing</u> 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:

<u>2A</u> BMP ID #	<u>"You Can Help" Web Site</u> Specify Best Management Practice	<u>B.O.H.</u> Responsible Dept./Person Name	<u>Increase volunteers</u> Specify Measurable Goal
<u>2B</u> BMP ID #	<u>Household Hag Waste Day</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Increase # of vehicles participating</u> Specify Measurable Goal
<u>2C</u> BMP ID #	<u>Recycling Day</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Increase quantities collected</u> Specify Measurable Goal
<u>2D</u> BMP ID #	<u>Paint Recycling Shed</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Increase gals. collected</u> Specify Measurable Goal
<u>2E</u> BMP ID #	<u>Compost Bin Sales</u> Specify Best Management Practice	<u>B.O.H.</u> Responsible Dept./Person Name	<u>Increase # used.</u> Specify Measurable Goal
<u>2F</u> BMP ID #	<u>Create Stormwater Committee</u> Specify Best Management Practice	<u>Manager's Office</u> Responsible Dept./Person Name	<u>Increase public involvement</u> Specify Measurable Goal



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.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID # <u>Town Wide</u> <u>Develop Stormwater GIS</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>Stormwater data layer</u> Specify Measurable Goal <u>Yr 1.</u>
<u>3B</u> BMP ID # <u>Town Wide</u> <u>Develop Sewer GIS</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>Sewer data layer</u> Specify Measurable Goal <u>Yr 2-3</u>
<u>3C</u> BMP ID # <u>Visual inspection outfalls</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>25% per year</u> <u>Yrs 1, 2, 3, 4</u> Specify Measurable Goal
<u>3D</u> BMP ID # <u>Infiltrate/Inflow</u> <u>Continue Program</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Identify and eliminate</u> <u>illicit discharges</u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4A</u> BMP ID # <u>Site Plan Review</u> Specify Best Management Practice	<u>Eng / Planning</u> Responsible Dept./Person Name	<u>Increase # of</u> <u>cleanwater measures</u> Specify Measurable Goal
<u>4B</u> BMP ID # <u>Zoning</u> <u>Stormwater Management Ordinance</u> Specify Best Management Practice	<u>Eng / Bld.</u> Responsible Dept./Person Name	<u>Post development peak</u> <u>runoff ≤ pre development</u> <u>80% removal TSS</u> <u>Subsurface infiltration</u> Specify Measurable Goal
<u>4C</u> BMP ID # <u>Zoning</u> <u>Erosion Control Ordinance</u> Specify Best Management Practice	<u>Eng / Bld.</u> Responsible Dept./Person Name	<u>Eliminate wind</u> <u>and water erosion</u> <u>Performance Bond</u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal



BRP WM 08A NPDES Stormwater General Permit
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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>Zoning</u>		<u>Require documentation on operations/maintenance plans.</u>
	<u>Stormwater Management Ordinance</u>	<u>Bld/Planning</u>	
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>5B</u> BMP ID #	<u>Zoning</u>		<u>Require adequate long term operation/maintenance of Erosion Control System.</u>
	<u>Erosion Control Ordinance</u>	<u>Bld/Planning</u>	
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>5C</u> BMP ID #			<u>Create Manual Yr 1-2</u>
	<u>Create Guidance/Design Manual</u>	<u>Bld/Eng.</u>	<u>Add to Bld. Permits</u>
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal <u>Yr 3</u>
_____ 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:

<u>6A</u> BMP ID #	<u>Site Selection - DPW Yard</u>	<u>DPW Task Force</u>	<u>Determine most suitable site for new DPW Yard</u>
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal <u>Yr 1</u>
<u>6B</u> BMP ID #	<u>Site Develop / Construction</u>	<u>DPW Task Force</u>	<u>New DPW Yard operating end Yr 4</u>
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6C</u> BMP ID #	<u>Street sweeping</u>	<u>DPW</u>	<u>100% of streets swept each year</u>
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6D</u> BMP ID #	<u>Catch basin cleaning</u>	<u>DPW</u>	<u>1/3 of catch basins cleaned each year</u>
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6E</u> BMP ID #	<u>Pet Wash Ordinance</u>	<u>B.O.H.</u>	<u>Increase awareness (annual flier) each year</u>
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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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:

<u>7A</u> BMP ID #	<u>303(d) Listed</u>	<u>50% Yr 1</u>
<u>Visual inspect. outfalls</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>50% Yr 2</u> Specify Measurable Goal
<u>7B</u> BMP ID #	<u>Assess TMDL (pathogens)</u>	<u>50% Yr 1</u>
<u>Assess TMDL (pathogens)</u> Specify Best Management Practice	<u>B.O.H.</u> Responsible Dept./Person Name	<u>50% Yr 2</u> Specify Measurable Goal
<u>7C</u> BMP ID #	<u>Implement Inspections</u>	<u>Identify any</u>
<u>Implement Inspections</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>cross-connections</u> <u>stormwater/sewer</u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u>	<u> </u>
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u>	<u> </u>
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </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.

JOHN CARROLL, General Manager

Printed Name

Signature

10.02.03
Date

SIGNATURE

DATE

John J. Carroll
General Manager
Town of Norwood



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:

<u>7A</u> BMP ID #	<u>303(d) Listed</u>	<u>50% Yr 1</u>
<u>Visual inspect. outfalls</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>50% Yr 2</u> Specify Measurable Goal
<u>7B</u> BMP ID #	<u>Assess TMDL (pathogens)</u>	<u>50% Yr 1</u>
<u>Assess TMDL (pathogens)</u> Specify Best Management Practice	<u>B.O.H.</u> Responsible Dept./Person Name	<u>50% Yr 2</u> Specify Measurable Goal
<u>7C</u> BMP ID #	<u>Implement Inspections</u>	<u>Identify any</u>
<u>Implement Inspections</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Cross-connections stormwater/sewer</u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u>	<u> </u>
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID #	<u> </u>	<u> </u>
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

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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.

John Carroll - Town Manager
Printed Name

John Carroll
Signature

3.07.03
Date

