



Hand-enter Your Transmittal Number

W 036369

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

2045

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: Storm Water
Type of Project or Activity: NPDES Phase II

B. Applicant Information (Firm or Individual)

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

Street Address: 251 Causeway St., Suite 600
City/Town: Boston State: MA Zip Code: 02114 Telephone Number: (617) 626-1391 ext.
Contact: Raul Silva e-mail address (optional): raul.silva@state.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Scusset Beach State Reservation DEP Facility Number (if Known)
Street Address: Scusset Beach Road e-mail address (optional)
City/Town: Sandwich State: MA Zip Code: 02563 Telephone Number: (508) 888-0859 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)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] no
If yes, indicate the project's EOE A 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: 0 Date: 3/7/03
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:

Department of Environmental Management
Name
251 Causeway Street, Suite 600
Mailing Address
Boston MA
City/Town State
617-626-1357
Telephone Number Email (if available)

2. Municipality Name

Scusset Beach State Reservation, Sandwich, MA
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:

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.)



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

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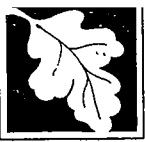
1. Public Education:

<u>1</u> BMP ID #	<u>Office of Interpretive Services</u> Responsible Dept./Person Name	<u>Identify existing education resources, develop program</u>
<u>Expand existing educational resources</u>		
<u>2</u> BMP ID #	<u>Office of Interpretive Services</u> Responsible Dept./Person Name	<u>Expand programs and implement over permit life</u>
<u>Expand existing interpretive programs</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>3</u> BMP ID #	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>develop & implement cooperative monitoring at</u>
<u>Develop partnerships w/ non-profit groups</u>		
<u>4</u> BMP ID #	<u>Bureau of Recreation</u> Responsible Dept./Person Name	<u>Modify hand outs given to park users</u>
<u>Source reduction</u>		
<u>Specify Best Management Practice</u>		
<u>5</u> BMP ID #	<u>Office of Water Resources</u> Responsible Dept./Person Name	<u>Expand testing program to est. bench marks & rating system</u>
<u>Expand existing water quality monitoring</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
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

3. Illicit Discharge Detection and Elimination:

6 BMP ID # Map storm water systems Specify Best Management Practice	Bureau of Engineering & Construction Management	map park storm water system Specify Measurable Goal
7 BMP ID # Initial identification of illicit discharges	Bureau of Engineering & Construction Management	identify origin of all discharges Specify Measurable Goal
8 BMP ID # Track illicit discharges & remediation efforts	Bureau of Engineering & Construction Management	expand existing data base, incl. data as developed
9 BMP ID # Establish storm water ordinance	Bureau of Engineering & Construction Management &	develop control agreements w/ other storm water originators
10 BMP ID # Train employees Specify Best Management Practice	Office of Human Resources Responsible Dept./Person Name	identify training needs, incorp. into employee manual

4. Construction Site Runoff Control:

11 BMP ID # Source reduction Specify Best Management Practice	Bureau of Engineering & Construction Management	Test methods/measures for source reduction
12 BMP ID # Enhance design guidelines Specify Best Management Practice	Bureau of Engineering & Construction Management	Revise design guidelines for better resource protection
13 BMP ID # Staff Training Specify Best Management Practice	Office of Human Resources Responsible Dept./Person Name	Train construction management staff
14 BMP ID # Modify construction practices Specify Best Management Practice	Bureau of Engineering & Construction Management	Modify construction contracts for updated regulations
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

<u>15</u> BMP ID #		
<u>Identification of BMPs</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Provide briefing to staff on new storm water practices</u>
<u>16</u> BMP ID #		
<u>Establish management controls for erosion</u>	<u>Bureau of Engineering & Construction Management</u>	<u>Develop techniques, distribute to field staff</u>
<u>17</u> BMP ID #		
<u>Staff Training</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Provide O&M instruction to F&P on storm water</u>
<u>18</u> BMP ID #		
<u>Reduction in storm water run off</u>	<u>Bureau of Engineering & Construction Management</u>	<u>Report on material options in design for reduction in runoff</u>
<u>19</u> BMP ID #		
<u>Evaluation of structural/ infrastructure improvements</u>	<u>Bureau of Engineering & Construction Management</u>	<u>Evaluate projects for future applications</u>

6. Municipal Good Housekeeping:

<u>20</u> BMP ID #		
<u>Expand educational resources</u> Specify Best Management Practice	<u>Office of Human Resources</u> Responsible Dept./Person Name	<u>Develop "e library" of related topic "courses"</u>
<u>21</u> BMP ID #		
<u>Employee awareness training</u> Specify Best Management Practice	<u>Office of Human Resources</u> Responsible Dept./Person Name	<u>Train staff on related topics using e library</u>
<u>22</u> BMP ID #		
<u>Train volunteers</u> Specify Best Management Practice	<u>Volunteer coordinator/Div. of Forests & Parks</u>	<u>Provide resources/access to e library</u>
<u>23</u> BMP ID #		
<u>Maintain hazmat plan</u> Specify Best Management Practice	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Maintain existing hazmat plan</u> Specify Measurable Goal
<u>24</u> BMP ID #		
<u>Maintain user policy</u> Specify Best Management Practice	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Maintain user policy on vehicle maintenance</u>

D. Stormwater Management Program Summary (cont.)



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Facility ID (if known)

7. BMPs for Meeting TMDL:

<u>25</u> BMP ID #	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Maintain practice of off site vehicle washing</u>
Maintain policy on vehicle washing		
<u>26</u> BMP ID #	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Maintain plan for floor drain use & servicing</u>
Maintain floor drains		
Specify Best Management Practice		
<u>27</u> BMP ID #	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Stencil all catch basins</u>
Stencil catch basins		
Specify Best Management Practice		Specify Measurable Goal
<u>28</u> BMP ID #	<u>Dir. of Forests & Parks</u> Responsible Dept./Person Name	<u>Revise O&M Manual for policy on storm water management</u>
Incorporate BMPs into O&M Manual		
<u>29</u> BMP ID #	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Devel. procedure & incorp. specific review tasks into EMS</u>
Expand EMS Team scope for storm water issues		

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.

Raul F. Silva, DEM Chief Engineer

Printed Name
Raul F. Silva
Signature

March 7, 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)**
F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permi									
	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	
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Transmittal Number 0038369

Facility ID (if known)

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