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Hand-enter Your Transmittal Number →

W 036140
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.

A. Permit Information

BRPWMO8A NPDES Storm Water General Permit
 Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
 Notice of intent for discharges from a Small Municipal Separate Storm Sewers
 Type of Project or Activity

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.

B. Applicant Information – Firm or Individual

Town of Sherborn
 Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual 19 Washington Street First Name of Individual _____ MI _____
 Street Address
 Sherborn MA 01770 508-651-7878
 City/Town State Zip Code Telephone # and extension
 Paul G. Scott paulscott8@msn.com
 Contact Person e-mail address (optional)

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

C. Facility, Site or Individual Requiring Approval

Town of Sherborn
 Name of Facility, Site or Individual DEP Facility Number (if Known) _____ Federal I.D. Number (if Known) _____
 19 Washington Street
 Street Address
 Sherborn e-mail address (optional)
 City/Town MA 01770 508-651-7878
 State Zip Code Telephone # and extension

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

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

Sherborn Highway Department
 Name of Firm Or Individual
 19 Washington Street
 Address
 Sherborn MA 01770 508-651-7878
 City/Town State Zip Code Telephone # and extension
 Paul G. Scott ✓
 Contact Person 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 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 fee exemptions for 21E, regardless of applicant status

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT

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



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

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:

Sherborn Highway Department

Name

19 Washington Street

Mailing Address

Sherborn

City/Town

508-651-7878

Telephone Number

MA

State

paulscott8@msn.com

Email (if available)

2. Municipality Name

Town of Sherborn

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:

None - 9/9/03 - According to Mr. Scott

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

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)



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

Facility ID (if known)

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
Indian Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sewall Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ward Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed stream to Bogastow Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Ponds Name	3 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
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

D. Stormwater Management Program Summary



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

W036140
 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)

3. Illicit Discharge Detection and Elimination:

<u>3.1</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>prevent/reduce pollutant discharges to MS4</u>
<u>Develop System Map</u> Specify Best Management Practice		
<u>3.2</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Prevent/reduce pollutant discharges to MS4</u>
<u>Identify & eliminate illicit connections/discharges</u>		
<u>3.3</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Amend By-law to enforce permit regulations</u>
<u>Review existing wetlands By-law</u>		
<u>3.4</u> BMP ID #	<u>Groundwater Protection Comm</u> Responsible Dept./Person Name	<u>Amend By-law to enforce permit regulations</u>
<u>Review existing Ground water By-law</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>4.1</u> BMP ID #		
<u>see BMP #3.3</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>4.2</u> BMP ID #	<u>Board of Health and Planning Board</u>	<u>Amend regulations to enforce permit regulations</u>
<u>Review existing regulations</u> Specify Best Management Practice		
<u>4.3</u> BMP ID #	<u>Building Inspector</u> Responsible Dept./Person Name	<u>permit enforcement</u> Specify Measurable Goal
<u>Construction Site inspection</u> Specify Best Management Practice		
<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)

Facility ID (if known)

5. Post Construction Runoff Control:

<u>5.1</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Amend By-law to enforce permit regulations</u>
<u>Reviewing existing wetlands By-law</u>		
<u>5.2</u> BMP ID #	<u>Board of Health and Planning Board</u>	<u>Amend to enforce permit regulations</u>
<u>Review existing regulations</u> Specify Best Management Practice		
<u>5.3</u> BMP ID #	<u>Building, Highway Dept.s</u> <u>Conservation, Health Boards</u>	<u>permit compliance</u> Specify Measurable Goal
<u>Review site plan applications</u> Specify Best Management Practice		
<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>

6. Municipal Good Housekeeping:

<u>6.1</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Reduce/prevent pollutant run off from municipal operations</u>
<u>Develop & implement program</u> Specify Best Management Practice		
<u>6.2</u> BMP ID #	<u>All Boards, Committees and Departments</u>	<u>Evaluation of BMP impact, appropriateness, compliance</u>
<u>Annually evaluate SWMP</u> Specify Best Management Practice		
<u>6.3</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>track program</u> Specify Measurable Goal
<u>Record keeping and reporting</u> Specify Best Management Practice		
<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.)



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)

W036140
 Transmittal Number
 Facility ID (if known)

7. BMPs for Meeting TMDL:

<u>7.1</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>identify problems</u> Specify Measurable Goal
<u>check outfall flow</u> Specify Best Management Practice		
<u>7.2</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>identify pollutant source</u> Specify Measurable Goal
<u>test water quality</u> Specify Best Management Practice		
<u>7.3</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>prevention of pollutant</u> Specify Measurable Goal
<u>pollutant source removal</u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice		

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.

Robert T. Reed, Administrator, Town of Sherborn
 Printed Name
Robert T. Reed
 Signature
7/22/03
 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)
F. Storm Water Management Program TIME FRAMES

Transmittal Number **W036140**
 Facility ID (if known) _____
 Page **1** of **1**

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
1.1				X																
1.2				X																
1.3				X																
2.1			X																	
2.2	X																			
2.3			X												X					
3.1									X											
3.2														X						
3.3								X												
3.4							X													
4.1							X													
4.2							X													
4.3									X											
5.1								X												
5.2								X												
5.3									X											
6.1				X																
6.2							X													
6.3									X											
7.1									X											
7.2									X											
7.3									X											

DONE