



Enter your transmittal number

W045147

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasnfrm.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

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

BRP WM 08

1. Permit Code: 7 or 8 character code from permit instructions

General Permit for Stormwater Discharge

3. Type of Project or Activity

NPDES Stormwater General Permit

2. Name of Permit Category

B. Applicant Information - Firm or Individual

Town of Wareham

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

Hartman

Michael

J

2. Last Name of Individual

3. First Name of Individual

4. MI

54 Marion Road

5. Street Address

Wareham

MA

02571

508-291-3100

3110

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Wareham

1. Name of Facility, Site Or Individual

54 Marion Road

2. Street Address

Wareham

MA

02571

508-291-3100

3110

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

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

G.A.F. Engineering, Inc.

1. Name of Firm Or Individual

266 Main Street

2. Address

Wareham

MA

02571

508-295-6600

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

William F. Madden, P.E.

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. 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:

EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

1. Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less)
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. Homeowner (according to 310 CMR 4.02).

Check Number

Dollar Amount

Date

NOV 9 2003
MUNICIPAL ASSISTANCE UNIT



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:

Town of Wareham c/o Michael J. Hartman, Town Administrator
Name
54 Marion Road
Mailing Address
Wareham MA 02571
City/Town State
508-291-3100 Ext. 3110
Telephone Number Email (if available)

2. Municipality Name

Town of Wareham
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:

Rt 195, Rt. 495, Rt. 28, Rt. 6

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>Weweantic River</u> Name	<u>unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>pathogens</u> Specify
<u>Wareham River</u> Name	<u>unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>pathogens</u> Specify
<u>Agawam River</u> Name	<u>unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Nutrients/pathogens</u> Specify
<u>Onset Bay</u> Name	<u>unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>pathogens</u> Specify
<u>Buttermilk Bay</u> Name	<u>unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>pathogens</u> 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



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:

<u>1-1</u> BMP ID #	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Partnerships developed</u> Specify Measurable Goal
<u>Form partnerships</u> Specify Best Management Practice		
<u>1-2</u> BMP ID #	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Educational material developed</u> Specify Measurable Goal
<u>Educational material</u> Specify Best Management Practice		
<u>1-3</u> BMP ID #	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Meetings held</u> Specify Measurable Goal
<u>Annual public hearing</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>

2. Public Participation:

<u>2-1</u> BMP ID #	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Maintenance logs prepared</u> Specify Measurable Goal
<u>Encourage citizen action</u> Specify Best Management Practice		
<u>2-2</u> BMP ID #	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Committee created</u> Specify Measurable Goal
<u>Establish stormwater committee</u> Specify Best Management Practice		
<u>2-3</u> BMP ID #	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Meeting held</u> Specify Measurable Goal
<u>Selectmen's meeting</u> Specify Best Management Practice		
<u>2-4</u> BMP ID #	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Record no. of C.B.'s stenciled</u> Specify Measurable Goal
<u>Storm drain stenciling</u> Specify Best Management Practice		
<u>2-5</u> BMP ID #	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Report on cleanup activities</u> Specify Measurable Goal
<u>Stream cleanup</u> Specify Best Management Practice		



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # <u>Discharge identification</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Discharges identified</u> Specify Measurable Goal
<u>3-2</u> BMP ID # <u>Prohibition/Enforcement</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>Report prepared, by-laws amended</u>
<u>3-3</u> BMP ID # <u>Drainage network map</u> Specify Best Management Practice	<u>Town Planner</u> Responsible Dept./Person Name	<u>Map produced</u> Specify Measurable Goal
<u>3-4</u> BMP ID # <u>Illicit discharge identification</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Illicit discharges quantified</u> Specify Measurable Goal
<u>3-5</u> BMP ID # <u>Illicit discharge enforcement</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Quantify illicit discharges identified and corrected</u>
<u>3-6</u> <u>DPW Training</u>	<u>Dir. of Municipal Maintenance</u>	<u>Training provided</u>
<u>3-7</u> <u>Public information</u>	<u>Dir. of Municipal Maintenance</u> <u>Dir. of Municipal Maintenance</u>	<u>Complaint file maintenance</u>

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID # <u>Cons. Commission By-Law</u> Specify Best Management Practice	<u>Cons. Commission Agent</u> Responsible Dept./Person Name	<u>Finding rpt prepare by-law amended</u> Specify Measurable Goal
<u>4-2</u> BMP ID # <u>Subdivision Rules & Regs.</u> Specify Best Management Practice	<u>Town Planner</u> Responsible Dept./Person Name	<u>Findings rpt prepared, rules & regs. revised</u> Specify Measurable Goal
<u>4-3</u> BMP ID # <u>Zoning review</u> Specify Best Management Practice	<u>Town Planner</u> Responsible Dept./Person Name	<u>Rpt on by-laws, amend by-laws</u> Specify Measurable Goal
<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>



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.)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Cons. Commission By-laws</u> Specify Best Management Practice	<u>Cons. Commission Agent</u> Responsible Dept./Person Name	<u>By-law amended</u> Specify Measurable Goal
<u>5-2</u> BMP ID #	<u>Planning Board Rules</u> Specify Best Management Practice	<u>Town Planner</u> Responsible Dept./Person Name	<u>Rules & Regulations revised</u> Specify Measurable Goal
<u>5-3</u> BMP ID #	<u>Zoning by-laws</u> Specify Best Management Practice	<u>Town Planner</u> Responsible Dept./Person Name	<u>By-laws amended</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

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>D.P.W. Policy Guide</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Policy guide developed</u> Specify Measurable Goal
<u>6-2</u> BMP ID #	<u>D.P.W. annual training</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Training manual prepared</u> Specify Measurable Goal
<u>6-3</u> BMP ID #	<u>D.P.W. maintenance schedule</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Maintenance sched. develop</u> Specify Measurable Goal
<u>6-4</u> BMP ID #	<u>D.P.W. permit filing</u> Specify Best Management Practice	<u>Dir. of Municipal Maintenance</u> Responsible Dept./Person Name	<u>Permits on file</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



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)

Transmittal Number _____

Facility ID (if known) _____

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: *N/A TMDL's for waterbodies into which the MS4 discharge have not been established.*

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

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.

Michael J. Hartman, Town Administrator

Printed Name

Signature

Date

11/12/03

