



Hand-enter Your Transmittal Number 116

W 041193

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.

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

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

A. Permit Information

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NOI for Discharges from Small Municipal Separate Sewer Systems (MS4s)

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

B. Applicant Information – Firm or Individual

Town of West Bridgewater

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

Last Name of Individual

63 North Main Street

Street Address

West Bridgewater

City/Town

Highway Supt. Thomas Green

Contact Person

First Name of Individual

MI

MA

State

02379

Zip Code

1-508-894-1216

Telephone # and extension

TGreen@WBridgewater.com

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

MS4s of West Bridgewater

Name of Facility, Site or Individual

Town wide

Street Address

City/Town

DEP Facility Number (if Known)

e-mail address (optional)

State Zip Code

046-001-349

Federal I.D. Number (if Known)

Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

Contact Person

State

Zip Code

Telephone # and extension

LSP Number (21E only)

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

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT

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 Number

Dollar Amount

Date

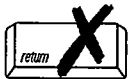
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211



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:

Thomas Green, Highway Superintendent -- Town of West Bridgewater
Name
63 North Main Street
Mailing Address
West Bridgewater MA
City/Town State
1-508-894-1216 TGreen@WBRidgewater.com
Telephone Number Email (if available)

2. Municipality Name

Town of West Bridgewater
City/Town

3. Legal Status:

Federal City/Town State Tribal Private
 Other public entity: Town
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

N/A

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT



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
Willow Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Salisbury Plain River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town River Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hockomock Swamp River Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
West Meadow Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Black Betty Brook Name	2 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
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Storm Sewer Systems (MS4s)

Facility ID

D. Stormwater Management Program SUMMARY

1. PUBLIC EDUCATION

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
1.	Enlist residents as S/W educators	S/W Mgr.	Form public ed. force
2.	Design & distribute brochures	S/W Mgr.	Raise public awareness
3.	Stencil storm drains	Highway Dept.	Identify MS4's
4.	Educate students	Task force and teachers	Introduce in classrooms

2. PUBLIC PARTICIPATION

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
5.	Form technical committee (T/C)	S/W manager	Comm. provides tech assistance
6.	T/C reviews general permit	T/C	Goals identified
7.	T/C drafts by-laws	T/C	Town Mtg adopts by-laws
8.	Residents assist with by-law enforcement	S/W Mgr.	Residents report violations

3. ILLICIT DISCHARGE DETECTION AND ELIMINATION

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
9.	Map outfalls and MS4	Highway Supt.	Map of MS4
10.	Train staff in outfall inspection	Highway Supt.	Develop detection program
11.	Tech Comm. drafts illicit discharge bylaw	Highway Supt.	Town adopts bylaw
12.	Enforcement of bylaw	Highway Supt, Bd. of Sel.	Discourage violations

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 Facility ID

D. Stormwater Management Program SUMMARY (cont.)

4. CONSTRUCTION SITE RUNOFF CONTROL

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
13.	Joint selection of erosion BMPS to be required for construction	Tech. Comm	Co- Comm. Assist w/ drafting E&S By-Law
14.	Pl Bd includes E&S BMPs in sub-division review	Tech Comm, Pl Bd	BMPs required
15.	ZBA includes E&S BMPs in site plan review	Tech Comm, ZBA	BMPs required

5. POST CONSTRUCTION RUNOFF CONTROL

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
16.	Pl Bd Meets with Tech Comm to review goals of S/W plans	Pl Bd, Tech Comm.	Identify changes in regs needed to comply
17.	Propose regulation changes as appropriate	Pl Bd, Tech Comm, ZBA	Amend existing regulations
18.	Require BMPs in review process	Pl Bd, ZBA	Land-use boards require S/W mang plans
19.	Require deed restrictions	Pl Bd, ZBA, Town Counsel S/W mgn	Town can ensure long term maintenance

6. MUNICIPAL GOOD HOUSEKEEPING

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
20.	Clean catch basins regularly	Highway Dept	Prevent debris from entering MS4
21.	Sweep streets regularly	Highway Dept	Prevent sand & debris from entering MS4
22.	Use E&S Controls for road repairs	Highway Dept	Prevent erosion into MS4
23.	Cover outside drains	Highway Dept	Prevent leachate

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Facility ID

D. Stormwater Management Program SUMMARY (cont.)

7. BMP'S FOR MEETING TMDL

BMP ID #	Best management Practice	Responsible Dept./Person	Measurable Goal
24.	Does MS4 discharge into impaired water body?	Highway Supt	Show outfalls of MS4 into impaired water bodies
25.	Identify whether pollutants are discharging into MS4	Highway Supt	Identify source of pollutants
26.	Ensure WLA met by S/W BMPs	Highway Supt	Determine if add'l S/W BMPs needed
27.	Eliminate pollutant discharges coming through MS4	Highway Supt	Enforce Illicit discharge by-law



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

7. BMPs for Meeting TMDL:

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.

Elizabeth D. Faricy, Administrator

Printed Name

Elizabeth D. Faricy

Signature

July 25, 2003

Date