1032

Hand-enter Your Transmittal Number → W 041051
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

BRPWM08A
Permit Code: 7 or 8 character code from permit instructions

National Pollutant Discharge Elimination System (DPDES) General Permit

MS4 Stormwater Management Plan
Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual | **First Name** of Individual | MI

41 Highland Avenue
Street Address

Cohasset | MA | 02025 | 781-383-4116
City/Town | State | Zip Code | Telephone # and extension

Joseph R. Godzik
Contact Person

cohassetboh@cohassetmass.org
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address | e-mail address (optional)

City/Town | State | Zip Code | Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town | State | Zip Code | Telephone # and extension

Contact Person | LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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 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

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)

W 041051
Transmittal Number

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:

   Town of Cohasset ~~MARK Haddad~~, ~~Town~~ Joseph Godzik By H Agent
   Name

   41 Highland Avenue
   Mailing Address

   Cohasset — City/Town
   MA — State

   781-383-4116 — Telephone Number
   cohassetboh@cohassetmass.org — Email (if available)

2. Municipality Name

   Town of Cohasset
   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:

   Massachusetts Highway Department

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

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)

W 041051
Transmittal Number

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
Aaron River Reservoir (Name)	14 (Number)	☐ Yes ☒ No	(Specify)
Aaron River/Bound Brook (Name)	27 (Number)	☐ Yes ☒ No	(Specify)
Cohasset Harbor (Name)	17 (Number)	☐ Yes ☒ No	(Specify)
Gulf River (Name)	39 (Number)	☐ Yes ☒ No	(Specify)
Lily Pond (Name)	13 (Number)	☐ Yes ☒ No	(Specify)
Little Harbor (Name)	34 (Number)	☒ Yes ☐ No	Pathogens (Fecal Coliform) (Specify)
Massachusetts Bay (Name)	35 (Number)	☐ Yes ☒ No	(Specify)
Peppermint Brook (Name)	24 (Number)	☐ Yes ☒ No	(Specify)
Sanctuary Pond (Name)	38 (Number)	☐ Yes ☒ No	(Specify)
Straits Pond (Name)	15 (Number)	☐ Yes ☒ No	(Specify)
Herring Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
James Brook (Name)	50 (Number)	☐ Yes ☒ No	(Specify)
Richardson Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Rattlesnake Run (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Turkey Hill Run (Name)	15 (Number)	☐ Yes ☒ No	(Specify)
Weir River (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
TBD (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ 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)

W 041051
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	BOH/ See Attachment A	See Attached Table 4.1

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	BOH/ See Attachment A	See Attached Table 4.1

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #		
See Attached Table 4.1	TBD/See Attachment A	See Attached Table 4.1
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

4. Construction Site Runoff Control:

BMP ID #		
See Attached Table 4.1	TBD/See Attachment A	See Attached Table 4.1
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

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	TBD/See Attachment A	See Attached Table 4.1

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	DPW and Water Commission	See Attached Table 4.1
		See Attachment A	

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	BOH And DPW	See Attached Table 4.1
		See Attachment A	

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.

Mark W. Haddad, Town Manager
Printed Name

Signature

7/28/2003
Date

ATTACHMENT A

Stormwater Management Program Summary

1. The Board of Health is the Department responsible for this program. Education will be promoted through "Health Notes", (a weekly column in the Cohasset Mariner), public service announcements on radio and local cable, an informational mailing included with tax bills and annual public meetings to evaluate the program.
2. The Board of Health is responsible for implementing this program. It includes the "Volunteer Monitoring" component of the program. Cohasset has just recently opened the Center for Student Coastal Research where volunteer monitors can perform laboratory tests for water quality. Presently fecal coliform, , dissolved oxygen, PH, temperature and nitrates testing are being performed. By the second year it is anticipated that total suspended solid tests will also be performed. This program will be expanded to include non-coastal areas such as the water supply and Straits Pond, an ACEC.
3. Presently a draft regulation dealing with illicit discharge detection and elimination is being developed. The implementing department has not been determined. The regulation or bylaws will be presented to the Town in spring 2004 for adoption. The DPW will work to detect illicit discharges in catch basins through their maintenance program.
4. Construction site runoff control regulation or by law will be developed and presented to the Town in the spring of 2005. An appropriate Town department will monitor inspection of sites. The Board of Health will be the lead agency in developing the bylaw.
5. Port construction runoff control regulation or bylaw will be developed and presented to the Town in the spring of 2005. Monitoring of operation and maintenance plans from applicants will be done by an appropriate Town department The Board of Health will be the lead agency in developing the bylaw.
6. Pollution prevention and municipal good housekeeping is the responsibility of the DPW. A regular catch basin cleaning program is presently underway. During the cleaning, DPW personnel will provide connectivity information to complete the storm water mapping of the MS4. Repair of the system will be ongoing and in the out years funding will be sought to implement BMP's for the MS4. The Water Commission has developed a remediation plan for the Peppermint Brook Sub basin, the largest contributor of pollutants to the water supply (Lily Pond). The Water Commission will be the lead agency for developing BMP's within the Water Resource District.
7. The volunteer monitoring program has been gathering water quality data in Little Harbor for several years. Fecal coliform is the only impairment. In the out years the Board of Health and the DPW will be responsible for seeking funds to implement BMP's which are developed.

Table 4.1
Program Element Summary

Permit Term Year	Element	Activity
March 2003 to March 2004	Public Education and Outreach	Form partnerships with local watershed associations, environmental groups or other civic associations, in order to develop plan; identify measurable goals and BMPs for achieving these goals.
	Public Involvement and Participation	Look to have volunteers assist in the collection of water quality samples.
	Illicit Discharge Detection and Elimination	Complete the map of the storm sewer system outfalls and develop by-law/regulation prohibiting illicit discharges.
	Construction Site Storm Water Runoff Control	Town officials will promulgate a Construction Site Runoff bylaw/regulation ordinances, based on a one-acre disturbance.
	Post Construction Storm Water Management	Town officials will develop a Post Construction Storm Water Management bylaw/regulation, based on the one-acre disturbance.
	Pollution Prevention and Good House Keeping	Implement DEP's new subsurface wastewater disposal regulations. Catch basin cleaning policies will be incorporated into new or existing regulations; Town officials meet to discuss the need for any new good housekeeping ordinances, based on these new policies.
	Volunteer Monitoring	Mapping of all discharge points; begin field screening about 30% of the discharge points during wet and dry seasons; analytical testing, as necessary.
March 2004 to March 2008	Public Education and Outreach	Implement Plan (i.e. Brochures, informational meetings and presentations, public service announcements, and storm drain stenciling)
	Public Involvement and Participation	As problem areas are identified, additional public participation examples include additional water quality monitoring, community cleanup days, and adopt a drain/stream program.
	Illicit Discharge Detection and Elimination	Present regulation for adoption to address non-storm water discharges; inform public employees, businesses, and the general public of the hazards associated with illegal discharges; provide a mechanism for citizens to report illicit discharges.
	Construction Site Storm Water Runoff Control	Present regulatory/bylaw for adoption in second permit year. Implement and enforce thereafter.
	Post Construction Storm Water Management	Present regulatory/bylaw for adoption in second permit year. Implement and enforce thereafter.
	Pollution Prevention and Good House Keeping	Regulation may be proposed in the second year of the permit term and implemented thereafter; develop an Operations and Maintenance Plan to implement the good housekeeping measure. Determine appropriate BMP's throughout the remainder of the year.
	Volunteer Monitoring	Continue field screening of discharge points during wet and dry seasons; analytical testing, as necessary; identify pollutants of concern and location of pollutant sources; quantify the volume of storm water and pollutant loadings.