~~Logged~~ MAR041103 SF

Hand-enter Your Transmittal Number

W 041145
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

A. Permit Information

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

NPDES
Name of Permit Category

SWPPP
Type of Project or Activity

DEC JUL 30 2003

B. Applicant Information – Firm or Individual

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

CANEVAZZI
Last Name of Individual

ROBERT
First Name of Individual

F
MI

485 MAIN STREET,P.O. BOX 1419
Street Address

SOUTH DENNIS
City/Town

MA
State

02660-1419
Zip Code

508-394-8300
Telephone # and extension

JOSEPH RODRICKS, TOWN ENGINEER
Contact Person

JRODRICKS@TOWN.DENNIS.MA.US
e-mail address (optional)

AUG 1 1 2003

C. Facility, Site or Individual Requiring Approval

TOWN OF DENNIS
Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

485 MAIN STREET, P.O. BOX 1419
Street Address

e-mail address (optional)

SOUTH DENNIS
City/Town

MA
State

02660-1419
Zip Code

508-394-8300
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)

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 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

AUG 21 2003 received

F. Amount Due

Roger Sero

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

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DEP, P.O. Box 4062, Boston, MA 02211

Hand-enter Your Transmittal Number

W 041145
Transmittal Number

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

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BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

NPDES
Name of Permit Category

SWPPP
Type of Project or Activity

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CANEVAZZI
Last Name of Individual

ROBERT
First Name of Individual

F
MI

485 MAIN STREET,P.O. BOX 1419
Street Address

SOUTH DENNIS
City/Town

MA
State

02660-1419
Zip Code

508-394-8300
Telephone # and extension

JOSEPH RODRICKS, TOWN ENGINEER
Contact Person

JRODRICKS@TOWN.DENNIS.MA.US
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

TOWN OF DENNIS
Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

485 MAIN STREET, P.O. BOX 1419
Street Address

e-mail address (optional)

SOUTH DENNIS
City/Town

MA
State

02660-1419
Zip Code

508-394-8300
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

AUG 21 2003

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)

W041145
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:

   Robert F. Canevazzi, Town Administrator
   Name

   485 Main Street, P.O. Box 1419
   Mailing Address

   South Dennis — City/Town
   MA 02660 — State

   (508) 394-8300 — Telephone Number
   rcanevazzi@town.dennis.ma.us — Email (if available)

2. Municipality Name

   Town of Dennis
   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:

   Commonwealth of MA - MA Highway Department - Route 6, 6A and 28 & Executive Office of Transportation- Bay Colony Railline

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.)

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
Quivett Creek (Name)	2 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Sesuit Creek	2 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Sesuit Harbor (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Cape Cod Bay (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Follins Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Kelleys Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Kelleys Bay (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Bass River (Name)	18 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Nantucket Sound (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Swan Pond River (Name)	3 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Swan Pond (Name)	5 (Number)	☐ Yes ☒ No	(Specify)
Grand Cove (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Weir Creek (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Nobscusset Harbor (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Chase Garden Creek (Name)	(Number)	☒ Yes ☐ No	Pathogens (Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(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)

W041145
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
1.1	Provide Literature/Pamphlets	Natural Resource Officer - George McDonald	Provide Information to Public w/ offroad and shellfish permit
1.2	Provide Public Awareness Classes	Shellfish Constable - Alan Marcy	Provide information to school children
1.3	Provide Literature/ Information	Town Engineer - Joseph Rodricks	Provide Information booth at Chamber of Commerce Fair

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.1	Sponsor & Advertise Household Haz Waste Collect.	Board of Health - Tanya Daigneault	Encourage Proper Disposal of Hazardous Materials annually
2.2	Volunteer Coast Sweep	CZM/Natural Resource Officer Brian Malone	Annual Beach Cleaning
2.3	Pet Waste Management	Animal Control fficer - Cheryl Malone	provide disposal mits and wast receptacles at Town Beaches
2.4	Proper Disposal of Boat Septic Storage Tanks	Harbor Master - Raymond Lecke	Notify Boat Owners annually

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)

W041145
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3.1	Identify Discharges and Map Discharges	Town Engineer - Joseph Rodricks	Identify & Prioritize
3.2	Notify Owner of Violation eliminate using BMP's	Town Engineer - Joseph Rodricks	Identify & Eliminate all Known Discharges using BMP's
3.3	Enforcement Agency	Police Chief - John Symmington	Enforce State Illegal Disposal Law

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.1	Propose By-Law	Dennis Selectmen - Donald P. Trepte, Chairman	Stormwater & Erosion Control Standards & Enforcement
4.2	Order of Conditions	Conservation Commission - Donald Waldo, Chairman	Eliminate Runoff & Erosion During Construction
4.3	Subdivision R&R Site Review/Board of Appeals	Planning Board - Willette Murray, Chairwoman	Eliminate Runoff & Erosion During Construction

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)

W041145
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5.1	Propose By-Law	Town of Dennis Selectmen - Donald P. Trepte, Chairman	Stormwater & Erosion Control Standards & Enforcement

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.1	Street Sweeping/Basin Cleaning/Roadside Mowing	DPW Super - David Johansen	Maintenance of Drainage Systems
6.2	Existing Enclosed Salt Storage Shed	DPW Super - David Johansen	Exposure Reduction
6.3	Regularly Scheduled Vehicle Maintenance	DPW Super - David Johansen	Exposure Reduction
6.4	Existing Enclosed Vehicle Storage & Wash Bay	DPW Super - David Johansen	Exposure Reduction
6.5	Invite NEIWPCC to Speak	DPW Super - David Johansen	Provide information to employees

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)

W041145
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
7.1 Installation of Subsurface Leaching Drainage Systems	DPW Super - David Johansen	Exposure Reduction
7.2 Water Sampling	DMF/Natural Resource Officer - Alan Marcy	Ensure Water Quality
7.3 Use Compost Material to Stabilize Shoulders	DPW Super - David Johansen	Erosion Control
7.4 Coastal Pollutant Remediation Program	Town Engineer - Joseph Rodricks	Exposure Reduction and/or Elimination
7.5 Weekly Water Sampling of Beaches	Town Health Director - Tanya Daigneault	Ensure Water Quality

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 F. Canevazzi, Town Administrator
Printed Name

Signature

July 28, 2003
Date

X

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 - Town of Dennis, Massachusetts

Transmittal Number W041145
Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	**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**	**Next Permit**
1.1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
1.2	X				X				X				X				X				
1.3	X				X				X				X				X				
2.1			X				X				X				X				X		
2.2			X				X				X				X				X		
2.3	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		
2.4	X				X				X				X				X				
3.1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
3.2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
3.3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
4.1				X				X				X				X				X	
4.2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
4.3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
5.1				X				X				X				X				X	
6.1	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		
6.2				X				X				X				X				X	
6.3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
6.4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
6.5					X				X				X				X				
7.1	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		
7.2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
7.3	X		X		X		X		X		X		X		X		X		X		
7.4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
7.5	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		