Hand-enter Your Transmittal Number → **W 035900** 1052

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):
BRPWM08A

Name of Permit Category:
National Pollutant Discharge Elimination System (DPDES) General Permit

Type of Project or Activity:
MS4 Storm Water Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Norwell

Or, if party needing this approval is clearly an individual:

Individual's Last Name:	First Name	MI

Street Address			
345 Main Street			
City/Town Norwell	State MA	Zip Code 02061	Telephone Number (781) 659-8042 ext.
Contact: Paul Foulsham		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		DEP Facility Number (if Known)	
Street Address		e-mail address: (optional)	
City/Town	State	Zip Code	Telephone Number ( ) ext.

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

Name of Individual or Firm:
Environmental Partners Group Inc.

Address
350 Lincoln Street

City/Town	State	Zip Code	Telephone Number
Hingham	MA	02043	(781) 749-6771 ext. 102
Contact: Paul G. Costello, P.E.		LSP Number (21E only)	

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EOEA # 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 Number (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 #:	Dollar Amount:	Date: 7-3-03

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

rev: 03/21/00

MASSACHUSETTS DEP BRPWM08A FORM

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 035900
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 Norwell Paul Baster Hgwy Superintendent
   Name

   345 Main Street
   Mailing Address

   Norwell — Ma
   City/Town — State

   781-659-8042
   Telephone Number — Email (if available)

2. Municipality Name

   Town of Norwell
   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

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
Accord Pond (Name)	TBD (Number)	☒ Yes ☐ No	Category 2 (Specify)
Bound Brook Pond (Name)	TBD (Number)	☒ Yes ☐ No	Category 3 (Specify)
Indian Head River (Name)	TBD (Number)	☒ Yes ☐ No	Metals, Pathogens (Specify)
Jacobs Pond (Name)	TBD (Number)	☒ Yes ☐ No	Category 4c - Exotic species (Specify)
Torrey Pond (Name)	TBD (Number)	☒ Yes ☒ No	NAPs, Turbidity, Exotic species (Specify)
North River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Fecal Coliform) (Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(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)

W 035900
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	See Attached Table 3.2	See Attached Table 4.1

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Sect. 4.1	See Attached Table 3.2	See Attached Table 4.1

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
	See Attached Table 4.1	See Attached Table 3.2	See Attached Table 4.1

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	See Attached Table 3.2	See Attached Table 4.1

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	See Attached Table 3.2	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	See Attached Table 3.2	See Attached Table 4.1

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	See Attached Table 4.1	See Attached Table 3.2	See Attached Table 4.1

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.

JAMES M. BOUDREAU - TOWN MANAGER
Printed Name

Jam M. B
Signature

7/1/03
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)
APPROXIMATE SCHEDULE OF ACTIVITIES (ALSO SEE ATTACHED TABLE 4.1)

Transmittal Number W 035900

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																					
2																					
3	Mapping								Illicit Discharge Detection												
4	Regulatory Review				Enforcement																
5	Regulatory Review				Enforcement																
6																					
7																					

LEGEND:

1 = Public Education and Outreach (Meeting with local Watershed Associations and sampling)
2 = Public Involvement and Participation (Volunteerism and Literature Campaign)
3 = Mapping and Illicit Discharge Detection
4 = Construction Site Runoff Control
5 = Post-Construction Storm Water Management
6 = Pollution Prevention and Good Housekeeping
7 = Water Quality Stewardship