MAR041061

Hand-enter Your Transmittal Number ⟶ W 040625

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

MS4 General Permit — Name of Permit Category

NPDES MS4 Stormwater General Permit

JUL 24 2003

B. Applicant Information – Firm or Individual

MUNICIPAL ASSISTANCE UNIT

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

Hooper — **Last Name** of Individual
Eric — **First Name** of Individual
R — MI

217 Rear South Main Street — Street Address

Sharon — City/Town
MA — State
02067 — Zip Code
(781)784-1525 — Telephone # and extension

Peter M. O'Cain — Contact Person
sharondpw@yahoo.com — e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

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

217 Rear South Main Street — Street Address
sharondpw@yahoo.com — e-mail address (optional)

Sharon — City/Town
MA — State
02067 — Zip Code
(781)784-1525, ext 16 — 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
MS4 General Permit	July 9, 2003	W040625

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)

W040625
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:

   Eric R. Hooper, Superintendent, Town of Sharon Department of Public Works
   Name

   217 Rear South Main Street
   Mailing Address

   Sharon — City/Town
   MA — State

   (781) 784-1525 — Telephone Number
   sharondpw@yahoo.com — Email (if available)

2. Municipality Name

   Town of Sharon
   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

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
Mann's Pond (Name)	3 (Number)	☒ Yes ☐ No	Turbidity (Specify)
Beaver Brook (Name)	3 (Number)	☒ Yes ☐ No	Organic enrichment/Low DO (Specify)
Massapoag Brook (Name)	5 (Number)	☒ Yes ☐ No	Nutrients (Specify)
Devil's Brook (Name)	1 (Number)	☒ Yes ☒ No	(Specify)
Sucker Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Billings Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Carworks Brook (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Sawmill Brook (Name)	2 (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)

D. Stormwater Management Program Summary

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)

W040625
Transmittal Number

Facility ID (if known)

1. Public Education:

BMP ID #		
1		
Design & distribute S/W educational brochures	S/W Manager: Peter O'Cain Water Dept: Dave Masciarelli	Mailing list of all households contacted
2		
Recruit volunteers from educational mailing	Conservation Commission:Greg Meister	List of volunteers (Specify Measurable Goal)
3		
Create Stormwater Hotline,include in mailing	Conservation Comm: Greg Meister	Have hotline number in brochure included in water bill
4		
Educate students (Specify Best Management Practice)	Teachers, Conservation Comm, Stormwater Manager	Indroduce in science Classrooms
5		
Create tributary signage (Specify Best Management Practice)	Highway Department: Bill Petipas	Completion of signs within 3 years.

2. Public Participation:

BMP ID #		
6		
Encourage public participation through adverts and brochures	Stormwater Manager: Peter O'Cain/Water Dept: Masciarelli	Make Public notices as required
7		
Stencil storm drains	Volunteers/Highway Dept., Bill Petipas	Stencil all Ms4 catch basins and monitor stencils
8		
Organize Community clean-ups of tributaries.	Conservation Commission: Greg Meister	At least one clean-up per year
9		
Residents assist with by-law enforcement	Volunteers, Stormwater Manager: Peter O'Cain	Residents report violations (Specify Measurable Goal)
10		
Initiate "Adopt A Drain" programs/stream monitoring	Volunteers identified from mailings	Record number of drains adopted

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #		
11		
Storm water management and illicit discharge by-law	Board of Selectmen, Town Engineer: Peter O'Cain	Town adopts by-law with prohibiting non-SW discharges
12		
Develop storm sewer map with outfalls	GIS Coord: April Forsman Town Engineer: Peter O'Cain	Map of MS4 outfalls
13		
Develop Plan to detect and address non S/W discharge	Conservation Commission: Greg Meister	Plan developed (Specify Measurable Goal)
14		
Identify and doc suspected illicit discharges	ConComm,ission, volunteers, DEP	Keep record of suspected sites and contact DEP
15		
Monitor accomplishment of goals of reducing illicit dis	Town Engineer: Peter O'Cain (Responsible Dept./Person Name)	Create spreadsheet with goals and percentage completed

4. Construction Site Runoff Control:

BMP ID #		
16		
Include E&S BMP's/req's in all applicable Town regs.	Planning, Zoning, BOH, Con-Com/Town Engineer	Regs modified and accepted by all applicable Boards.
17		
Include construction E&S plan as part of plan review	Planning/Zoning/BOH (Responsible Dept./Person Name)	approval of modified regulations
18		
Inspect site for E&S Problems and	Conservation Commission: Greg Meister	Record inspections and Enforcement issues
19		
Create sanctions to ensure compliance with E&S req's	ConComm, Board of Selectmen, Town Engineer	List of sanctions adopted by the Town.
20		
Include construction site runoff on stromwater hot-line	Residents/volunteers (Responsible Dept./Person Name)	Established hotline with phone records.

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
21	P Board/Con-Com regs, BMP for Runoff Control + 1 acre	Planning Board, Con Comm: Greg Meister	Update regs, If needed, currently meeting DEP req's
22	Require operation and maint plans for ret/det basins	Planning Board/Town Engineer: Peter O'Cain	Include plan requirement in Planning regs and maint fee
23	In addition to BMP's develop community BMP's	Town Engineer: Peter O'Cain, Con Comm: Greg Meister	Make a list of community BMP's, if any
24	If community BMP's desired, add to appropriate regulations	Planning, Zoning,Con-Com Boards/Town Engineer	Additions to appropriate regulations

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
25	Develop Municipal operation and maintenance plan	Superintendent of DPW: Eric Hooper	Completion of Plan
26	Implement operation and maintenance plan w/schedule.	Highway Dept/Bill Petipas	Maintain records of maintenance and compliance
27	Use E&S Controls for road repairs	Highway Dept: Bill Petipas, Con Comm, Greg Meister	Record work and erosion controls taken.
28	Fill drains in areas of equipment or cleaning	Highway Dept: Bill Petipas	Drain covered/filled in
29	Clean catch basins on regular schedule	Highway Dept: Bill Petipas	Maintain record of cleaning

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
26	Does MS4 discharge into impaired water body?	Highway Superintendent	Show outfalls of MS4 into impaired water bodies
27	Identify whether pollutants are discharging into MS4	Highway Superintendent	Identify source of pollutants
28	Ensure WLA met by Stormwater BMPs	Highway Superintendent	Determine if add'l Stormwater BMPs needed
29	Reduce pollutant discharges coming thru MS4	Highway Superintendent	Enforce Illicit discharge by-law

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.

NORMAN KATZ
Printed Name

Signature

Date 9/24/03

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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W040625

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									X				X				X				
2																					
3					X																
4				X				X				X				X				X	
5										X											
6			X		X				X				X				X				
7		X																			
8						X				X				X				X			
9																					
10			X		X				X				X				X				
11																					
12																					
13				X																	
14																					
15																					
16																					
17				X																	
18																					
19				X																	
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28		X																			
29																					
30		X																			
31					X																
32										X				X				X			
33										X				X				X			