



Hand-enter Your Transmittal Number

1107

W 040845

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

NPDES Storm Water General Permit

Name of Permit Category

Notice of Intent For Discharges From Small Municipal Separate Storm Sewers

Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Dover

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

Last Name of Individual

5 Springdale Avenue

Street Address

Town of Dover

City/Town

Craig Hughes, Highway Director

Contact Person

First Name of Individual

MI

Ma

State

02030

Zip Code

508-785-0058

Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Dover

Name of Facility, Site or Individual

Entire Town

Street Address

Dover

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

Ma

State

02030

Zip Code

508-785-0058

Telephone # and extension

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

Engineering Department

Name of Firm Or Individual

2 Dedham Street

Address

Dover

City/Town

Robert H. Homer, P.E.

Contact Person

Ma

State

02030

Zip Code

508-785-8112

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:

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)**

W040845
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:

Dover Highway Department

Name

2 Dedham Street

Mailing Address

Dover

City/Town

508-785-0058

Telephone Number

Ma. 02030

State

blktartan@AOL

Email (if available)

2. Municipality Name

Dover

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:

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

*Received
7/28/03*



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)**

W040845
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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
Charles River	4	☐ Yes ☒ No	Specify
Name	Number		
Tubwreeck Brook	2	☐ Yes ☒ No	Specify
Name	Number		
Hales Pond	3	☐ Yes ☒ No	Specify
Name	Number		
Unnamed Ponds	8	☐ Yes ☒ No	Specify
Name	Number		
Unnamed streams to Charles River	13	☐ Yes ☒ No	Specify
Name	Number		
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
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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)**

W040845
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1.1

BMP ID #

Education displays

Specify Best Management Practice

engineering/highway

Responsible Dept./Person Name

place in town buildings

Specify Measurable Goal

1.2

BMP ID #

educational displays

Specify Best Management Practice

school department

Responsible Dept./Person Name

place in classrooms

Specify Measurable Goal

1.3

BMP ID #

Press releases

Specify Best Management Practice

engineering

Responsible Dept./Person Name

provide phase II information

Specify Measurable Goal

1.4

BMP ID #

stormwater alert

Specify Best Management Practice

engineering

Responsible Dept./Person Name

townwide mailout

Specify Measurable Goal

1.5

BMP ID #

hazardous waste collection

Specify Best Management Practice

highway

Responsible Dept./Person Name

establish dates and time

Specify Measurable Goal

2. Public Participation:

2.1

BMP ID #

watershed committee

Specify Best Management Practice

selectmen

Responsible Dept./Person Name

obtain volunteers

Specify Measurable Goal

2.2

BMP ID #

adopt a stream

Specify Best Management Practice

watershed committee

Responsible Dept./Person Name

organize program

Specify Measurable Goal

2.3

BMP ID #

adopt a street

Specify Best Management Practice

highway

Responsible Dept./Person Name

organize program

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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3.1

BMP ID #

map stormwater systems
Specify Best Management Practice

engineering
Responsible Dept./Person Name

locate systems and create
maps

3.2

BMP ID #

town employee education
Specify Best Management Practice

selectmen
Responsible Dept./Person Name

program seminars
Specify Measurable Goal

3.3

BMP ID #

capital budget and planning
Specify Best Management Practice

engineering /highway
Responsible Dept./Person Name

identify system improvements
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:

4.1

BMP ID #

town regulations
Specify Best Management Practice

engineering/selectmen
Responsible Dept./Person Name

write regulations
Specify Measurable Goal

4.2

BMP ID #

site plan review
Specify Best Management Practice

engineering
Responsible Dept./Person Name

establish process
Specify Measurable Goal

4.3

BMP ID #

site inspection
Specify Best Management Practice

engineering
Responsible Dept./Person Name

bulider compliance
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



Massachusetts Department of Environmental Protection
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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5.1

BMP ID #

town regulations post
construction

engineering / selectmen

Responsible Dept./Person Name

adopt regulations

Specify Measurable Goal

5.2

BMP ID #

design standards

Specify Best Management Practice

planning board

Responsible Dept./Person Name

revise rules and regulations

Specify Measurable Goal

5.3

BMP ID #

final site inspection

Specify Best Management Practice

engineering

Responsible Dept./Person Name

identify non-compliance

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

6. Municipal Good Housekeeping:

6.1

BMP ID #

coordination of town
departments

selectmen

Responsible Dept./Person Name

compliance with town
regulations

6.2

BMP ID #

questionnaire on activities

Specify Best Management Practice

engineering

Responsible Dept./Person Name

evaluate response to
questionnaire

6.3

BMP ID #

street cleaning

Specify Best Management Practice

highway

Responsible Dept./Person Name

schedule operations

Specify Measurable Goal

6.4

BMP ID #

town housekeeping policy

Specify Best Management Practice

selectmen

Responsible Dept./Person Name

establish policy

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



Massachusetts Department of Environmental Protection
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BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7.1

BMP ID #

check outfall flows

Specify Best Management Practice

engineering

Responsible Dept./Person Name

shdeule program

Specify Measurable Goal

7.2

BMP ID #

identify impaired waters

Specify Best Management Practice

engineering

Responsible Dept./Person Name

test for water quality

Specify Measurable Goal

7.3

BMP ID #

eatablish tdmis

Specify Best Management Practice

engineering

Responsible Dept./Person Name

identify pollutant source

Specify Measurable Goal

7.4

BMP ID #

pollutant removal

Specify Best Management Practice

engineering

Responsible Dept./Person Name

track program

Specify Measurable Goal

7.5

BMP ID #

check outfall flows

Specify Best Management Practice

engineering

Responsible Dept./Person Name

evaluate pollutant removal

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.

David W. Ramsay

Printed Name

David W. Ramsay

Signature

7/18/03

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)**
F. Example Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit					
	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
1.1	X																				
1.2				X																	
1.3				X																	
1.4	X																				
1.5				X																	
2.1				X																	
2.2					X																
2.3					X																
3.1																					
3.2				X																	
3.3				X																	
4.1				X																	
4.2																					
4.3																					
5.1				X																	
5.2			X																		
5.3																					
6.1																					
6.2		X																			
6.3																					
6.4				X																	
7.1			X																		
7.2				X																	
7.3					X																
7.4						X															
7.5							X														

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Facility ID (if known)

Dover, Ma. 02030

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