Hand-enter Your Transmittal Number 1036 → W 035898

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 Hanover Department of Public Works

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

Individual's Last Name:	First Name	MI

Street Address
40 Pond Street

City/Town	State	Zip Code	Telephone Number
Hanover	MA	02339	(781) 826-3189 ext.

Contact:
Frank Cheverie

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: 7-21-03

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

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

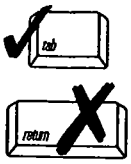
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 035898
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 Hanover Frank Cheverie, DPW Director
Name

40 Pond Street
Mailing Address

Hanover
City/Town

Ma
State

781-826-3189
Telephone Number

Email (if available)

2. Municipality Name

Town of Hanover
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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Factory Pond	TBD	☒ Yes ☐ No	Metals
Forge Pond	TBD	☒ Yes ☐ No	NAPs, Turbidity
Drinkwater River	TBD	☒ Yes ☐ No	Metals
French Stream	TBD	☒ Yes ☐ No	Nutrients, Low DO, Pathogens
Indian Head River	TBD	☒ Yes ☐ No	Metals, Nutrients, Low DO
North River	TBD	☒ Yes ☐ No	Pathogens (Fecal Coliform)
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1	Continue Partnership with Local Watershed Association	Conservation Commission, BOH and DPW	Regular meeting attendence
2	Develop Brochures	DPW	Quarterly Mailings
3	WEB Site Public Service Postings	IT DEPT & DPW	WEB Site Publication & Maintenance

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4	Water Quality Testing	DPW	2 Rounds of Water Quality Sampling of Priority Waters
5	Community Cleanup Days	DPW	Annually

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

6 BMP ID #		
Catch Basin/Outfall and Receiving Water Mapping Specify Best Management Practice	DPW Responsible Dept./Person Name	GIS Mapping Specify Measurable Goal
4 BMP ID #		
Water Quality Testing Specify Best Management Practice	DPW Responsible Dept./Person Name	Testing of Priority Water Bodies Specify Measurable Goal
7 BMP ID #		
Regulatory Review Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm. Responsible Dept./Person Name	Regulatory Revisions and Action Specify Measurable Goal
8 BMP ID #		
Permit Enforcement Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm. Responsible Dept./Person Name	Local Construction SIte Oversight and Enforcement Specify Measurable Goal
9 BMP ID #		
Misconnection/Illegal Dumping Detection and Correction	DPW/BOH Responsible Dept./Person Name	Connectivity Mapping, Bylaw Enforcement and Fines Specify Measurable Goal

4. Construction Site Runoff Control:

7 BMP ID #		
Regulatory Review Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm. Responsible Dept./Person Name	Regulatory Revisions to Bylaws as necessary Specify Measurable Goal
8 BMP ID #		
Permit Enforcement Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm. Responsible Dept./Person Name	Local Construction SIte Oversight and Enforcement Specify Measurable Goal
10 BMP ID #		
Improved As-built Review Specify Best Management Practice	DPW/Planning Board Responsible Dept./Person Name	Electronic As-built Submittals on Town GIS System 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
7	Regulatory Review	DPW/Planning Board/BOH/Con. Comm.	Bylaw revisions as necessary
8	Permit Enforcement	DPW/Planning Board/BOH/Con. Comm.	Construction Site Oversight

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
11	Improved Street Sweeping	DPW	Semi-annual Collections
12	Improved Catch Basin Cleaning	DPW	Semi-annual Collections
13	Household Hazardous Waste Days	DPW	Annual Collection
14	Drain Stenciling	DPW	Aquifer Protection Area

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	
6	GIS Mapping	DPW	GIS Mapping of Priority Waters and Drainage Patterns
4	Water Quality Testing	DPW	Semi-annual Water Qaulity Testing
15	Stormwater Modeling	DPW	Needs Assessment for Category 5 Water Bodies
16	Misc. Structural BMPs as needed	DPW	i.e. Construction improvements (Specify Measurable Goal)
17	Misc. Non-structural BMPs as needed	DPW	i.e Bylaw Enforcement, Fees and Fines

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.

B. Alan Pugman - Board of Selectmen
Printed Name

Signature

July 15, 2003
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 035898

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																					
4, 5																					
6	Structure Mapping								Illicit Discharge Detection Mapping												
7, 8	Regulatory Review				Enforcement																
9	Misconnection/Illegal Dumping Detection and Correction																				
10					Improved As-Built Requirements																
11-14																					
15									Stormwater Modeling												
16, 17									Misc. Structural and Non-Structural BMPs, as needed												

LEGEND:

1 =	Continued Partnership with Local Watershed Associations	9 =	Misconnection/Illegal Dumping Detection and Correction
2 =	Developing Brochures for mailing	10 =	Improved Qas-Built Requirements
3 =	WEB Site Public Service Announcements	11 =	Improved Street Sweeping
4 =	Water Quality Testing	12 =	Improved Catch Basin Cleanings
5 =	Community Cleanup Days	13 =	Household Hazardous Waste Days
6 =	GIS Mapping	14 =	Drain Stenciling
7, 8 =	Regulatory Review and Permit Enforcement		