Hand-enter Your Transmittal Number → **W 035480** 1170

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: NOTICE OF INTENT
Type of Project or Activity: DISCHARGES FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS

B. Applicant Information (Firm or Individual)

Name of Firm: TOWN OF HARWICH

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

Individual's Last Name:	First Name	MI
BORGESI	JOSEPH	J

Street Address: 732 MAIN STREET

City/Town	State	Zip Code	Telephone Number
HARWICH	MA	02645	(508)430-7508 ext.

Contact: JOSEPH J. BORGESI TOWN ENGINEER
e-mail address (optional):

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: TOWN OF HARWICH
DEP Facility Number (if Known):
Street Address: 732 MAIN STREET
e-mail address: (optional)

City/Town	State	Zip Code	Telephone Number
HARWICH	MA	02645	(508)430-7508 ext.

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

Name of Individual or Firm:
Address:

City/Town	State	Zip Code	Telephone Number
			( ) ext.

Contact:
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:

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

DRAFT

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

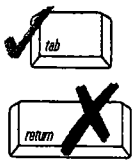
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035480
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 sheet 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

Wayne Melville
Name

732 Main Street
Mailing Address

Harwich — City/Town
MA — State

(508) 430-7513 — Telephone Number
wmelville@town.harwich.ma.us — email (if available)

2. Municipality Name

Town of Harwich
State: Massachusetts

3. Legal Status:

☐ Federal ☐ State ☐ Tribal ☐ Private

☐ Other public entity: Municipality — specify public entity

4. Other regulated MS4(s) within municipal boundaries:

NONE

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

6. Are any Essential Fish Habitats jeopardized by the MS4 discharges?

☐ yes ☒ no

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

W035480
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7. 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 ☐ no

C. Names of (Presently Known) Receiving Waters

(Section C may be duplicated to accommodate a larger list of receiving waters)

Name:	No. of Outfalls	Listed as Impaired?	Impairment
Herring River (Name)	1 (number)	☒ Yes ☐ No	1700 Pathogens (Specify)
Wychmere Harbor (Name)	1 (number)	☐ Yes ☒ No	(Specify)
Mill Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Cahoon Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Andrews Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Aunt Edies Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Hawksnest Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Buck's Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Grass Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Aunt Renies Pond (Name)	(number)	☐ Yes ☒ No	(Specify)
Allens Harbor (Name)	(number)	☐ Yes ☒ No	(Specify)
Saquatucket Harbor (Name)	(number)	☒ Yes ☐ No	1700 Pathogens (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)

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

W035480
Transmittal Number

Facility ID (if known)

Name | number | ☐ Yes ☐ No | Specify

D. 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.

Printed Name

Joaquin C Melville
Signature

2/24/03
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)

W035480
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

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

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	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.

Wayne C. Melville
Printed Name

Wayne C Melville
Signature

5/28/03
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)

W035480
Transmittal Number

Facility ID (if known)

Name | number | ☐ Yes ☐ No | Specify

D. 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.

Wayne C. Melville — Town Administrator
Printed Name

Wayne C Melville — 9/14/03
Signature — Date

DRAFT

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

BRP WM 08A NPDES Stormwater General Permit

Application for Stormwater General Permit for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035480
Transmittal Number

Facility ID (if known)

E. Stormwater Management Program SUMMARY

Public Education

BMP ID #	Best Management Practice	Responsible Dept./Person	Measurable Goal
E1	Channel 18 (Specify)	Assist. Admin. (Name)	Video Production (Specify)
E2	Hand outs & Flyers (Specify)	Various Dept. (Name)	Provided at Public Facility (Specify)
E3	Posters (Specify)	Various Dept. (Name)	Post at Public Facility (Specify)
E4	Town Web Site (Specify)	Assist. Admin. (Name)	Post Plan (Specify)

Public Participation

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
P1	Town Web Site (Specify)	Assist. Admin. (Name)	Provide Response (Specify)
P2	Public Hearings (Specify)	Bylaws/Var. Dept. (Name)	Enact Bylaw (Specify)
P3	Hazardous Waste Collection (Specify)	Link Hooper (Name)	Reduce Hazardous Waste (Specify)
P4	Oil, antifreeze etc. (Specify)	Recycling Com. (Name)	Increase Amount Collected (Specify)

Illicit Discharge Detection and Elimination

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
D1	Locate discharge to water (Specify)	Harbormaster (Name)	Reduce Number of Discharges (Specify)
D2	Locate discharge areas (Specify)	Consultant (Name)	Fly over (Specify)
___	(Specify)	(Name)	(Specify)
___	(Specify)	(Name)	(Specify)

Construction Site Runoff Control

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
S1	Construction Site Bylaw (Specify)	Planning Board (Name)	Approval of Bylaw (Specify)

___	Specify	Name	Specify
___	Specify	Name	Specify

Post-Construction Runoff Control

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
C1	Same as S1 Specify	Specify	Approval of By-Law Name
___	Specify	Specify	Name
___	Specify	Specify	Name
___	Specify	Specify	Name

Municipal Good Housekeeping

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
G1	Street Sweeping Specify	DPW/ Name	All roads swept Annually Specify
G2	Review town prop. for drainage Specify	DPW/Chris N. Name	Locate problems & Repair Specify
___	Specify	Name	Specify
___	Specify	Name	Specify

BMPs for Meeting TMDL

BMP ID	Best Management Practice	Responsible Dept./Person	Measurable Goal
M1	Continue drainage installation Specify	DPW Name	Improve entire system Specify
___	Specify	Name	Specify
___	Specify	Name	Specify
___	Specify	Name	Specify

BRP WM 08A
SWMP Time Frames

Town of HARWICH

DEP Transmittal # W035480

	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
E1																					
E2																					
E3																					
E4																					
P1																					
P2																					
P3																					
P4																					
D1																					
D2																					
S1																					
S2																					
C1																					
G1																					
G2																					
M1																					