MAR04 1215

Hand-enter Your Transmittal Number → W 041239
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
Stormwater Phase II General Permit for MS4s — Name of Permit Category
Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) — Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of North Reading, MA — Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | First Name of Individual | MI

235 North Street — Street Address

North Reading | MA | 01864 | (978) 664-6060
City/Town | State | Zip Code | Telephone # and extension

David Hanlon, Michael Soraghan — Contact Person
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of North Reading, MA — Name of Facility, Site or Individual
DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address
e-mail address (optional)

North Reading | MA | 01864 | (978) 664-6060
City/Town | State | Zip Code | Telephone # and extension

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

Malcolm Pirnie, Inc. — Name of Firm Or Individual

500 Edgewater Drive, Suite 566 — Address

Wakefield | MA | 01880 | (781) 224-4488
City/Town | State | Zip Code | Telephone # and extension

Robert Winn, P.E. — 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

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

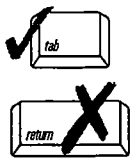
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 041239
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 North Reading
   Name

   235 North Street
   Mailing Address

   North Reading — City/Town
   Massachusetts — State

   (978) 664-6060 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of North Reading
   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:

   Massachusettts Highway Department, Route 28

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
Skug River	unknown	☐ Yes ☒ No	
Martins Pond	unknown	☒ Yes ☐ No	Metals, tubidity, noxious aquatic plants
Martins Brook	unknown	☒ Yes ☐ No	Organic enrichment, low DO, pathogens
Ipswich River	unknown	☐ Yes ☒ No	
Eisenhaures Pond	unknown	☐ Yes ☒ No	
Bradford Pond	unknown	☐ Yes ☒ No	
Swan Pond	unknown	☐ Yes ☒ No	
Rapier Brook	unknown	☐ 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
1A	Two meetings with Town	DPW/ D. Hanlon,M. Soraghan	Number of meetings held
1B	Plan developed for public education	DPW/ D. Hanlon,M. Soraghan	Number of public education programs developed

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	Two meetings with Town	DPW/ D. Hanlon,M. Soraghan	Number of meetings held
2B	Plan developed for public participation	DPW/ D. Hanlon,M. Soraghan	Number of public participation programs developed

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A BMP ID #		
Illicit Connection Identification Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Number of dry weather outfalls assessed
3B BMP ID #		
Illicit Source Identification Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Number of illicit sources investigated
3C BMP ID #		
Ordinance development to prohibit non stormwater flows Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Ordinance adopted by Town Specify Measurable Goal
3D BMP ID #		
Storm water map development Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Map completed showing outfalls
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4A BMP ID #		
Ordinance development for waste control Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Ordinance adopted by Town Specify Measurable Goal
4B BMP ID #		
Formalization of site plan review procedures Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Site plan review procedures document completed
4C BMP ID #		
Revised ordinance to address storm water pollution Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Revised ordinance and adoption of BMP manual
4D BMP ID #		
Best management practice manual Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Handbook completed and adopted by Town
4E BMP ID #		
Formalization of inspection procedures Specify Best Management Practice	DPW/ D. Hanlon,M. Soraghan Responsible Dept./Person Name	Inspection procedures handbook completed

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 041239
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5A	Procedures for long term O&M	DPW/ D. Hanlon,M. Soraghan	Adoption of procedures by Town
5B	Site plan review procedures for water quality impacts	DPW/ D. Hanlon,M. Soraghan	Adoption of procedures by Town with public input
5C	Best management handbook	DPW/ D. Hanlon,M. Soraghan	Handbook completed and adopted by Town
5D	Revised ordinance to address storm water pollution	DPW/ D. Hanlon,M. Soraghan	Revised ordinance and adoption of BMP manual

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	Employee Training	DPW/ D. Hanlon,M. Soraghan	Number of employees trained
6B	Prioritized street sweeping	DPW/ D. Hanlon,M. Soraghan	Schedules and prioritized sweeping
6C	Spill response and prevention	DPW/ D. Hanlon,M. Soraghan	Development of procedures
6D	Prioritized catch basin cleaning	DPW/ D. Hanlon,M. Soraghan	Schedules and prioritized cleaning

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

N/A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Not Applicable	Not Applicable	Not Applicable

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.

Thomas G. Younger
Printed Name

Thomas G. Younger
Signature

8/25/03
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. Storm Water Management Program TIME FRAMES

Transmittal Number W 041239

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
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1B																					
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