



Hand-enter Your Transmittal Number

MAR041053A4

W 036392

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

MAR 13 2003

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:

NPDES Stormwater General Permit

Type of Project or Activity:

NOI for small MS4s

B. Applicant Information (Firm or Individual)

Name of Firm:

Town of Norwood

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

Individual's Last Name:

First Name

MI

Street Address

566 Washington Street

City/Town

Norwood

State

MA

Zip Code

02062 0040

Telephone Number

(781) 762-1240

ext.

Contact:

John Carroll

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual

Town of Norwood

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:

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 EOE 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		



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

**BRP WM 08A NPDES Stormwater General Permit
Application Completeness List**

Application Completeness List

- ☒ The applicant has obtained a copy of the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems from U.S. EPA Region I. The web address is <http://www.epa.gov/ne/npdes/stormwater/index.html>.
- ☒ The applicant has submitted complete information for all BRP WM 08 A forms including the Notice of Intent, and Time Frame form.
- ☒ An official has signed the certification statement, which for municipalities, should be a principal executive officer or ranking elected official.
- ☒ The DEP Transmittal Form is completed.
- ☒ The applicant has also submitted a Notice of Intent with EPA to obtain coverage under the permit. The information provided by the applicant on DEP's BRP WM 08A forms will be accepted by EPA as their Notice of Intent, if all signatures are original.

To submit the General Permit Notice of Intent package:

- ☒ Checklist items have been completed.
- ☒ Send one copy of the BRP WM 08A package along with one copy of the DEP Transmittal Form to:

Department of Environmental Protection
Office of Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608

If applicants are fee exempt, a copy of the DEP Transmittal Form must be sent to the address above.

- ☐ Send fee (if applicable) of:

\$60 for BRP WM 08A, in the form of check or money order made payable to "Commonwealth of Massachusetts", along with one copy of the DEP Transmittal Form to:

Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211

- ☐ Keep a copy of the transmittal form and General Permit Notice of Intent package for your records.

For further information or questions please contact Ginny Scarlet, Ginny.Scarlet@state.ma.us (1-508-767-2797) or Linda Domizio, Linda.Domizio@state.ma.us (1-508-849-4005).



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

W036392
Transmittal Number

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

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:

Name John J. Carroll
Mailing Address 566 Washington St.
City/Town NORWOOD State MA 02062
Telephone Number 781-762-1240 Email (if available) _____

2. Municipality Name

Town of Norwood, Massachusetts
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: US Interstate I-95, -
Mass. Highways Rte 1 and Rte 1A - Norwood Hospital
NORWOOD MEMORIAL AIRPORT

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



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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
<u>Ellis Pond</u> Name	<u>9</u> Number	☐ Yes ☒ No	Specify
<u>Neponset River</u> Name	<u>22</u> Number	☐ Yes ☒ No	Specify
<u>Meadowbrook</u> Name	<u>6</u> Number	☐ Yes ☒ No	Specify
<u>Hawes Brook</u> Name	<u>11</u> Number	☐ Yes ☒ No	Specify
<u>Trapohole Brook</u> Name	<u>7</u> Number	☐ Yes ☒ No	Specify
<u>Plantingfield Brook</u> Name	<u>5</u> Number	☐ Yes ☒ No	Specify
<u>Purgatory Brook</u> Name	<u>8</u> Number	☐ Yes ☒ No	Specify
<u>Germany Brook</u> Name	<u>6</u> Number	☐ Yes ☒ No	Specify
<u>Wetland area behind Jr HS. (North) to Germany Brk.</u> Name	<u>6</u> 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



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)

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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Recycling + Rubbish Web Page Manager's Office

Specify Best Management Practice

Responsible Dept./Person Name

Track # of hits
Specify Measurable Goal

1B

BMP ID #

(Water Conserv.)
Auto. Meter Reading

Specify Best Management Practice

Manager's Office
Responsible Dept./Person Name

Monthly billing
track water usage
Specify Measurable Goal

1C

BMP ID #

Recycling + Rubbish Fliers Manager's Office

Specify Best Management Practice

Responsible Dept./Person Name

Spring/Fall
Town wide mailing
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

2. Public Participation:

2A

BMP ID #

"You Can Help" Web Site

Specify Best Management Practice

B.O.H.
Responsible Dept./Person Name

Increase volunteers
Specify Measurable Goal

2B

BMP ID #

Household Haz. Waste Day

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Increase # of vehicles
participating
Specify Measurable Goal

2C

BMP ID #

Recycling Day

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Increase quantities
collected
Specify Measurable Goal

2D

BMP ID #

Paint Recycling Shed

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Increase gals. collected
Specify Measurable Goal

2E

BMP ID #

Compost Bin Sales

Specify Best Management Practice

B.O.H.
Responsible Dept./Person Name

Increase # used.
Specify Measurable Goal

2F

Create Stormwater
Committee

Manager's Office
Responsible Dept./Person Name

Increase public
involvement
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A BMP ID # <u>Town Wide</u> <u>Develop Stormwater GIS</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>Stormwater data layer</u> Specify Measurable Goal <u>yr 1.</u>
3B BMP ID # <u>Town Wide</u> <u>Develop Sewer GIS</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>Sewer data layer</u> Specify Measurable Goal <u>yr 2-3</u>
3C BMP ID # <u>Visual inspection outfalls</u> Specify Best Management Practice	<u>Eng.</u> Responsible Dept./Person Name	<u>25% per year</u> <u>Yrs 1, 2, 3, 4</u> Specify Measurable Goal
3D BMP ID # <u>Infiltrate/Inflow</u> <u>Continue Program</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Identify and eliminate</u> <u>illicit discharges</u> Specify Measurable Goal
BMP ID # _____ Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4A BMP ID # <u>Site Plan Review</u> Specify Best Management Practice	<u>Eng / Planning</u> Responsible Dept./Person Name	<u>Increase # of</u> <u>cleanwater measures</u> Specify Measurable Goal
4B BMP ID # <u>Zoning</u> <u>Stormwater Management Ordinance</u> Specify Best Management Practice	<u>Eng / Bld.</u> Responsible Dept./Person Name	<u>Post development peak</u> <u>runoff ≤ pre development</u> <u>80% removal TSS</u> <u>Subsurface infiltration</u>
4C BMP ID # <u>Zoning</u> <u>Erosion Control Ordinance</u> Specify Best Management Practice	<u>Eng / Bld.</u> Responsible Dept./Person Name	<u>Eliminate wind</u> <u>and water erosion</u> Specify Measurable Goal <u>Performance Bond</u>
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
Bureau of Resource Protection - Watershed Management

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

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID # <u>Zoning</u> <u>Stormwater Management Ordinance</u> Specify Best Management Practice	<u>Bld/Planning</u> Responsible Dept./Person Name	<u>Require documentation on operations/maintenance plans.</u> Specify Measurable Goal
<u>5B</u> BMP ID # <u>Zoning</u> <u>Erosion Control Ordinance</u> Specify Best Management Practice	<u>Bld/Planning</u> Responsible Dept./Person Name	<u>Require adequate long term operation/maintenance of Erosion Control System</u> Specify Measurable Goal
<u>5C</u> BMP ID # <u>Create Guidance/Design Manual</u> Specify Best Management Practice	<u>Bld/Eng.</u> Responsible Dept./Person Name	<u>Create Manual Yr 1-2 Add to Bld. Permits</u> Specify Measurable Goal <u>Yr 3</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID # <u>Site Selection - DPW Yard</u> Specify Best Management Practice	<u>DPW Task Force</u> Responsible Dept./Person Name	<u>Determine most suitable site for new DPW Yard</u> Specify Measurable Goal <u>Yr 1</u>
<u>6B</u> BMP ID # <u>Site Develop / Construction</u> Specify Best Management Practice	<u>DPW Task Force</u> Responsible Dept./Person Name	<u>New DPW Yard operating end Yr 4</u> Specify Measurable Goal
<u>6C</u> BMP ID # <u>Street Sweeping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>100% of Streets swept each year</u> Specify Measurable Goal
<u>6D</u> BMP ID # <u>Catch basin cleaning</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>1/3 of catch basins cleaned each year</u> Specify Measurable Goal
<u>6E</u> BMP ID # <u>Pet Waste Ordinance</u> Specify Best Management Practice	<u>B.O.H.</u> Responsible Dept./Person Name	<u>Increase awareness (annual flyer) each year</u> Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7A</u> BMP ID #	<u>303(d) Listed</u>	<u>50% Yr 1</u>
<u>Visual inspect. outfalls</u>	<u>Eng.</u>	<u>50% Yr 2</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>7B</u> BMP ID #		
<u>Assess TMDL (pathogens)</u>	<u>B.O.H.</u>	<u>50% Yr 1</u>
		<u>50% Yr 2</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>7C</u> BMP ID #		
<u>Implement Inspection</u>	<u>DPW</u>	<u>Identify any</u>
Specify Best Management Practice	Responsible Dept./Person Name	<u>Cross-connections</u>
		<u>stormwater/sewer</u>
Specify Measurable Goal		
<u> </u> BMP ID #		
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID #		
<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> 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.

JOHN CARROLL, General Manager
Printed Name
[Signature]
Signature
10.02.03
Date
[Signature]
Signature
10.23.03
Date

John J. Carroll
General Manager
Town of Norwood



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

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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A BMP ID #	303(d) Listed	50% Yr 1
Visual inspect. outfalls	Eng.	50% Yr 2
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7B BMP ID #		50% Yr 1
Assess TMDL (pathogens)	B.O.H.	50% Yr 2
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7C BMP ID #		Identify any
Implement Inspection	DPW	Cross-connections stormwater/sewer
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.

Printed Name

Signature

John Carroll - Town Manager
John Carroll

Date

3.07.03



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

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
1A																					
1B																					
1C	X		X		X		X		X		X		X								
2A																					
2B	X								X				X				X				
2C			X				X				X		X			X			X		
2D			X				X				X		X			X			X		
2E																					
2F																					
3A																					
3B																					
3C		X				X				X				X				X			
3D																					
4A																					
4B																					
4C																					
5A																					
5B																					
5C																					
6A																					
6B																					
6C																					
6D																					
6E																					
7A		X				X															
7B		X				X															
7C																					

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Facility ID (if known)

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