



Hand-enter Your Transmittal Number

1058
W 036804

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 Rockland

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

Individual's Last Name:

First Name

MI

Street Address
242 Union Street

City/Town
Rockland

State
MA

Zip Code
02379

Telephone Number
(781) 871-1874 ext.

Contact:
Bradley Plante, Town Administrator

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
Hingham

State
MA

Zip Code
02043

Telephone Number
(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 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: 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

W 036804

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:

Town of Rockland

Name

242 Union Street

Mailing Address

Rockland

City/Town

781-871-..

Telephone Number

Ma

State

Email (if available)

2. Municipality Name

Town of Rockland

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.)



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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
Accord Pond	TBD	☒ Yes ☐ No	Category 2
Name	Number		Specify
Studley's Pond	TBD	☒ Yes ☐ No	Category 2
Name	Number		Specify
French Stream	TBD	☒ Yes ☐ No	Toxicity, Nutrients, Organic Enrichment, Pathogens
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
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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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

D. Stormwater Management Program Summary



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1. Public Education:

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

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

D. Stormwater Management Program Summary (Cont.)



Massachusetts Department of Environmental Protection
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Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

7 BMP ID # Regulatory Review Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm.	Regulatory Revisions to Bylaws as necessary
8 BMP ID # Permit Enforcement Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm.	Local Construction Site Oversight and Enforcement
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
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.)



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Facility ID (if known)

5. Post Construction Runoff Control:

7 BMP ID # Regulatory Review Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm.	Bylaw revisions as necessary Specify Measurable Goal
8 BMP ID # Permit Enforcement Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm.	Construction Site Oversight 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

6. Municipal Good Housekeeping:

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

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

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

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.

Bradley A. Plante, Town Administrator

Printed Name

Signature

July 15, 2003

Date

