MAR041087 SP

Hand-enter Your Transmittal Number → W 036140
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

BRPWMO8A
Permit Code: 7 or 8 character code from permit instructions

NPDES Storm Water General Permit
Name of Permit Category

Notice of intent for discharges from a Small Municipal Separate Storm Sewers
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Sherborn
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

19 Washington Street
Street Address

Sherborn | MA | 01770 | 508-651-7878
City/Town | State | Zip Code | Telephone # and extension

Paul G. Scott | paulscott8@msn.com
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Sherborn
Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

19 Washington Street
Street Address | e-mail address (optional)

Sherborn | MA | 01770 | 508-651-7878
City/Town | State | Zip Code | Telephone # and extension

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

Sherborn Highway Department
Name of Firm Or Individual

19 Washington Street
Address

Sherborn | MA | 01770 | 508-651-7878
City/Town | State | Zip Code | Telephone # and extension

Paul G. Scott ✓
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

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT

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

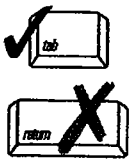
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W036140
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:

   Sherborn Highway Department
   Name

   19 Washington Street
   Mailing Address

   Sherborn — City/Town
   MA — State

   508-651-7878 — Telephone Number
   paulscott8@msn.com — Email (if available)

2. Municipality Name

   Town of Sherborn
   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:

   None - 9/9/03- According to Mr. Scott

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

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT

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
Indian Brook	6	☐ Yes ☒ No	
Sewall Brook	6	☐ Yes ☒ No	
Ward Pond	1	☐ Yes ☒ No	
Unamed stream to Bogastow Brook	2	☐ Yes ☒ No	
Unamed Ponds	3	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ 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:

1.1 BMP ID #		
Advertize availability of information Specify Best Management Practice	Cable TV Advisory Committee Responsible Dept./Person Name	increase public awareness Specify Measurable Goal
1.2 BMP ID #		
Post SWMP on Website Specify Best Management Practice	Town Website Committee Responsible Dept./Person Name	Public Outreach Specify Measurable Goal
1.3 BMP ID #		
Provide literature to public Specify Best Management Practice	Board of Selectmen Responsible Dept./Person Name	Well informed public 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:

2.1 BMP ID #		
Participate in the development, Specify Best Management Practice	All Town Boards/Committes Responsible Dept./Person Name	Increase public Involvement Specify Measurable Goal
2.2 BMP ID #		
Introduce SWMP at public meetings Specify Best Management Practice	All Town Boards/Commitees Responsible Dept./Person Name	Increas public involvement Specify Measurable Goal
2.3 BMP ID #		
Continue household hazard waste collection Specify Best Management Practice	Recycling Committee Responsible Dept./Person Name	prevent/reduce pollutant discharge to MS4 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.)

3. Illicit Discharge Detection and Elimination:

3.1 BMP ID #		
Develop System Map Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	prevent/reduce pollutant discharges to MS4
3.2 BMP ID #		
Identify & elimate illicit connections/discharges Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	Prevent/reduce pollutant discharges to MS4
3.3 BMP ID #		
Review existing wetlands By-law Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	Amend By-law to enforce permit regulations
3.4 BMP ID #		
Review existing Ground water By-law Specify Best Management Practice	Groundwater Protection Comm Responsible Dept./Person Name	Amend By-law to enforce permit regulations
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4.1 BMP ID #		
see BMP #3.3 Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.2 BMP ID #		
Review existing regulations Specify Best Management Practice	Board of Health and Planning Board	Amend regulations to enforce permit regulations
4.3 BMP ID #		
Construction Site inspection Specify Best Management Practice	Building Inspector Responsible Dept./Person Name	permit enforcement 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:

5.1 BMP ID #		
Reviewing existing wetlands By-law Specify Best Management Practice	Conservation Commision Responsible Dept./Person Name	Amend By-law to enforce permit regulations Specify Measurable Goal
5.2 BMP ID #		
Review existing regulations Specify Best Management Practice	Board of Health and Planning Board Responsible Dept./Person Name	Amend to enforce permit regulations Specify Measurable Goal
5.3 BMP ID #		
Review site plan applications Specify Best Management Practice	Building,Highway Dept.s Conservation, Health Boards Responsible Dept./Person Name	permit compliance 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:

6.1 BMP ID #		
Develop & implement program Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	Reduce/prevent pollutant run off from municipal operations Specify Measurable Goal
6.2 BMP ID #		
Annualy evaluate SWMP Specify Best Management Practice	All Boards, Committees and Departments Responsible Dept./Person Name	Evaluation of BMP impact, appropriatness, compliance Specify Measurable Goal
6.3 BMP ID #		
Record keeping and reporting Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	track program 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.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7.1	check outfall flow	Highway Dept.	identify problems
7.2	test water quality	Highway Dept.	identify pollutant source
7.3	pollutant source removal	Highway Dept.	prevention of pollutant

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.

Robert T. Reed, Admimistrator, Town of Sherborn
Printed Name

Robert T. Reed
Signature

7/22/03
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 W036140

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
1.1				X →	→	→	→													
1.2				X →	→	→	→													
1.3				X →	→	→	→													
2.1			X →	→	→	→	→													→
2.2	X																			
2.3			X				X				X				X				X	
3.1									X →	→	→	→	→	→	→	→	→	DONE		
3.2														X →	→	→	→	→	→	→
3.3								X												
3.4								X												
4.1								X												
4.2								X												
4.3										X →	→	→	→	→	→	→	→	→	→	→
5.1									X											
5.2									X											
5.3										X →	→	→	→	→	→	→	→	→	→	→
6.1				X																
6.2								X				X				X				X
6.3												X				X				X
7.1												X				X				X
7.2												X				X				X
7.3												X				X				X