Hand-enter Your Transmittal Number → W 035516 SP

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

MAR041085

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 Discharges From MS4s

JUL 21 2003

B. Applicant Information (Firm or Individual)

MUNICIPAL ASSISTANCE UNIT

Name of Firm: Town Of Acushnet

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

Individual's Last Name:	First Name	MI

Street Address			
122 Main Street, Town Hall			
City/Town: Acushnet	State: MA	Zip Code: 02743	Telephone Number: (508) 998-0230 ext.
Contact: Richard H. Settele		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual			DEP Facility Number (if Known)
Town Of Acushnet MS4s			
Street Address: 122 Main Street			e-mail address: (optional)
City/Town: Acushnet	State: MA	Zip Code: 02743	Telephone Number: (508) 998-0230 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

rev. 03/21/00

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)

W035516
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:

   Richard H. Settele, Superintendent of Public Works
   Name

   122 Main Street, Town Hall
   Mailing Address

   Acushnet
   City/Town

   Massachusetts 02743
   State

   508-998-0230
   Telephone Number

   Email (if available)

2. Municipality Name

   Town of Acushnet
   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:

   Route 105, South Main Street

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.)

Criteira D:

We have conferred in detail with both the Massachusetts Audubon Society and the U.S. Fish and Wildlife Department regarding the habitat of known endangered species in Bristol County, Massachusetts.

The Federal listing for Bristol County includes:

a). Roseate Tern
b). Piping Plover
c). Bald Eagle

According to Ms. Purtell of the Massachusetts Audubon Society and Mr. Paul Nickerson, Chief of the Division of Threatened and Endangered Species, U.S. Fish and Wildlife – N.E. Region; none of the above listed species are to be found in any area of the Town Of Acushnet, Massachusetts. Therefore, based on those evaluations a determination has been made by the Town Of Acushnet that the storm water discharges, allowable non-storm water discharges, and discharge related activities will not affect any Federally Threatened and Endangered Species or designated critical habitat per Criteria D of the General Permit for Storm Water Discharges for MS4's.

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
New Bedford Reservoir MA 95110-2002	0 (Number)	☒ Yes ☐ No	Exotic Species (Specify)
Acushnet River MA 95-31-2002	6 (Number)	☒ Yes ☐ No	Nutrients, Siltation,Organic, Pathogens
Acushnet River MA 95-32-2002	8 (Number)	☒ Yes ☐ No	Nutrients, Organic, Pathogens
Acushnet River MA 95-33-2002	9 (Number)	☒ Yes ☐ No	Priority Organics, Metals, Nutrients, Pathogens
Tinkham Pond MA 95148-2002	0 (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)
(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

No historic properties located in proximity to the MS4 or the points where authorized discharge reach the receiving waters.

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)

W035516
Transmittal Number

Facility ID (if known)

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Education Flyer	Town Administrator	Distribute Flyer
1-2	Annual Public Meeting	Town Administrator	Hold Meeting
1-3	Postings of Maps	DPW Director	Map Posted
1-4	Web Page	Town Administrator	Web Page Development

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Public Participation	Town Administrator	Complaint Report Files
2-2	Storm Water Committee	Selectmen	Meeting Minutes
2-3	Selectmen's Meeting Review	Selectmen	Meeting Held, Recorded
2-4	Storm Drain Stenciling	DPW Director	Record of Stenciling

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Discharge Identification	DPW Director	Production of Maps
3-2	Illicit Discharge Identification	BOH/DPW	Illicit Discharge Identification
3-3	Illicit Discharge Enforcement	BOH	Identify and Correct
3-4	DPW Training	DPW Director	Meetings Held
3-5	Public Information	Town Administrator	Complaint Report File

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Conservation Commission By-Law Review	Conservation Commission	By-Law Enacted If Required
4-2	Subdivision Regulation Review	Planning Commission	By-Law Enacted If Required
4-3	Zoning By-Law Review	Planning Commission	By-Law Enacted If Required

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Conservation Commission By-Law Review	Conservation Commission	By-Law Enacted If Required
5-2	Subdivision By-Law Review	Planning Commission	By-Law Enacted If Required
5-3	Zoning By-Law Review	Planning Commission	By-Law Enacted If Required
5-4	Site Plan Review	Building Department and Conservation Commission	Sign Off Sheet For Site

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	DPW Policy Guide	DPW Director	Prepare Policy Guide
6-2	DPW Annual Training	DPW Staff	Complete Annual Training
6-3	DPW Permit Filing	DPW Director	Permits On File
6-4	Street Maintenance	DPW Director	Monthly Street Cleaning

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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.

David E. Wojnar, Chairman of the Board of Selectmen
Printed Name

Signature

7/7/03
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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W035516

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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	Spring 08	Next Permit
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6-2					X				X				X				X				
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6-4	X		------		------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	