



# Hand-enter Your Transmittal Number

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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: NPDES Stormwater General Permit
Type of Project or Activity: Notice of Intent for Discharges from Small MS4s

### B. Applicant Information (Firm or Individual)

Name of Firm: Town of Fairhaven, Massachusetts		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI

Street Address 5 Arsene Street			
City/Town Fairhaven	State MA	Zip Code 02719	Telephone Number (508) 979-4030 ext.
Contact: Robert Carey		e-mail address (optional)	

### C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Fairhaven, Massachusetts		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: Camp Dresser & McKee, Inc.			
Address One Cambridge Place, 50 Hampshire Street			
City/Town Cambridge	State MA	Zip Code 02139	Telephone Number (617) 452-6000 ext.
Contact: Edward C. Sanderson		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		



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

**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:

Fairhaven, Massachusetts  
Name  
5 Arsene Street  
Mailing Address  
Fairhaven MA  
City/Town State  
508-979-4030  
Telephone Number  
Email (if available)

2. Municipality Name

Town of Fairhaven  
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



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Bureau of Resource Protection - Watershed Management

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Facility ID (if known)

**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
Acushnet River Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, siltation, organic enrichment/low DO, pathogens, priority organics, metals Specify
New Bedford Harbor Name	27 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, organic enrichment/low DO, pathogens, priority organics, metals Specify
Outer New Bedford Harbor (Buzzards Bay) Name	27 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, nonpriority organics, metals, organic enrichment/low DO, pathogens Specify
Nasketucket Bay Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nasketucket River Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Bay Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tinkham Pond Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Private unnamed pond on Sconticut Neck Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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

**D. Stormwater Management Program Summary**

1. Public Education:

1-1  
BMP ID #  
Develop article or brochure  
about stormwater and make  
available at Town public  
buildings  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Develop article or brochure;  
make article or brochure  
available at Town buildings,  
including Town Hall, library,  
post office, and Board of  
Public Works office  
Specify Measurable Goal

1-2  
BMP ID #  
Contact Buzzards Bay Project  
and the Coalition for Buzzards  
Bay for assistance in  
preparing stormwater  
article/brochure  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Attempt to contact the  
Buzzards Bay Project and the  
Coalition for Buzzards Bay  
Specify Measurable Goal

1-3  
BMP ID #  
Display stormwater message  
on the Town cable television  
bulletin board  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Message displayed on Town  
cable television bulletin board  
Specify Measurable Goal

1-4  
BMP ID #  
Discuss stormwater issues at  
Board of Public Works  
meeting  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Schedule agenda item to  
discuss stormwater issues at a  
Board of Public Works  
meeting during the first quarter  
of each year of permit  
Specify Measurable Goal

1-5  
BMP ID #  
Educate dog owners about  
picking up dog waste  
Specify Best Management Practice

Board of Public Works, Town  
Clerk's Office, and the Board  
of Public Health  
Responsible Dept./Person Name

The number of pet waste fact  
sheets distributed to dog  
owners  
Specify Measurable Goal

1-6  
BMP ID #  
Stormwater education  
program for school children  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

If the school expresses  
interest, give the presentation  
to the middle school in  
Fairhaven  
Specify Measurable Goal



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

**D. Stormwater Management Program Summary (Cont.)**

<p><u>1-7</u> BMP ID # Sign postings in public water supply areas Specify Best Management Practice</p>	<p><u>Board of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Number of signs installed and inspected</u> Specify Measurable Goal</p>
<p><u>1-8</u> BMP ID # Household Hazardous Waste Day Specify Best Management Practice</p>	<p><u>Board of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Household Hazardous Waste Day held</u> Specify Measurable Goal</p>
<p><u>1-9</u> BMP ID # Household paint drop-off facility Specify Best Management Practice</p>	<p><u>Board of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Notify residents of days of operation of the drop-off facility by advertising on the Town's cable television bulletin board</u> Specify Measurable Goal</p>
<p><u>1-10</u> BMP ID # Develop Ad Hoc Stormwater Committee Specify Best Management Practice</p>	<p><u>Board of Public Works will coordinate meetings</u> Responsible Dept./Person Name</p>	<p><u>Number of meetings</u> Specify Measurable Goal</p>

2. Public Participation:

<p><u>2-1</u> BMP ID # Comply with state public notification guidelines at MGL Chapter 39 Section 23B Specify Best Management Practice</p>	<p><u>Board of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Notices posted in current locations</u> Specify Measurable Goal</p>
<p><u>2-2</u> BMP ID # Stencil storm drain catch basins with "don't dump" message Specify Best Management Practice</p>	<p><u>Board of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Number of catch basins stenciled</u> Specify Measurable Goal</p>
<p><u>2-3</u> BMP ID # Annual Beach Cleanup Day Specify Best Management Practice</p>	<p><u>Board of Public Works</u> Responsible Dept./Person Name</p>	<p><u>Beach cleanup day held</u> Specify Measurable Goal</p>



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

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Develop illicit discharge ordinance  
Specify Best Management Practice

Board of Public Works in conjunction with Town Meeting  
Responsible Dept./Person Name

Develop ordinance and seek Town Meeting approval  
Specify Measurable Goal

3-2

BMP ID #

Conduct dry weather outfall screening  
Specify Best Management Practice

Board of Public Works and Board of Health  
Responsible Dept./Person Name

Percent of outfalls screened  
Specify Measurable Goal

3-3

BMP ID #

Map the stormwater collection system  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Complete map of stormwater collection system  
Specify Measurable Goal

3-4

BMP ID #

Develop and implement plan to identify non-stormwater discharges to the MS4  
Specify Best Management Practice

Board of Health  
Responsible Dept./Person Name

Number of illicit connections found and removed  
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Amend existing Town subdivision and/or zoning regulations to require an Erosion and Sediment Control Plan for all construction sites greater than 1 acre in area  
Specify Best Management Practice

Building Department and Planning Department  
Responsible Dept./Person Name

Amendment developed and presented to Town Meeting  
Specify Measurable Goal

4-2

BMP ID #

Inspection and enforcement of erosion and sediment controls  
Specify Best Management Practice

Building Department, Planning Department, and Board of Public Works  
Responsible Dept./Person Name

If amendment in BMP #4-1 is passed by Town Meeting, develop checklist; record number of erosion and sedimentation checklists submitted; record number and type of enforcement actions taken  
Specify Measurable Goal



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

**D. Stormwater Management Program Summary (Cont.)**

4-3

BMP ID #

Consideration of public input  
Specify Best Management Practice

Planning Board and  
Conservation Commission  
Responsible Dept./Person Name

Per Massachusetts General  
Law notification requirements,  
hold public hearings with  
opportunity for the general  
public as well as abutters to  
review and comment  
Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Determine necessity of  
stormwater BMP reference  
manual  
Specify Best Management Practice

Planning Board and Board of  
Public Works  
Responsible Dept./Person Name

Complete review of existing  
stormwater regulations and  
determine the necessity of  
stormwater BMP reference  
manual; select BMP reference  
manual  
Specify Measurable Goal

5-2

BMP ID #

Ensure long-term maintenance  
of Town playing fields and  
structural BMPs  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Continue long-term  
maintenance of Town playing  
fields and structural BMPs  
Specify Measurable Goal

5-3

BMP ID #

Evaluate existing structural  
BMPs for efficiency  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Create BMP inventory and  
maintenance plan  
Specify Measurable Goal

5-4

BMP ID #

Review site plans for  
stormwater impacts  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Number of site plans reviewed  
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Identify sensitive receptors  
(such as wetlands, beaches,  
etc) within the Town  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

List of sensitive receptors  
developed, staff notified  
Specify Measurable Goal



**BRP WM 08A** NPDES Stormwater General Permit  
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Storm Sewer Systems (MS4s)

**D. Stormwater Management Program Summary (Cont.)**

6-2  
BMP ID #

Street sweeping  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Percent of streets swept annually; volume of residuals collected  
Specify Measurable Goal

6-3  
BMP ID #

Roadway deicing  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Alternative deicers evaluated; sand/deicer compound mixture modified, if necessary; calibration records maintained; record amount of deicers used  
Specify Measurable Goal

6-4  
BMP ID #

Snow disposal  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

List of snow disposal sites developed; training conducted  
Specify Measurable Goal

6-5  
BMP ID #

Minimize impacts from vehicle washing  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Volume of material pumped out of catch basin located within the containment area  
Specify Measurable Goal

6-6  
BMP ID #

Minimize impacts from hazardous materials associated with vehicle maintenance  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Number of employees trained; amount of hazardous materials used; amount of waste materials hauled from site by licensed hazardous waste hauler  
Specify Measurable Goal

6-7  
BMP ID #

Storm drain maintenance  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Number of catch basins cleaned annually; volume of residuals collected annually; number of storm drains jet-rodged annually  
Specify Measurable Goal

6-8  
BMP ID #

Tree planting and maintenance  
Specify Best Management Practice

Tree Warden  
Responsible Dept./Person Name

Number of trees planted per year  
Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

6-9

BMP ID #

Illegal dumping control  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Number of signs posted;  
number of sites cleaned up  
Specify Measurable Goal

6-10

BMP ID #

Spill prevention and response  
plan for the Board of Public  
Works facility  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Train employees  
Specify Measurable Goal

6-11

BMP ID #

Residual materials disposal  
Specify Best Management Practice

Board of Public Works  
Responsible Dept./Person Name

Contact MADEP and evaluate  
potential beneficial use  
options; implement new  
options, if applicable  
Specify Measurable Goal

7. BMPs for Meeting TMDL: **NONE REQUIRED**

**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.

Winfried A Eckenreuter Chairman Board of Selectmen  
Printed Name

[Signature]  
Signature

7/14/03  
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 for the Town of Fairhaven, MA**

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE											
	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	
1-1						X				X								X				
1-2					As necessary during years two through five																	
1-3																						
1-4	X				X																	
1-5													X									
1-6																						
1-7																						
1-8						X																
1-9	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
1-10	X	X	X	X	As necessary during years two through five																	
2-1																						
2-2					X																	
2-3				X				X														
3-1					Implement if passed by Town Meeting									X								
3-2					X																	
3-3																						
3-4																						
4-1					Implement if passed by Town Meeting																	
4-2					Implement if passed by Town Meeting																	
4-3																						
5-1																						
5-2																						
5-3																						
5-4																						
6-1																						
6-2		X		X		X		X		X		X		X		X		X		X		
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