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Hand-enter Your Transmittal Number

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W 040761

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.

A. Permit Information

BRPWM08A

Stormwater

Permit Code: 7 or 8 character code from permit instructions
NPDES Stormwater General Permit

Name of Permit Category

Type of Project or Activity

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:

B. Applicant Information - Firm or Individual

City of Fall River

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

DEP, P.O. Box 4062, Boston, MA 02211.

Last Name of Individual

First Name of Individual

MI

One Government Center - 3rd Floor

Street Address

Fall River

MA

02722

508-324-2320

City/Town

State

Zip Code

Telephone # and extension

Mr. Charles Boulay ✓

Contact Person

e-mail address (optional)

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

C. Facility, Site or Individual Requiring Approval

City of Fall River Storm Drainage System

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

same as above

Street Address

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual

50 Hampshire Street

Address

Cambridge

MA

02139

617452-6000

City/Town

State

Zip Code

Telephone # and extension

Brent McCarthy

Contact Person

LSP Number (21E only)

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE 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

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

MUNICIPAL ASSISTANCE UNIT
AUG 04 2003



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:

City of Fall River
Name
One Government Center – 3rd Floor
Mailing Address
Fall River MA
City/Town State
508-324-2320
Telephone Number Email (if available)

2. Municipality Name

City of Fall River
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:

NA

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

MUNICIPAL ASSISTANCE UNIT
AUG 04 2003



BRP WM 08A NPDES Stormwater General Permit

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

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
Mount Hope Bay Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toxicity, nutrients, organic enrichment/low DO, pathogens, thermal modifications Specify
Taunton River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	organic enrichment, low DO, pathogens Specify
Copicut River (outside of MS4 area) Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, metals Specify
North Watuppa Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
South Watuppa Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Quequechan River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sucker Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bush Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Steep Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed streams tributary to Taunton River, North Watuppa Pond, and South Watuppa Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed streams, ponds, and wetlands Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)

W040761
 Transmittal Number

 Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

<p>1-1 _____ BMP ID # Article/brochure about stormwater mailed to residents and businesses _____ Specify Best Management Practice</p>	<p>Conservation Commission _____ Responsible Dept./Person Name</p>	<p>Article/brochure distributed annually _____ Specify Measurable Goal</p>
<p>1-2 _____ BMP ID # Update City website to include stormwater management information _____ Specify Best Management Practice</p>	<p>Conservation Commission _____ Responsible Dept./Person Name</p>	<p>City website updated _____ Specify Measurable Goal</p>
<p>1-3 _____ BMP ID # Continue to sponsor annual Coastal Cleanup _____ Specify Best Management Practice</p>	<p>Conservation Commission _____ Responsible Dept./Person Name</p>	<p>Hold annual City-sponsored Coastal Cleanup Days _____ Specify Measurable Goal</p>
<p>1-4 _____ BMP ID # Stormwater education program for organizations and/or schools _____ Specify Best Management Practice</p>	<p>Conservation Commission/Sewer Commission _____ Responsible Dept./Person Name</p>	<p>Presentation given to at least one group or school annually _____ Specify Measurable Goal</p>
<p>1-5 _____ BMP ID # Educate dog owners about picking up dog waste _____ Specify Best Management Practice</p>	<p>Sewer Commission/City Clerk _____ Responsible Dept./Person Name</p>	<p>Pet waste fact sheets provided to dog owners with annual dog registration beginning in second permit year _____ Specify Measurable Goal</p>
<p>1-6 _____ BMP ID # Install and maintain signs for stormwater management and pet waste clean-up at schools and parks _____ Specify Best Management Practice</p>	<p>Parks Dept/School Dept _____ Responsible Dept./Person Name</p>	<p>Signs installed at schools and parks by end of second permit year. Inspect signs during spring of each permit year. _____ Specify Measurable Goal</p>
<p>1-7 _____ BMP ID # Staff table at annual Earth Day event _____ Specify Best Management Practice</p>	<p>Conservation Commission/Sewer Commission _____ Responsible Dept./Person Name</p>	<p>Table staffed annually starting in second permit year, number of brochures handed out _____ Specify Measurable Goal</p>



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BRP WM 08A NPDES Stormwater General Permit
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D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

<u>2-1</u> BMP ID # Comply with state public notification guidelines at MGL Chapter 39 Section 23B Specify Best Management Practice	<u>City Clerk</u> Responsible Dept./Person Name	<u>Notices posted in designated locations</u> Specify Measurable Goal
<u>2-2</u> BMP ID # Stencil catch basins with don't dump message Specify Best Management Practice	<u>Conservation Commission/Sewer Commission</u> Responsible Dept./Person Name	<u>25 catch basins stenciled per year for years 2 through 5 of first permit term.</u> Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # Conduct dry weather outfall screening Specify Best Management Practice	<u>Sewer Commission</u> Responsible Dept./Person Name	<u>Number of outfalls screened</u> Specify Measurable Goal
<u>3-2</u> BMP ID # Continue to update GIS mapping of the stormwater collection system Specify Best Management Practice	<u>Sewer Commission/Planning Department</u> Responsible Dept./Person Name	<u>Annual update of GIS stormwater mapping layers with any new or revised information.</u> Specify Measurable Goal
<u>3-3</u> BMP ID # Develop and implement plan to identify and remove non-stormwater discharges to the MS4. Specify Best Management Practice	<u>Sewer Commission</u> Responsible Dept./Person Name	<u>Number of illicit connections investigated, found and removed</u> Specify Measurable Goal
<u>3-4</u> BMP ID # Investigate whether any twin invert manholes are in the separate storm drain system. Specify Best Management Practice	<u>Sewer Commission</u> Responsible Dept./Person Name	<u>Review of plans and field investigation of separated areas to determine if twin-invert manholes are present. Develop plan to address twin-invert manholes if they exist. Implement solution.</u> 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.)

3-5

BMP ID #

Develop a bylaw that prohibits
illicit connections, allows
access to buildings, and
requires redirection of illicit
connections found

Specify Best Management Practice

Law Department/Sewer
Commission

Responsible Dept./Person Name

Draft bylaw developed and
presented to City Council

Specify Measurable Goal

3-6

BMP ID #

Develop a bylaw to require
inspection of new construction
for correct connection to
sanitary sewer

Specify Best Management Practice

Law Department/Sewer
Commission

Responsible Dept./Person Name

Draft bylaw developed and
presented to City Council

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop construction site
erosion and sediment control
bylaw for sites greater than 1
acre

Specify Best Management Practice

Law Department/Sewer
Commission/Planning Dept.

Responsible Dept./Person Name

Draft bylaw developed and
presented to City Council

Specify Measurable Goal

4-2

BMP ID #

Require construction site
operator to submit monthly
erosion and sediment control
reports.

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Inspection reports submitted to
City

Specify Measurable Goal

4-3

BMP ID #

Review site plans for
stormwater impacts

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Site plans for construction
impacts greater than 1 acre
reviewed for erosion and
sediment control.

Specify Measurable Goal

4-4

BMP ID #

Consideration of public input

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Public review and comment
periods held; signs posted at
construction sites

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.)

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop bylaw to apply Performance Standards 2,3,4,7,and 9 of the MA Stormwater Policy to developments disturbing more than 1 acre.

Specify Best Management Practice

Law Department/Sewer Commission

Responsible Dept./Person Name

Draft bylaw developed and presented to City Council

Specify Measurable Goal

5-2

BMP ID #

Specify a stormwater BMP manual to be used for consistent design and performance standards.

Specify Best Management Practice

Planning/Engineering/ Conservation Commission

Responsible Dept./Person Name

BMP manual selected.

Specify Measurable Goal

5-3

BMP ID #

Ensure long-term maintenance of structural BMPs.

Specify Best Management Practice

Law Department/Sewer Commission

Responsible Dept./Person Name

Draft bylaw developed and presented to City Council

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Employee Training Program

Specify Best Management Practice

DPW / Sewer Commission/
Parks Department / Water Department

Responsible Dept./Person Name

Number/percent of employees who receive stormwater training each year.

Specify Measurable Goal

6-2

BMP ID #

Continue street and parking lot sweeping

Specify Best Management Practice

DPW

Responsible Dept./Person Name

All streets and municipal parking lots swept in spring; daily sweeping of streets in downtown area throughout year, weather permitting; tons of materials removed from roadways annually.

Specify Measurable Goal

6-3

BMP ID #

Storm drain maintenance

Specify Best Management Practice

Sewer Commission

Responsible Dept./Person Name

Percent of catch basins cleaned annually.

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.)

<u>6-4</u> BMP ID # Evaluate street sweeping and catch basin cleaning equipment. Specify Best Management Practice	<u>DPW/Sewer Commission</u> Responsible Dept./Person Name	<u>Evaluation of existing equipment</u> Specify Measurable Goal
<u>6-5</u> BMP ID # Roadway deicing Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Amount and type of deicers used.</u> Specify Measurable Goal
<u>6-6</u> BMP ID # Continue spill prevention and response measures at Municipal facilities Specify Best Management Practice	<u>DPW / Sewer Commission / Water Department / Parks Department</u> Responsible Dept./Person Name	<u>Annual training of employees.</u> Specify Measurable Goal
<u>6-7</u> BMP ID # Continue to maintain hazardous materials inventory for materials used or generated by the City. Specify Best Management Practice	<u>DPW / Sewer Commission / Water Department / Parks Department</u> Responsible Dept./Person Name	<u>Maintenance of hazardous materials inventory system.</u> Specify Measurable Goal
<u>6-8</u> BMP ID # Minimize impacts from vehicle maintenance. Specify Best Management Practice	<u>DPW / Sewer Commission / Water Department / Parks Department</u> Responsible Dept./Person Name	<u>Training of DPW, Sewer Commission, Water Department, and Parks Department employees completed annually; hazardous material usage tracked.</u> Specify Measurable Goal
<u>6-9</u> BMP ID # Minimize impacts from vehicle washing. Specify Best Management Practice	<u>DPW / Sewer Commission / Water Department / Parks Department</u> Responsible Dept./Person Name	<u>Decline in use of soap. Switch to biodegradable soap.</u> Specify Measurable Goal
<u>6-10</u> BMP ID # Park and landscape maintenance. Specify Best Management Practice	<u>Parks Department</u> Responsible Dept./Person Name	<u>Amount of herbicides/fertilizers used.</u> 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.)

6-11
BMP ID #
Continue tree planting and
maintenance program.
Specify Best Management Practice

Parks Department
Responsible Dept./Person Name

Number of trees planted.
Specify Measurable Goal

6-12
BMP ID #
Hold Annual Household
Hazardous Waste Collection
Day.
Specify Best Management Practice

DPW/Conservation
Commission
Responsible Dept./Person Name

Household Hazardous Waste
Collection Day held annually.
Specify Measurable Goal

6-13
BMP ID #
Continue to accept waste
motor oil, batteries, and other
waste items through regular
drop-off hours at the DPW.
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Waste drop-off hours
maintained for residents.
Specify Measurable Goal

6-14
BMP ID #
Continue enforcement of pet
waste pick-up ordinance.
Continue frequent trash
barrels emptying to encourage
proper disposal.
Specify Best Management Practice

Health Department/Parks
Department
Responsible Dept./Person Name

Reduction in complaints, if
any, of pet waste in public
areas; frequency of trash
barrel emptying.
Specify Measurable Goal

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN FALL RIVER.



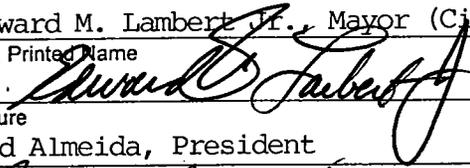
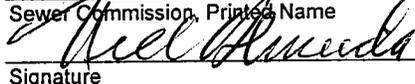
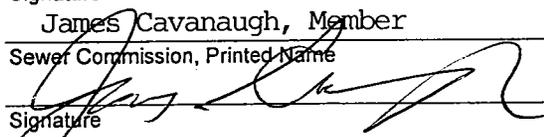
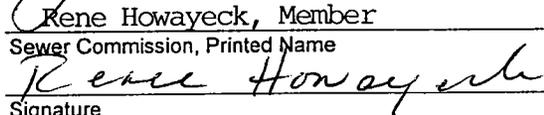
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

W040761
Transmittal Number

Facility ID (if known)

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.

Edward M. Lambert Jr., Mayor (City of Fall River, MA)	
Mayor, Printed Name	
	
Signature	7/28/03
	Date
Ned Almeida, President	
Sewer Commission, Printed Name	
	
Signature	7/23/03
	Date
James Cavanaugh, Member	
Sewer Commission, Printed Name	
	
Signature	7/23/03
	Date
Rene Howayeck, Member	
Sewer Commission, Printed Name	
	
Signature	7/23/03
	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

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE												
	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	Next Permit		
1-1																							
1-2																							
1-3			X																				
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