1191

Hand-enter Your Transmittal Number → **W 035530**

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): BRP WM 08A

Name of Permit Category: NPDES General Permit NOI for Discharges from Small MS4

Type of Project or Activity: Surface Water Discharges

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Georgetown, MA

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

Individual's Last Name:	First Name	MI

Street Address			
Town Hall, 1 Library Street			
City/Town: Georgetown	State: MA	Zip Code: 01833	Telephone Number: (978) 352-5755 ext.
Contact: John Moultrie,Hwy Dept,978-352-5704		e-mail address (optional): hiwayman22@netzero.net	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		DEP Facility Number (if Known)	
Town of Georgetown, MA			
Street Address: Town Hall, 1 Library Street		e-mail address: hiwayman22@netzero.net (optional)	
City/Town: Georgetown	State: MA	Zip Code: 01833	Telephone Number: (978) 352-5755 ext.

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

Name of Individual or Firm:			
Merrimack Valley Planning Commission			
Address: 160 Main Street			
City/Town: Haverhill	State: MA	Zip Code: 01830	Telephone Number: (978) 374-0519 ext. 16
Contact: Alan Macintosh, Asst. Director		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)

W 035530
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:

John Moultrie, Highway Surveyor
Name

Highway Department Garage, E. Main Street
Mailing Address

Georgetown — City/Town
MA 01833 — State

978-352-5704 (Highway Dept.) — Telephone Number
hiwayman22@netzero.net — Email (if available)

2. Municipality Name

Georgetown
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:

MassHighway Dept. - Route I-95 and Rt.133 @ I-95 Interchange(1000 ft either side of Rt. I-95 centerline).

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

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)

W 035530
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: NOT APPLICABLE - TMDLs NOT ESTABLISHED

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

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

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.

Elizabeth Kostura, CHAIR, BOARD OF SELECTMEN
Printed Name

Elizabeth Kostura
Signature

9/25/03
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)

W 035530
Transmittal Number

Facility ID (if known)

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B. Applicant Information

1. Small MS4 Operator/Owner Information:

Town of Georgetown, MA
Name

Town Hall, 1 Library Street
Mailing Address

Georgetown
City/Town

MA
State

978-352-5704 (Highway Dept.)
Telephone Number

hiwayman22@netzero.net
Email (if available)

2. Municipality Name

Georgetown
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:

MassHighway Dept. - Route I-95 and Rt.133 @ I-95 Interchange(1000 ft either side of Rt. I-95 centerline).

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

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)

W 035530
Transmittal Number

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 - Designated Urbanized Area

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Parker River (Name)	TBD* (Number)	☒ Yes ☐ No	metals, flow alteration (Specify)
Rock Pond (Name)	TBD (Number)	☒ Yes ☐ No	fish consumption advisory (Specify)
Pentucket Pond (Name)	TBD (Number)	☒ Yes ☐ No	exotic species, fish advisory, pathogens (Specify)
Bulford Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Penn Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Lufkin Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Wheeler Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Jackman Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Muddy Brook (Name)	TBD (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)

*To Be Determined

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)

W 035530
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1.1	Public Stormwater Workshop	Hwy Dept/John Moultrie MVPC/Alan Macintosh	News article,PowerPoint slide presentation,handouts
1.2	Stormwater Mgt. Website	Hwy Dept/John Moultrie MVPC/Alan Macintosh	Downloadable fact sheets on residential BMPs-fertilizer, yd waste,pet waste,used oil
1.3	Septic System Mgt.	Health Bd/Deb Rogers MVPC/Alan Macintosh	Septic system maintenance flyer distributed to all Georgetown households
1.4	Hazardous Waste Mgt.	Health Bd/Deb Rogers	News article,educational flyer, Household Hazardous Waste Collection Day
1.5	Storm Drain Stenciling	Hwy Dept/John Moultrie MVPC/Alan Macintosh Georgetown School Dept.	Classroom instruction, stenciling kit,storm drain stenciling,news/photo story

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.1	Inter-Dept Stormwater Cmte	Bd Selectmen/Paul Thompson Hwy Dept/John Moultrie	Establish multi-board cmte to develop and oversee town Stormwater Mgt Program
2.2	Municipal Board Meetings	Hwy Dept/John Moultrie MVPC/Alan Macintosh	Present draft Stormwater Mgt Plan for review/comment by Selectmen,Planning,Con Com, Health Bd
2.3	Stormwater Mgt. Website	Hwy Dept/John Moultrie MVPC/Alan Macintosh	Draft Stormwater Mgt. Plan for public review/comment
2.4	"Traveling" Stormwater Kiosk	Hwy Dept/J.Moultrie MVPC/A.Macintosh	Create traveling exhibit for public display on stormwater problems and BMP solutions

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

W 035530
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Facility ID (if known)

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	Locate/map outfall pipes	Hwy Dept/John Moultrie MVPC/Alan Macintosh	GIS (Arcview) inventory & map of municipal outfall pipes
3.2	Map catch basins & manholes	Hwy Dept/ J. Moultrie MVPC/Alan Macintosh	GIS inventory & map of town catch basins and drain manholes
3.3	Adopt illicit discharge bylaw	Planning Bd Hwy Dept/J.Moultrie MVPC/A. Macintosh	Press release,public hearing, Town Meeting adoption of Illicit Discharge Bylaw
3.4	Track illicit connections	Hwy Dept/John Moultrie MVPC/Alan Macintosh	Inspection protocol/training; dry weather flow detection; source tracking/documentation
3.5	Remove illicit connections	Hwy Dept/John Moultrie MVPC/Alan Macintosh Health Bd/Deb Rogers	Elimination of all non-munic. non-storm discharges to MS4s

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.1	Constr. Site Runoff Bylaw	Planning Board Hwy Dept/John Moultrie MVPC/Alan Macintosh	Press release,public hearing, Town Meeting adoption of Construction Runoff Bylaw
4.2	Slope Development Regulation	Planning Board Hwy Dept/J.Moultrie MVPC/A.Macintosh	Press release,public hearing, Planning Bd adoption of steep slope regulation
4.3	Open Space Design Bylaw	Planning Board Hwy Dept/John Moultrie MVPC/Alan Macintosh	Press release,public hearing, Town Meeting adoption of Open Space Residential Design Byla
4.4	Subdiv./site plan review	Planning Bd/J.Moultrie	Ongoing administration of site plan review process
4.5	Local wetlands regulation	Cons. Comm/D.Kostura	Ongoing issuance of Orders of Condition to protect wetlands and waterways

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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	Post-const. Runoff Control Bylaw	Planning Bd Hwy Dept/J.Moultrie MVPC/A.Macintosh	Press release,public hearing, Town Meeting adoption of bylaw to minimize stormwater runoff
5.2	BMP Oper.&Maintenance Procedures	Hwy Dept/J.Moultrie MVPC/A.Macintosh	Procedures to ensure longterm operation & maintenance of stormwater Best Mgt.Practices
5.3	BMP Evaluation Procedures	Hwy Dept/J.Moultrie MVPC/A.Macintosh	Procedures to ensure stormwater BMP effectiveness in minimizing water quality impacts

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.1	Catch basin inspection/cleaning	Hwy Dept/J.Moultrie	Spring & Fall catch basin cleaning to maximize sump capacity,minimize sediment
6.2	Outfall inspection/cleaning	Hwy Dept/J.Moultrie	Inspect outfall pipes yearly; remove sediment & brush as needed; repair damaged pipes
6.3	Public Works BMP Training	Hwy Dept/J.Moultrie MVPC/A.Macintosh	Training session & materials on hwy and park BMPs: vehicle maintenance,chem. storage/use spill prevention & response
6.4	Community Cleanup Event	Hwy Dept/J. Moultrie Cons. Comm/Lynn Grayton MVPC/A. Macintosh	News article;volunteer "Stream Team" cleanup of stream banks and Rock & Pentucket Ponds shorelines.
6.5	Annual Progress Reports to EPA, DEP, municipal boards	Hwy Dept/J.Moultrie MVPC/A.Macintosh	Issue annual reports on progress of Stormwater Prog'm

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: NOT APPLICABLE - TMDLs NOT ESTABLISHED

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

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

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.

Elizabeth Kostura, ~~Clerk~~
Printed Name

3/3/03

Elizabeth A. Kostura, Clerk
Signature

Date

and Acting Chair, Board of Selectmen

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 W 035530

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	Next Permit
1.1			X																		
1.2		X----	----	----	----X																
1.3					X								X								
1.4			X				X				X				X				X		
1.5					X				X				X				X				
2.1	X----	----	----	----X																	
2.2	X----	----	----	----X				X				X				X				X	
2.3				X----	----	----X															
2.4				X----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	X		
3.1	X----	----	----	----X																	
3.2	X----	----	----	----X																	
3.3					X----	----	----	----	----X												
3.4									X----	----	----	----	----X								
3.5													X----	----	----	----	----	----	----	----X	
4.1					X----	----	----	----	----X												
4.2					X----	----	----	----	----X												
4.3	X----	----	----	----	----X																
4.4	X----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----X	
4.5	X----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----X	
5.1					X----	----	----	----	----X												
5.2									X----	----	----	----	----	----	----	----	----	----	----	----X	
5.3									X----	----	----	----	----	----	----	----	----	----	----	----X	
6.1	X----	----	----X		X----	----	----X		X----	----	----X		X----	----	----X		X----	----	----X		
6.2	X----	----	----X		X----	----	----X		X----	----	----X		X----	----	----X		X----	----	----X		
6.3			X				X				X				X				X		
6.4					X				X				X				X				
6.5					X				X				X				X				