Hand-enter Your Transmittal Number → **W 035827**

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

MAR 041199 7/18/03 received

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 Ipswich			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address: 25 Green Street			
City/Town: Ipswich	State: MA	Zip Code: 01938	Telephone Number: (978) 356-6612 ext.
Contact: Robert C. Gravino, DPW Director	e-mail address (optional): robertg@town.ipswich.ma.us		

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Ipswich MS4		DEP Facility Number (if Known)	
Street Address		e-mail address: (optional)	
City/Town: Ipswich	State: MA	Zip Code	Telephone Number: ( ) ext.

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

Name of Individual or Firm: S E A Consultants Inc.			
Address: 485 Massachusetts Avenue			
City/Town: Cambridge	State: MA	Zip Code: 02139	Telephone Number: (617) 498-4622 ext.
Contact: Betsy Frederick	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)
None		

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

W035827
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

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:

   Town of Ipswich
   Name

   25 Green Street
   Mailing Address

   Ipswich — City/Town
   MA — State

   (978) 356-6612 — Telephone Number
   robertg@town.ipswich.ma.us — Email (if available)

2. Municipality Name

   Ipswich
   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:

   State highway

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

   The Ipswich MS4 meets Endangered Species Act eligibility Criterion A (Part 1B.2.E.iii.): "No endangered or threatened species or critical habitat are in proximity to the MS4 or the points where authorized discharges reach the receiving waters." Although the federally-threatened piping plover (*Charadrius melodus*) does occur within the town limits, the U.S. Fish & Wildlife Service has determined that the species is unlikely to be adversely affected by the MS4 due to the lack of outfalls adjacent to plover habitat.

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

Based upon review of sites in Ipswich shown on the MassGIS datalayer for National Register and State Register sites, and analysis of those sites in relation to known outfall locations, no historic sites were identified in the path of the MS4's stormwater or allowable non-stormwater discharges

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
Castle Neck River (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Clark Pond (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Dow Brook Reservoir (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Eagle Hill Cove (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Eagle Hill River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Egypt River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Farley Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Fox Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Goulds Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Greenpoint Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Greenwood Creek (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Hood Pond (Name)	TBD (Number)	☒ Yes ☐ No	Metals (Specify)
Ipswich River from Sylvania Dam to Ipswich Bay (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Ipswich River upstream of Sylvania Dam (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens, Organic enrichment/Low DO (Specify)
Kimball Brook (Name)	TBD (Number)	☒ Yes ☐ No	Organic enrichment/Low DO Pathogens (Specify)
Labor in Vain Creek (Name)	TBD (Number)	☒ Yes ☐ No	Organic enrichment/Low DO Pathogens (Specify)

C. Names of (Presently Known) Receiving Waters (Cont.)

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Miles River (Name)	TBD (Number)	☒ Yes ☐ No	Organic enrichment/Low DO, Pathogens (Specify)
Mill Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Muddy Run Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Mulholland Drive Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Neck Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Notre Dame Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Ocean Avenue Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Ox Pasture Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Paine Creek (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Plum Island Sound (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Robinson's Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Rowley River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Saltonstall Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Spew Island Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Develop and distribute educational material to property owners, including residents and business owners; and post on Town web site for municipal employees. Include information on the hazards associated with illicit discharges and improper disposal of waste and steps the public can take to reduce the pollutants in stormwater runoff	DPW Director	Year 1: Procure, develop or adapt four brochures/fact sheets on stormwater issues; post stormwater information on Town web site Years 2 through 5: Distribute a brochure/fact sheet annually to property owners based on tax assessor records; update the web site semi-annually

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Conduct Household Hazardous Waste and Oil/Paint Collection Days	Board of Health/DPW Director	Hold a joint Household Hazardous Waste and Oil/Paint Collection Day annually; hold three additional Oil/Paint Collection Days annually

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map outfalls and show names of receiving waters	DPW Director/Utilities Department Director	During Year 1, a system will be developed to ensure the staff is informed of alterations to the MS4, that changes are field verified, and maps are updated in a timely manner. Also during Year 1, information from the 1995 Ipswich Coastal Pollution Control Committee (ICPCC) report will be field verified. During Year 2, information from the 1995 ICPCC report will be incorporated into the maps; and information from the Draft (or if available, Final) Phase I Parker Watershed Stormwater Outfall Inventory will be field verified and mapped. During Year 3, information from the Phase II inventory, should it be completed and relevant, will be field verified and mapped. During Year 4, Division of Marine Fisheries data collected over the past five years will be reviewed to determine whether it identifies any previously unmapped outfalls or other elements of the MS4; if it does, those elements of the system will be field located and mapped. During Year 5, any pertinent remaining sources of data will be field verified and mapped. Beginning in Year 2, the Town-wide maps will be updated on a continuous basis as new information from field investigations and other sources is received, such that the maps are no greater than six months out of date.

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination: (Cont)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-2	Detect and eliminate illicit discharges	DPW Director	90% of the Washington Street detection program, as it is defined currently, will be completed by the end of Year 1 and remediation activity will commence in Year 2. Development of a program to detect additional illicit discharges will occur in Year 3 and be implemented in Years 4 and 5.
3-3	Conduct illicit discharge education program	DPW Director	Included in Minimum Control Measures 1, 2 and 6.
3-4	Develop a bylaw that prohibits the illegal dumping of non-stormwater into the MS4	DPW Director	The draft bylaw will be developed by the end of Year 1 of the permit period, and the final bylaw will be prepared by the end of Year 2. The bylaw will be presented to Town Meeting in Year 3. If it is not approved, it will be revised, if appropriate, and presented to Town Meetings in Year 4, and again in Year 5, if necessary.

D. Stormwater Management Program Summary (Cont.)

3-5
BMP ID #

Develop regulations or policies to enforce the bylaw described in BMP 3-4
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

Draft changes to the regulations and policies will be developed by the end of Year 1 of the permit period. The final changes will be prepared by the end of Year 2. Adoption of the new regulations and policies will be dependent upon approval of the bylaw. Regulations will be proposed for adoption within one year of approval of the bylaw.
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1
BMP ID #

Revise Site Plan Review Bylaw
Specify Best Management Practice

Planning Director
Responsible Dept./Person Name

Draft changes to the bylaw will be developed by the end of Year 1 of the permitting period. The proposed changes will be presented to Town Meeting in Year 2. If they are not approved, they will be revised, if appropriate, and presented to Town Meeting in Year 3, Year 4, and Year 5, if necessary.
Specify Measurable Goal

4-2
BMP ID #

Improve site plan review process
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

The revised process will be developed with departments involved in the Construction Site Plan Review Process. A checklist or similar tracking tool will be developed during the first year of the permitting period. This tool will be adopted during the second year of the permitting period and employed as described thereafter.
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

4-3
BMP ID #

Develop procedures for receipt and consideration of information submitted by the public
Specify Best Management Practice

Planning Director
Responsible Dept./Person Name

This program will be developed with departments involved in the Construction Site Plan Review Process. The review of existing procedures will be completed by the end of Year 1. If revisions to the procedures are deemed necessary, they will be drafted by the end of Year 2 and adopted during Year 3.
Specify Measurable Goal

4-4
BMP ID #

Develop Site Inspection and Enforcement of Control Measures Program
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

The program will be developed by the end of Year 2, and will be implemented in Years 3, 4 and 5.
Specify Measurable Goal

5. Post Construction Runoff Control:

5-1
BMP ID #

Develop Post-Construction Runoff Bylaw, Regulations and Guidance
Specify Best Management Practice

Planning Director
Responsible Dept./Person Name

A draft of the post-construction runoff bylaw will be completed by the end of Year 2. The final bylaw will be developed for inclusion on the Town Meeting warrant for Year 3. If the article does not pass, it will be revised as appropriate, and presented at Town Meeting in Years 4 and 5. The associated regulations and guidance will be developed in Year 3. If and when the bylaw is approved, a public meeting will be held to solicit input from municipal departments and the public on the regulations and guidance. If necessary, the regulations and guidance will be modified, and they will be presented for a vote at a public hearing of the Planning Board.
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5-2
BMP ID #

Ensure Adequate Long-Term Operation and Maintenance of BMPs Specify Best Management Practice	DPW Director Responsible Dept./Person Name	See below Specify Measurable Goal

5-2.1
BMP ID #

Required Review by DPW of Structural BMPs Specify Best Management Practice	DPW Director Responsible Dept./Person Name	A draft procedure for evaluation of BMPs for operation and maintenance issues will be developed by the end of Year 1 of the permitting period, and the final procedure will be prepared by the end of Year 2. This effort will be coordinated with the revisions to the procedure for joint boards review of construction projects. Specify Measurable Goal

5-2.2
BMP ID #

Establishment of a Mechanism to Fund Long-Term Operation and Maintenance of Structural BMPs Specify Best Management Practice	DPW Director Responsible Dept./Person Name	During Year 1, the DPW and Planning Board will investigate potential funding mechanisms, develop a draft warrant article, and hold a public meeting to solicit input from the community. During Year 2, the draft article will be revised if necessary and presented to Town Meeting. If it is not approved, it will be revised, if appropriate, and presented to Town Meeting in Years 3, 4, and 5, if necessary. Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

6-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Educate Municipal Employees	DPW Director	General stormwater training sessions will be held by the Department of Public Works on an annual basis. The goal will be for 90% of municipal employees with storm water management responsibilities to attend at least one session over the permit period.

6-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and Implement Municipal Operations Stormwater Plan	DPW Director	The Plan will be developed and adopted by the end of Year 2.

7. BMPs for Meeting TMDL: NOT APPLICABLE

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W035827
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BRP WM 08A NPDES Stormwater General Permit

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

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.

Printed Name

Signature | Date

Printed Name

Signature | Date

Printed Name

Signature | Date

FOLEY, JAMES W.
Printed Name

Signature | Date 07.15.03

Printed Name

Signature | Date