MAR041047

Hand-enter Your Transmittal Number → W 040374
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

7/18/03 received

1. Please type or print. A separate Transmittal Form must be completed for each permit application.
2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.
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

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. Permit Information

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

Stormwater
Name of Permit Category

NPDES Stormwater General Permit
Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Marblehead, MA Water and Sewer Commission
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

PO Box 1108 11 Tower Way
Street Address

Marblehead | MA | 01945-2252 | 781-631-0102
City/Town | State | Zip Code | Telephone # and extension

Mr. Dana Snow Superintendent of PW
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Marblehead Storm Drain 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

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 | 617-452-6000
City/Town | State | Zip Code | Telephone # and extension

Cyndy Carlson or Brent McCarthy
Contact Person | LSP Number (21E only)

E. Permit - Project Coordination

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

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)

w040374
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:

   Town of Marblehead, MA Water and Sewer Commission
   Name

   PO Box 1108 11 Tower Way
   Mailing Address

   Marblehead — City/Town
   MA — State

   781-631-0102 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Marblehead, MA
   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:

   Mass 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

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)

w040374
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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Atlantic Ocean (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Salem Harbor (Name)	unknown (Number)	☒ Yes ☐ No	Pathogens (Specify)
Marblehead Harbor (Name)	unknown (Number)	☒ Yes ☐ No	Pathogens (Specify)
Flag Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Little Harbor (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Forest River (Name)	unknown (Number)	☒ Yes ☐ No	Organ. enrich. low DO, Paths., flow alt., hab. alt.
Unnamed trib from Flag Pond to Dolliber Cove	unknown (Number)	☐ Yes ☒ No	(Specify)
Black Joe's Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Unnamed trib from Black Joe's Pond to Dolliver Cove	unknown (Number)	☐ Yes ☒ No	(Specify)
Wyman Cove (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Dolliver Cove (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Oliver Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Ware Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Unnamed pond on Marblehead Neck	unknown (Number)	☐ Yes ☒ No	(Specify)
Unnamed trib from Mar'head Neck to Mass Bay	unknown (Number)	☐ Yes ☒ No	(Specify)
Red's Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Unnamed pond on Bayview Road	unknown (Number)	☐ Yes ☒ No	(Specify)
Pond: Atlantic Ave, Casino Rd, & Ricehurst Ln. area	unknown (Number)	☐ Yes ☒ No	(Specify)

Names of Receiving Waters (presently known)	**Listed as Impaired?**		**No. of Outfalls**
	Yes	**No**	
Continued from previous page			
3 un-named ponds - by West Shore Dr, Village St, & MA 114		No	Unknown
Marshy area west of West Shore Dr. & north of MA route 114		No	Unknown
Unnamed pond&trib to Salem Harbor - Village St. & Jersey St.		No	Unknown
4 ponds & trib to Salem Harbor - Beacon St. & Waterside Cem.		No	Unknown

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)

w040374
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	Speakers for classroom discussion or tours	Superintendent, W&S	Call 2 schools per year to notify
1-2	5-minute news spot produced & broadcast on local TV	Superintendent, W&S	Two news spots during permit term
1-3	Staff community farm stand, distribute info.	Superintendent, W&S	Staff farm stand one day per year
1-4	Brochures available at DPW and Public Library	Superintendent, W&S	Make two different brochures available

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Follow public notification guidelines for public meetings	Superintendent, W&S	Post meeting notices
2-2	Annual Household Haz. Waste Day and Used Oil Collection	Director, Board of Health	1 haz waste day per year; 2 oil collection days per week
2-3	Youth group stenciling	Superintendent, W&S	50 catch basins stenciled per year for two years
2-4	Seedlings to youth group for planting	Recreation, Parks and Forestry Dept.	Ten seedlings per year for two years

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	Map outfalls and receiving waters	Superintendent, W&S	Complete map
3-2	Develop and present draft storm sewer bylaw	Superintendent, W&S	Draft bylaw, present to Town Meeting
3-3	Dry weather screening of outfalls	Superintendent, W&S	Two complete rounds during first permit term
3-4	Develop and implement illicit detection elimination system	Superintendent, W&S	TV storm drains, eliminate illicits as found

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Develop/present ordinance for E&S control and plan review	Superintendent, W&S	Draft ordinance, present to Town Meeting
4-2	Receive and consider public comment	ZBA, ConCom, Planning	Public allowed to comment at public meetings
4-3	Continue/improve review procedures for site plans	ZBA, ConCom, Planning, W&S	Add stormwater quality review to required scope
4-4	Notify boards & commissions of enforcement procedures	Planning, ConCom	Review procedures, notify boards/commissions

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	Recomment a BMP Manual for use by planners and devlopers	Planning Dept., ConCom	Select BMP Manual
5-2	Ordinance for controls for new & redevelop, including O&M	Superintendent, W&S	Draft ordinance, present to Town Meeting

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Identify sensitive areas of stormwater discharge	Superintendent, W&S	Sensitive area identified/mapped
6-2	Continue CB Cleaning Pgm., improve record keeping	Director, DPW	Maintain CB cleaning program; maintain records
6-3	Continue sweeping each street twice annually	Director, DPW	Sweep each street twice a year
6-4	Continue not to use pesticides on town property	Recreation, Parks and Forestry Dept.	No pesticides used
6-5	Complete tree survey, include long term forestation program	Recreation, Parks and Forestry Dept.	Complete survey/plan

D. Stormwater Management Program Summary (cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-6	Implement long term forestation plan	Recreation, Parks and Forestry Dept.	Implement survey/plan
6-7	Provide training to DPW, W&S, and Rec.	W&S, DPW, Recreation	Two training days per year for relevant staff
6-8	Place additional barrels for pet waste collection in parks	Recreation, Parks and Forestry Dept.	Three additional barrels
6-9	Maintain covered salt storage; calibrate salt spreaders yearly	Director, DPW	Shed maintained, spreaders calibrated

7. BMPs to meet TMDLs: None required

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.

F. CARLTON SIEGEL, P.E. CHAIRMAN
Printed Name

F. Carlton Siegel
Signature

JULY 9, 2003
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

Transmittal Number W040374

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		x		x		x		x		x		x						
#1-2					x								x								
#1-3		x			x				x				x				x				
#1-4																					
#2-1																					
#2-2																					
#2-3					x								x								
#2-4									x								x				
#3-1				x																	
#3-2				x	x				done if approved by Town Meeting												
#3-3																					
#3-4																					
#4-1				x	x				done if approved by Town Meeting												
#4-2																					
#4-3																					
#4-4																					
#5-1				x	x				done if approved by Town Meeting												
#5-2				x																	
#6-1																					
#6-2																					
#6-3																					
#6-4																					
#6-5																					
#6-6																					
#6-7				x				x				x				x				x	
#6-8																					
#6-9																					