1130

Hand-enter Your Transmittal Number → **W 035940**

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:
Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Mattapoisett

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

Individual's Last Name:	First Name	MI

Street Address			
16 Main Street			
City/Town Mattapoisett	State MA	Zip Code 02739	Telephone Number (508) 758-4100 ext.
Contact: Carol Adams		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		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:
Tighe & Bond, Inc.

Address
53 Southampton Road

City/Town	State	Zip Code	Telephone Number
Westfield	MA	01085	(413) 562-1600 ext.
Contact: Tracy J. Adamski		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

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)

W035940
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 Mattapoisett
   Name

   16 Main Street
   Mailing Address

   Mattapoisett — City/Town
   MA — State

   (508) 758-4100 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Mattapoisett
   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

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)

W035940
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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
Mattapoisett Harbor & tributaries (Name)	To be determined (Number)	☒ Yes ☐ No	Pathogens (Specify)
Brant Island Cove & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Swift Brook & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Mattapoisett River & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Eel Pond & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Crystal Spring & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Pine Island Brook & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Shaws Cove & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Pine Island Pond & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Nasketucket Bay & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Buzzards Bay & tributaries (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Isolated Ponds & Wetlands (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

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

W035940
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)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	Classroom Education	School District	Incorporate water quality information in third and fifth grades, Years 1-5.
1B	Field Trip	School District and Water Department	Water Dept. provide guest speaker to one class and guide follow-up field trip to municipal wells, Year 1-5.
1C	Newspaper Press Releases	Board of Selectmen (BOS)	2 per year in local newspaper, Year 1-5.
1D	Local Cable Access	BOS	Post bulletins 2 per year on local cable access channel, Year 1-5.
1E	Informational Flyers/Pamphlets	BOS	Make 1 informational flyer or pamphlet available in Town Hall, Year 2-5.
1F	Community Website	BOS	Post bulletins 2 per year on Town website, Year 1-5.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	Adopt-a-Road/Stream/Beach	Highway Department and School District	Support interested groups by collecting bagged trash; Center School to conduct beach clean-up, Years 1-5.
2B	Community Hotline	BOS	Publicize Police Department hotline number, encourage use for reporting illegal dumpings, Years 1-5.
2C	Storm Drain Stenciling	Highway Department	Stencil 25% of storm drains each year, Years 2-5.

2D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Watershed Committee	Water & Sewer Commission	Work with Mattapoisett River Valley Watershed Advisory Board, Years 1-5.

2E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Student Sampling Program	School District	Seventh graders and Environmental Studies class to conduct waterfront and beach sampling, Years 1-5.

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Mapping Stormwater Outfalls	Highway Department	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.

3B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop Illicit Discharge Program	Highway Department	Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5.

3C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Non-Stormwater By-law	BOS/ Highway Department	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.

3D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illegal Dumping	Board of Health (BOH)	Perform regular patrols & cleanup illegally dumped trash as needed, Year 1-5.

3E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Failing Septic System Program	BOH	Obtain records on pumped septic systems. Follow up with problem systems, Years 1-5.

3F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Water Quality Monitoring	BOH	Regular sampling at 14 public/semi-public beach sites during the summer months, Years 1-5.

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4A	Construction Runoff By-law	Highway Department/ Planning Board/ ConCom	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.
4B	Plan Review	Planning Board	Enforcement under adopted by-law, Year 3-5.
4C	Inspection / Reporting	Highway Department/ Planning Board/ ConCom	Enforcement under adopted by-law, Year 3-5.

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5A	Post Construction Runoff By-law	Planning Board/ ConCom	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.
5B	Construction Site Plan Review	Planning Board/ ConCom	Enforcement under adopted by-law, Year 3-5.
5C	Stormwater System Maintenance Plan	Planning Board/ ConCom/ Highway Department	Enforcement under adopted by-law, Year 3-5.

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	Municipal Maintenance Activity Program	Highway Department	Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5.
6B	Training of all Municipal Employees	Highway Department	Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5.

6C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin Cleaning Program	Highway Department	Clean 50% of catch basins each year, Year 1-5.

6D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping and Cleaning	Highway Department	Sweep all streets once per year, Year 1-5.

6E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Used Oil Recycling	BOH	Ongoing collection and recycling at Town of Fairhaven, Years 1-5.

6F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Hazardous Waste Collection	BOH	Annual event collecting household hazardous waste with Town of Rochester, Year 1-5.

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
See Section 7 of the attached narrative in Appendix A		

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.

BARRY J. DENHAM, CHR., BOARD OF SELECTMEN
Printed Name

Barry J. Denham
Signature

6/30/03
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

Transmittal Number W035940

Facility ID (If known)

			Permit Year 1				Permit Year 2				Permit Year 3				Permit Year 4				Permit Year 5				
Minimum Control	BMP ID	Description of BMP	Spring '03	Summer '03	Fall '03	Winter '03	Spring '04	Summer '04	Fall '04	Winter '04	Spring '05	Summer '05	Fall '05	Winter '05	Spring '06	Summer '06	Fall '06	Winter '06	Spring '07	Summer '07	Fall '07	Winter '07	Next Permit
No. 1 - Public Education / Outreach Program	1A	Classroom Education																					
	1B	Field Trip																					
	1C	Newspaper Press Releases																					
	1D	Local Cable Access																					
	1E	Informational Flyers/Pamphlets																					
	1F	Community Website																					
No. 2 - Public Involvement / Participation	2A	Adopt-a-Road/Stream/Beach																					
	2B	Community Hotline																					
	2C	Stormdrain Stenciling																					
	2D	Watershed Committee																					
	2E	Student Sampling Program																					
No. 3 - Illicit Discharge Detection and Elimination	3A	Mapping Stormwater Outfalls																					
	3B	Develop Illicit Discharge Program																					
	3C	Non-Stormwater By-law																					
	3D	Illegal Dumping																					
	3E	Failing Septic System Program																					
	3F	Water Quality Monitoring																					
No. 4 - Construction Site Runoff Control	4A	Construction Site Runoff By-law																					
	4B	Plan review																					
	4C	Inspection / Reporting																					
	4D																						
	4E																						
No. 5 - Post-Construction Stormwater Mgmt.	5A	Post Construction Runoff By-law																					
	5B	Construction site plan review																					
	5C	Stormwater System Maint. Plan																					
	5D																						
	5E																						
No. 6 - Good Housekeeping	6A	Municipal Maint. Activity Program																					
	6B	Training of all Municipal Employees																					
	6C	Catch Basin Cleaning Program																					
	6D	Street Sweeping and Cleaning																					
	6E	Used Oil Recycling																					
	6F	Hazardous Waste Collection																					