MAR041216 AH

Hand-enter Your Transmittal Number → **W 035400**

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: NOI for Discharges from Small MS4	
Type of Project or Activity: Municipal Entity	

JUL 30 2003

B. Applicant Information (Firm or Individual)

MUNICIPAL ASSISTANCE UNIT

Name of Firm: City of Peabody			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address: 24 Lowell Street			
City/Town: Peabody	State: MA	Zip Code: 01960	Telephone Number: (978) 538-5700 ext.
Contact: Mayor Michael Bonfanti	e-mail address (optional)		

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Public Services Facility	DEP Facility Number (if Known)		
Street Address: 50 Farm Avenue	e-mail address: (optional)		
City/Town: Peabody	State: MA	Zip Code: 01960	Telephone Number: (978) 536-0600 ext.

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

Name of Individual or Firm: City of Peabody Department Of Public Services			
Address: 50 Farm Avenue			
City/Town: Peabody	State: MA	Zip Code: 01960	Telephone Number: (978) 536-0600 ext.
Contact: Michael Fowler, City Engineer	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		

JUL 30 2003 MUNICIPAL ASSISTANCE UNIT

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)

W035400
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:

   City of Peabody
   Name

   24 Lowell Street
   Mailing Address

   Peabody — City/Town
   Massachusetts — State

   (978) 538 - 5700 — Telephone Number
   Email (if available)

2. Municipality Name

   City of Peabody
   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

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)

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)

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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
Goldthwaite Brook (Name)	9 (Number)	☒ Yes ☐ No	0600, 0900, 1200, 1700 (Specify)
Proctor Brook (Name)	31 (Number)	☒ Yes ☐ No	1700, 0900, 1100 (Specify)
Tapley Brook (Name)	9 (Number)	☐ Yes ☒ No	(Specify)
Norris Brook (Name)	3 (Number)	☒ Yes ☐ No	1200, 2100, 2500 (Specify)
North River (Name)	6 (Number)	☒ Yes ☐ No	0600, 1200, 1700 (Specify)
Ipswich River (Name)	5 (Number)	☒ Yes ☐ No	0900, 1500 (Specify)
Browns Pond (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Elginwood Pond (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Devils Dishfull Pond (Name)	5 (Number)	☒ Yes ☐ No	2200, 2500 (Specify)
Crystal Pond (Name)	3 (Number)	☒ Yes ☐ No	2200 (Specify)
Bartholomew Pond (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Cedar Pond (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Strongwater Brook (Name)	14 (Number)	☐ Yes ☒ No	(Specify)
Retention Pond off Rt128 (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Wetland upstream Water R. (Name)	3 (Number)	☒ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

D. Stormwater Management Program Summary

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)

W035400
Transmittal Number

Facility ID (if known)

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	Develop educ. resources	DPS	SW Education Brochure
1B	Develop educ. resources	DPS	SW Educational Website
1C	Implem. educ. resources	DPS	inform people how to get involved w/ local restoration
1D	Implem. educ. resources	DPS	Educate children of SW pollution and prevention
1E	Implem. educ resources	DPS	Cont. educ. of public using Local TV advertising & press

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	Implem. educ. resources	DPS	inform people how to get involved w/ local restoration
2B	SW Drain Stenciling	DPS	Investigate program thru volunteer assistance
2C	Restoration and Cleanup	DPS	Cont. w/ eagle scouts stream and beach cleanup/restoration

D. Stormwater Management Program Summary (Cont.)

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)

W035400
Transmittal Number

Facility ID (if known)

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1F	Implem. educ resources	DPS	Cont. sign posting & animal waste cleanup enforcement
1G	Implem educ resources	DPS	cont. yard-waste collection and recycling programs

2. Public Participation:

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

D. Stormwater Management Program Summary (Cont.)

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)

W035400
Transmittal Number

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3A	GIS Mapping Program	DPS	Cont. to impr. & update storm sewer & drain syst. mapping
3B	Ident. of Illegal discharges	DPS	Cont. eliminating discharges thru map. & monitoring
3C	State Assessments	DPS	Cont. assist w/ water assessments

4. Construction Site Runoff Control:

includes IDDE (see 4H. Rec'd 10/29)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4A	SW Ordinance	City Council	Dev & Adopt for Const. & Post-Const. regulation
4B	SW Ordinance	City Council	Est. regulations & guidelines to require controls and BMPs
4C	SW Ordinance	DPS	Conduct site plan review for BMPs
4D	SW Ordinance	City Council & DPS	Enforce violations to max. extent
4E	Review Ordinances	Planning Board & DPS	Subdiv. Regs. to encourage better site design practices

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	SW Ordinance	City Council	Dev & Adopt for Const. & Post-Const. regulation
5B	SW Ordinance	City Council	Est. regulations & guidelines to require controls and BMPs
5C	SW Ordinance	DPS	Conduct site plan review for BMPs
5D	SW Ordinance	City Council & DPS	Enforce violations to max. extent
5E	Review Ordinances	Planning Board & DPS	Subdiv. Regs. to encourage better site design practices

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	SWPPP	DPS	Cont. to implement for DPS & develop for each city facility
6B	SWPPP	DPS	collect training materials for employees to learn about PPP
6C	MIS for inventory, SW outfalls	DPS	Update the GIS with all SW outfalls, and inventory
6D	SWPPP	DPS	Cont to train employees in SWPPP
6E	Street Sweeping	DPS	Cont St sweep program
		contunued	
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

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)

W035400
Transmittal Number

Facility ID (if known)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6F	Catch Basin	DPS	Cont. catch basin/storm drain cleaning program
6G	Storm water monitoring	DPS	develop yearly monitroing report
6H	GIS Drain layer	DPS	Update drain system mapping in GIS
6I	SW operation & Maintenance	DPS	Dev. O&M Plan, reduce & prevet pollutant runoff
6J	SW Operation & Maintenance	DPS	Dev. SW O&M Program for employees
		continued	

D. Stormwater Management Program Summary (cont.)

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)

W035400
Transmittal Number

Facility ID (if known)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6K	Master Plan	DPS	Incorp. BMPS in Master Plan
6L	Maintenance Plan	DPS	Improve plan and schedule for BMPs
6M	Identify facilities compliance	DPS	Identify # facilities & controls in compl. w/ Maintenance sched.
6N	Haz. material storage	DPS	Cont. to improve hazmat. storage @ municipal facilities
6O	SPCC	DPS	Cont. to update SPCC for municipal facilites
		continued	
BMP ID #		Specify Best Management Practice	

D. Stormwater Management Program Summary (cont.)

Massachusetts Department of Environmental Protection
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Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035400
Transmittal Number

Facility ID (if known)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6P	SPCC	DPS	Cont to train DPS employees in SPCC
6Q	SWMP pollution reduction	DPS	identify & estimate % reduction over next five years
6R	BMPs if TMDLs are set	DPS	If TMDLs are set in nxt 5 yrs, identify if BMPs meet TMDLs
6S/T	Recylcing & Composting & Cleaning facilities	DPS	Cont. to encourage
6U	Household Haz. Waste Day	DPS	Cont. to encourage and improve awareness
6V	Cont. to encourage use of least hazardous materials available		

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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.

Printed Name

Michael J. Bonfante
Signature

07/24/03
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 W033400

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
1A																					
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F. Storm Water Management Program TIME FRAMES

Transmittal Number W035400

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
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