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Engineering • Science • Operations

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CORPORATE OFFICES: Maine, Massachusetts, New Hampshire, Connecticut, and Florida
Operational offices throughout the U.S.

TRANSMITTAL

Project #: 203713

TO: Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street
Worcester, Massachusetts 01608

DATE: July 29, 2003

RE: NPDES Stormwater General Permit
NOI for Discharges from Small MS4s – Town of Rockport, MA

WE ARE SENDING:

QUANTITY	DESCRIPTION
1	MA DEP Transmittal Form for Permit Application and Payment
1	BRP WM 08A – NPDES Stormwater General Permit NOI for Discharges from Small MS4s

For Your:
- ____ USE
- X APPROVAL
- ____ REVIEW/COMMENTS
- ____ INFORMATION
- ____ OTHER

Sent By:
- ____ REGULAR MAIL
- X FEDERAL EXPRESS
- ____ UPS
- ____ COURIER
- ____ OTHER

COMMENTS: Attached please find the NPDES Stormwater General Permit Notice of Intent (NOI) for the Town of Rockport, Massachusetts with an original signature.

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

CC: U.S. Environmental Protection Agency – Boston, MA
John Tomasz, PE, DPW Director – Acton, MA
Ronald St. Michel, PE

BY: Emily Ferrazza

Hand-enter Your Transmittal Number → W 036169
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

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

NPDES Stormwater General Permit
Name of Permit Category

NOI for Discharges from Small MS4s
Type of Project or Activity

B. Applicant Information – Firm or Individual

NA
Name of Firm - Or, if party needing this approval is an individual enter name below:

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

Street Address

City/Town | State | Zip Code | Telephone # and extension

Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Rockport
Name of Facility, Site or Individual

DEP Facility Number (if Known)

046-001-282
Federal I.D. Number (if Known)

34 Broadway
Street Address

jtomasz@townofrockport.com
e-mail address (optional)

Rockport
City/Town

MA
State

01966
Zip Code

978.546.3525
Telephone # and extension

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

Woodard & Curran, Inc.
Name of Firm Or Individual

35 New England Business Center, Suite 180
Address

Andover
City/Town

MA
State

01810
Zip Code

978.557.8150
Telephone # and extension

Ronald St. Michel
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 NA
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

JUL 3 1 2003
MUNICIPAL ASSISTANCE UNIT

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

NA
Check Number

EXEMPT
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

W036169
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:

   John Tomasz, P.E., DPW Director
   Name

   Town Office Building, 34 Broadway
   Mailing Address

   Rockport — City/Town
   Massachusetts — State

   978.546.3525 — Telephone Number
   jtomasz@townofrockport.com — Email (if available)

2. Municipality Name

   Town of Rockport, Massachusetts
   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:

   MA Highways (Routes 127 and 127A)
   Massachusetts Bay Transportation Authority (MBTA) Commuter Rail (Rockport Line)

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

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

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)

W036169
Transmittal Number

Facility ID (if known)

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
Old Garden Beach, Atlantic Ocean (AO) (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Rockport Harbor, AO (Name)	5 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Pleasant Street Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Old Harbor, AO (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Front Beach, AO (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Back Beach, AO (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Granite Pier, AO (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Pigeon Cove Harbor, AO (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Andrews Point, AO (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Pebble Beach, AO (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Whale Cove, AO (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Gap Cove, AO (Name)	1 (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
PE-1	Storm water brochure	Department of Public Works (DPW)	**Y1-Y5**: Develop and mail one (1) brochure per year to residents and industries in Rockport
PE-2	Provide storm water information at Town buildings	DPW and Chamber of Commerce	**Y1-Y5**: Brochures will be available in the Chamber of Commerce and Town Hall
PE-3	Storm water editorial	DPW	**Y1-Y5:** Print one (1) editorial in the Gloucester Daily Times each year
PE-4	Pet waste	DPW	**Y1-Y5:** Post signs at public park lands and supply bags for pet owners to properly dispose of waste. Enforce leash law and exclusion of pets from resource areas during the summer.

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

PP-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Involve public schools	High School Science Dept. / Allyson Bachta and Eric Sabo	**Y2:** Storm water presentation to high school science class *and* environmental sampling field trip to local water body. Conduct necessary planning for biology and environmental science projects incorporating storm water issues **Y3-Y5:** Implement storm water projects in biology and environmental science classes

PP-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Incorporate SW into public meetings	DPW	**Y1**: Discuss final Storm water Management Plan (SWMP) at Spring Town meeting. **Y2-Y5**: Present updates to the SWMP. Continue to invite storm water discussion at one (1) meeting per year.

PP-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stencil storm drains	DPW	**Y2:** Identify potential labor sources (scouts, etc). DPW will facilitate storm drain stenciling effort in the downtown area. (50% complete) **Y4:** Continue effort in downtown area. (100% complete)

PP-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Involve Watershed Protection Committee	John Tomasz, Chairman (Members from several Town departments)	**Y1-Y5:** Discuss storm water issues at quarterly meetings.

D. Stormwater Management Program Summary (Cont.)

PP-5
BMP ID #

Poster contest
Specify Best Management Practice

High School Science Dept. / Allyson Bachta and Eric Sabo
Responsible Dept./Person Name

Y1: Develop concept and approach educators
Y2: Pilot poster contest as part of science class
Y3-Y5: Modify and continue poster contest
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

ID-1
BMP ID #

Drainage mapping
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop mapping strategy and inventory existing plans. Create digital map of the Town, including receiving waters, known outfalls, and known drainage structures.
Y2: Update map with outfall locations in priority areas, as defined in the General Permit Part 1.B. and currently impaired waters (State 303(d) list).
Y3: Complete drainage map.
Y4-Y5: Update map with any additions and/or modifications to the storm sewer system.
Specify Measurable Goal

ID-2
BMP ID #

Eliminate illicit discharges
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop Illicit Discharge Detection and Elimination Plan as described in General Permit Part II.B.3.
Y2-Y5: Implement plan
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

ID-3
BMP ID #

Develop and implement illicit discharge by-law
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop draft by-law prohibiting non-storm water discharges into the storm sewer and providing for appropriate enforcement procedures
Y2: Present by-law at Town meeting and finalize
Y3-Y5: Implement and enforce by-law
Specify Measurable Goal

ID-4
BMP ID #

Educate citizens
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2: Notify public of Illicit Discharge Detection and Elimination Plan
Y3: Notify public of upcoming Illicit Discharge By-law
Y4: Notify public of new by-law in place
Specify Measurable Goal

4. Construction Site Runoff Control:

CS-1
BMP ID #

Develop and Implement Construction Site Runoff Control Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop Construction Site Runoff Control Program as described in General Permit Part II.B.4.
Y2-Y5: Implement plan
Specify Measurable Goal

CS-2
BMP ID #

Develop and Implement Erosion and Sediment Control By-law
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Research by-law requirements (General Permit Part II.B.4 and MADEP Stormwater Management Standard 8) and compare to existing town regulations
Y2: Modify existing regulations and/or develop by-law
Y3: Present by-law at Town meeting and finalize
Y4-5: Implement by-law
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PC-1
BMP ID #

Develop, Implement, and Enforce Post-Construction Runoff Control Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop Post-Construction Site Runoff Control Program as described in General Permit Part II.B.5 and MADEP Stormwater Management Standards 2, 3, 4, and 7.
Y2-Y5: Implement plan
Specify Measurable Goal

PC-2
BMP ID #

Develop and Implement Post-Construction Runoff By-law
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Research Post-Construction Runoff by-law requirements (General Permit Part II.B.5 and MADEP Stormwater Management Standards 2, 3, 4, and 7) as part of the Post-Construction Runoff Control Program.
Y2: Modify existing regulations and/or develop by-law
Y3: Present by-law at Town meeting and finalize
Y4: Implement by-law
Y5: Review effectiveness of by-law and enhance if necessary
Specify Measurable Goal

6. Municipal Good Housekeeping:

GH-1
BMP ID #

Employee training program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Hold one good housekeeping workshop per year at DPW
Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

GH-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Storm Drain Stenciling	DPW	**Y1:** DWP will stencil storm drains in Town (excluding downtown area – see **BMP PP-3**) while cleaning catch basins **Y3:** Re-stencil drains **Y5:** Re-stencil drains

GH-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Beach Clean-up	DPW	**Y1-Y5:** DPW will clean seaweed and trash from beaches weekly in the summer

GH-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch basin cleaning	DPW	**Y1-Y5:** DPW will clean each catch basin in Town once per year

GH-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping	DPW	**Y1-Y5:** DPW will sweep every street in Town once per year. The downtown area will be swept daily in the summer.

GH-6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Recycling Program	DPW	**Y1-Y5:** Continue the Town's recycling and household hazardous waste collection programs.

GH-7
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Operation and Maintenance	DPW	**Y1:** Inventory maintenance activities, identify potential pollutant runoff **Y3:** Identify means of reducing potential pollutant runoff, implement reductions as budget allows. **Y5:** Reduce pollutant runoff potential

GH-8
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Reporting	DPW	**Y1:** Create a method to record storm water management activities (e.g. catch basins cleaned, streets swept, yearly training workshops held, by-laws implemented, etc.) **Y1-Y5:** Begin recording all storm water management activities. Provide MADEP and EPA with yearly report as describes in the General Permit, Part II.E&F.

7. BMPs for Meeting TMDL:

TMDL-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Check Current Impairment Lists	DPW	**Y1:** There are no completed TMDL studies for receiving waters in Rockport. **Y2-Y5:** Reference Part II of the current *Massachusetts Integrated List of Waters* for newly listed water bodies with completed TMDL studies in which Rockport SW outfalls directly or indirectly discharge

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.

John Tomasz
Printed Name

Signature

7/29/03
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. Rockport Storm Water Management Program TIME FRAMES

Transmittal Number W036169

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
PE-1			X				X				X				X				X	
PE-2			—																	
PE-3		X				X				X				X				X		
PE-4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PP-1					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PP-2	X		X		X		X		X		X		X		X		X		X	
PP-3						—								—						
PP-4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PP-5			—	—	X				X				X				X			
ID-1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ID-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ID-3			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ID-4						X				X						X				
CS-1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CS-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PC-1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PC-2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GH-1	X				X				X				X				X			
GH-2	—	—	—						—	—	—						—	—	—	
GH-3		—				—				—				—				—		
GH-4	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
GH-5	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
GH-6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GH-7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GH-8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TMDL-1				X				X				X				X				X