MA R041163 SP

Hand-enter Your Transmittal Number → W 035541 (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 08 A — Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit — Name of Permit Category

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) — Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual: _____ First Name of Individual: _____ MI: _____

81 Main Street — Street Address

Swansea — City/Town; MA — State; 02777 — Zip Code; (508) 678-2981 — Telephone # and extension

Gregory W. Barnes, Town Administrator — Contact Person; e-mail address (optional): _____

C. Facility, Site or Individual Requiring Approval

Town of Swansea — Name of Facility, Site or Individual; DEP Facility Number (if Known): _____; Federal I.D. Number (if Known): _____

Street Address: _____; e-mail address (optional): _____

Swansea — City/Town; MA — State; 02777 — Zip Code; Telephone # and extension: _____

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

Metcalf & Eddy, Inc. — Name of Firm Or Individual

30 Harvard Mill Square — Address

Wakefield — City/Town; MA — State; 01880 — Zip Code; (781) 224-6626 — Telephone # and extension

Robert Adams — 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

JUL 30 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

Not Applicable — Check Number; Not Applicable — 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)

W035541
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 Swansea
Name

81 Main Street
Mailing Address

Swansea — City/Town
MA — State

(508) 678-2981
Telephone Number

Email (if available)

2. Municipality Name

Town of Swansea
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 Dept. (Interstate 195, Route 6 & Route 103)

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 30 2003
MUNICIPAL ASSISTANCE UNIT

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
Barrington River (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Palmer River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Heath Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Kickamuit River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens (Specify)
Coles River (Name)	TBD (Number)	☒ Yes ☐ No	Nutrients, Organic Enrichment, Pathogens (Specify)
Lewin Brook (Name)	TBD (Number)	☒ Yes ☐ No	Metals (Specify)
Lee River (Name)	TBD (Number)	☒ Yes ☐ No	Nutrients, Organic Enrichment, Pathogens (Specify)
Mount Hope Bay (Name)	TBD (Number)	☒ Yes ☐ No	Nutrients, Organic Enrichment, Pathogens, Unknown Toxicity, Thermal Modifications (Specify)

TBD – To Be Determined (under BMP#6 below)

D. Stormwater Management Program Summary

1. Public Education:

1 (BMP ID #)

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Add storm water information and links to the Town's website	Conservation Agent Town Planner	Post information by the end of Year 5 provided the Town's has developed an official Town website (pending funding availability)

2 (BMP ID #)

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop informational brochure on storm water program	Conservation Agent Town Planner	Provide and maintain copies at the Library by the end of Year 2 (pending funding availability)

D. Stormwater Management Program Summary (Cont.)

3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Distribute informational brochure via bulk mail to Town residents	Conservation Agent Town Planner	One mailing per year over the 5-year permit term (pending funding availability)

4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Broadcast the public meetings described below under BMP ID#5 over the local cable access channel	Board of Selectmen's Office	Three public meetings over the 5-year permit term

2. Public Participation:

5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Conduct public meetings to describe the Town's storm water program and receive input from the public	Board of Selectmen's Office	Three public meetings over the 5-year permit term

3. Illicit Discharge Detection and Elimination:

6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map storm water drainage system and outfalls	Highway Dept.	Map 20% of the system per year (pending funding availability)

7
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop GIS database of the drainage system	Highway Dept.	Map 20% of the system per year (pending funding availability)

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
8	Visually inspect outfalls for dry weather flows	Board of Health Highway Dept.	Year 1 – Inspect all outfalls; Years 2 thru 5 – Inspect a representative number of outfalls annually (pending funding availability)
9	Develop a sampling and analysis program for sampling outfalls	Board of Health	Complete by end of Year 1
10	Conduct storm water sampling at suspected outfalls	Board of Health	Years 1 thru 2 - Investigate Compton's Corner Area. Years 3-5 investigate other suspected illicit connections. (pending funding availability)
11	Train Highway Dept. employees to recognize illicit connections	Highway Dept.	Conduct annual training
12	Update Town bylaws and regulations to include storm water ordinances	Conservation Agent Town Planner	Year 1 – Review existing bylaws & regulations; Year 2 – Propose changes; Year 3 – Implement changes, subject to Town meeting approval

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
13	Develop an ordinance requiring developers to prepare an Erosion & Sedimentation Control Plan for all sites disturbing more than 1-acre. Require that the plan be reviewed and approved by the Planning Board	Conservation Agent Town Planner	Year 1 – Review existing bylaws & regulations; Year 2 – Propose changes; Year 3 – Implement changes, subject to Town meeting approval
14	Periodically check erosion control measures and construction material management on site inspections	Town Planner/Highway Dept. Conservation Agent Building Inspector	Monitor and track violations through reports to the ConCom and/or Planning Board

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
15	Develop an ordinance requiring storm water controls for all new and redevelopment projects disturbing more than 1-acre	Conservation Agent Town Planner	Year 1 – Review existing bylaws & regulations; Year 2 – Propose changes; Year 3 – Implement changes, subject to Town meeting approval
16	Inspect and maintain the storm water controls required under BMP ID #15	Building Inspector Town Planner Highway Dept. Home Owner Assoc. Commercial Property Owners	Inspect and maintain storm water controls annually (pending funding availability)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
17	Street sweeping	Highway Dept.	Sweep streets annually
18	Catch basin cleaning	Highway Dept.	Clean catch basins annually
19	Replace existing mechanical catch basin cleaner with new vacuum cleaner.	Highway Dept.	Purchase by end of Year 5 (pending funding availability)
20	Yard waste program	Highway Dept.	Weekly curbside pickup, except during winter months
21	Household hazardous waste program	Solid Waste Committee	Hold twice over the 5-year permit term (pending funding availability)
22	Animal control program	Animal Control Officer	Track the number of dead animals collected
23	Implement and maintain the Highway Dept.'s Storm Water Pollution Prevention Plan (SWPPP)	Highway Dept.	Maintain SWPPP at Highway garage

7. BMPs for Meeting TMDL: NOT APPLICABLE
TMDLs have not been finalized for any of the receiving waters.

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.

Gregory W. Barnes, Town Administrator
Printed Name

Gregory W. Barnes
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. Storm Water Management Program TIME FRAMES

Transmittal Number W035541

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
Website	1																				X	
Brochures	2									—	—	—	—	—	—	—	—	—	—	—	—	
Bulk mailing	3			X				X				X				X				X		
Broadcast public mtgs	4			X			X								X							
Public mtgs	5			X			X								X							
Map system	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
GIS database	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Inspect outfalls	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
QAPP	9		X																			
Sample outfalls	10		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Train DPW employees	11			X				X				X				X				X		
Udate Town bylaws	12			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erosion control ordinanc	13			—	—	—	—	—	—	—	—	—	—									
Inspect erosion controls	14													—	—	—	—	—	—	—	—	
SW ordinance	15			—	—	—	—	—	—	—	—	—	—									
Inspect SW controls	16													—	—	—	—	—	—	—	—	
Street sweeping	17	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—		
CB cleaning	18	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—		
New vaccum cleaner	19																				X	
Yard waste	20	—	—	—	X	—	—	—	X	—	—	—	X	—	—	—	X	—	—	—	X	
HW collection day	21							X								X						
Animal control	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
SWPPP	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	