Municipality/Organization: **Southbridge, Massachusetts**

EPA NPDES Permit Number: **MAR041161**

MaDEP Transmittal Number: **W-079400**

Annual Report Number & Reporting Period: **No.4; March 05 to March 06**

NPDES PII Small MS4 General Permit Annual Report

Part I. General Information

Contact Person: Hamer D. Clarke, P.E. Title: Director

Telephone #: 508-764-5403 Email: hclarke@southbridgemass.org

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, 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.

Signature: Hamer Clarke

Printed Name: Hamer D. Clarke

Title: Director

Date: April 20, 2006

Part II. Self-Assessment

The Town of Southbridge has completed the required self-assessment and has determined that our municipality is in compliance with all permit conditions established for this, the fourth year of the permit with he exception of finalizing Section 3. Illicit Discharge Detection and Elimination. Mapping of drainage system is presently on hold due to budget needs.

3. Illicit Discharge Detection and Elimination

BMP ID #	BMP Description	Responsible Dept./Person Name	Measurable Goal(s)	Progress on Goal(s) – Permit Year 3 (Reliance on non-municipal partners indicated, if any)	Planned Activities – Permit Year 4
	Map Storm Sewer System	DPW	Map Outfalls	Outfall mapping ongoing in GIS system	Continue outfall mapping
Revised					
	Amend Drainage ByLaw	Town Council	Modify Existing Bylaw	Bylaw review committee appointed. Review, modifications, additions ongoing	Bylaw review committee to recommend and present modifications.
Revised					
	Inspect Outfalls	Health Agent	Identify Illicit Discharges		Inspect selected major outfalls
Revised					
Revised					
Revised					
Revised					

3a. Additions

4. Construction Site Storm water Runoff Control

BMP ID #	BMP Description	Responsible Dept./Person Name	Measurable Goal(s)	Progress on Goal(s) – Permit Year 3 (Reliance on non-municipal partners indicated, if any)	Planned Activities – Permit Year 4
	Control Erosion & Sedimentation	Town Council	Enact New Bylaw	Bylaw Review Committee appointed and reviewing for modifications, additions, deletions	Continue review; enact new bylaw
Revised					
Revised					
Revised					
Revised					
Revised					
Revised.					

4a. Additions

7. BMPs for Meeting Total Maximum Daily Load (TMDL) Waste Load Allocations (WLA) *<<if applicable>>*

BMP ID #	BMP Description	Responsible Dept./Person Name	Measurable Goal(s)	Progress on Goal(s) – Permit Year 3 (Reliance on non-municipal partners indicated, if any)	Planned Activities – Permit Year 4
	Not applicable				
Revised					
Revised					
Revised					
Revised					
Revised					
Revised					

7a. Additions

7b. WLA Assessment

Part IV. Summary of Information Collected and Analyzed

Part V. Program Outputs & Accomplishments (OPTIONAL)

Programmatic

Stormwater management position created/staffed	(y/n)	N
Annual program budget/expenditures	($)	0

Education, Involvement, and Training

Estimated number of residents reached by education program(s)	(# or %)	Unknown
Stormwater management committee established	(y/n)	No
Stream teams established or supported	(# or y/n)	One
Shoreline clean-up participation or quantity of shoreline miles cleaned	(y/n or mi.)	N/A
Household Hazardous Waste Collection Days (Oil, tires, Batteries and Paint)		
▪ days sponsored	(#)	4
▪ community participation	(%)	5%
▪ material collected	(tons or gal)	7 tons
School curricula implemented (Flyers mailed to all homes)	(y/n)	Y

Legal/Regulatory

	In Place Prior to Phase II	Under Review	Drafted	Adopted
Regulatory Mechanism Status (indicate with "**X**")				
▪ Illicit Discharge Detection & Elimination				
▪ Erosion & Sediment Control	X			
▪ Post-Development Stormwater Management				
Accompanying Regulation Status (indicate with "**X**")				
▪ Illicit Discharge Detection & Elimination				
▪ Erosion & Sediment Control				
▪ Post-Development Stormwater Management				

Mapping and Illicit Discharges

Outfall mapping complete	(%)	50%
Estimated or actual number of outfalls	(#)	360
System-Wide mapping complete	(%)	50%
Mapping method(s)		
▪ Paper/Mylar	(%)	
▪ CADD	(%)	
▪ GIS	(%)	100%
Outfalls inspected/screened	(# or %)	0
Illicit discharges identified	(#)	1
Illicit connections removed (Cathy Lane)	(#) (est. gpd)	1 330 gpd
% of population on sewer	(%)	85%
% of population on septic systems	(%)	15%

Average frequency of street sweeping (commercial/arterial or other critical streets)	(times/yr)	1
Qty. of sand/debris collected by sweeping	(lbs. or tons)	2271 tons
Disposal of sweepings (landfill, POTW, compost, beneficial use, etc.)	(location)	Landfill
Cost of sweepings disposal	($)	0
Vacuum street sweepers purchased/leased	(#)	0
Vacuum street sweepers specified in contracts	(y/n)	0

Reduction in application on public land of: ("N/A" = never used; "100%" = elimination)		
▪ Fertilizers	(lbs. or %)	0
▪ Herbicides	(lbs. or %)	N/A
▪ Pesticides	(lbs. or %)	0

Anti-/De-Icing products and ratios	% NaCl % $CaCl_2$ % $MgCl_2$ % CMA % Kac % KCl % Sand	38% 0 0 0 0 0 62%
Pre-wetting techniques utilized	(y/n)	N
Manual control spreaders used	(y/n)	Y
Automatic or Zero-velocity spreaders used	(y/n)	Y
Estimated net reduction in typical year salt application	(lbs. or %)	0%
Salt pile(s) covered in storage shed(s)	(y/n)	100%
Storage shed(s) in design or under construction	(y/n)	Y

5/6/06 received

Enter your transmittal number → W079400
Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.mass.gov/dep/counter/trasmfrm.shtml 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

*** Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

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

Stormwater General Permit
2. Name of Permit Category

Annual 2005 report
3. Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of southbridge
1. Name of Firm - Or, if party needing this approval is an individual enter name below:

Clarke
2. **Last Name** of Individual

Hamer
3. **First Name** of Individual

D
4. MI

41 Elm Street
5. Street Address

Southbridge
6. City/Town

MA
7. State

01550
8. Zip Code

508-764-5403
9. Telephone #

10. Ext. #

Hamer Clarke
11. Contact Person

hclarke@southbridgemass.org
12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

1. Name of Facility, Site Or Individual

2. Street Address

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

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

1. Name of Firm Or Individual

2. Address

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. 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

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

1. ☒ **Fee** Exempt (city, town or municipal housing authority)(state agency if fee is $100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

Check Number | Dollar Amount | Date