



Hand-enter Your Transmittal Number

W 035516

SP

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

MAR 04 10 85

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: NOI For Discharges From MS4s
JUL 21 2003

B. Applicant Information (Firm or Individual)

Name of Firm: Town Of Acushnet
MUNICIPAL ASSISTANCE UNIT
Or, if party needing this approval is clearly an individual: Individual's Last Name: First Name: MI

Street Address: 122 Main Street, Town Hall
City/Town: Acushnet State: MA Zip Code: 02743 Telephone Number: (508) 998-0230 ext.
Contact: Richard H. Settele e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town Of Acushnet MS4s DEP Facility Number (if Known)
Street Address: 122 Main Street e-mail address (optional)
City/Town: Acushnet State: MA Zip Code: 02743 Telephone Number: (508) 998-0230 ext.

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

Name of Individual or Firm:
Address:
City/Town: State: Zip Code: Telephone Number:
Contact: LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] 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 [X] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [X] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [X] 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



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:

Richard H. Settele, Superintendent of Public Works
Name

122 Main Street, Town Hall
Mailing Address

Acushnet

City/Town

508-998-0230

Telephone Number

Massachusetts 02743

State

Email (if available)

2. Municipality Name

Town of Acushnet

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:

Route 105, South Main Street

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

B. Applicant Information (cont.)

Criteria D:

We have conferred in detail with both the Massachusetts Audubon Society and the U.S. Fish and Wildlife Department regarding the habitat of known endangered species in Bristol County, Massachusetts.

The Federal listing for Bristol County includes:

- a). Roseate Tern
- b). Piping Plover
- c). Bald Eagle

According to Ms. Purtell of the Massachusetts Audubon Society and Mr. Paul Nickerson, Chief of the Division of Threatened and Endangered Species, U.S. Fish and Wildlife – N.E. Region; none of the above listed species are to be found in any area of the Town Of Acushnet, Massachusetts. Therefore, based on those evaluations a determination has been made by the Town Of Acushnet that the storm water discharges, allowable non-storm water discharges, and discharge related activities will not affect any Federally Threatened and Endangered Species or designated critical habitat per Criteria D of the General Permit for Storm Water Discharges for MS4's.

No historic properties located in proximity to the MS4 or the points where authorized discharge reach the receiving waters.



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)

W035516
Transmittal Number

Facility ID (if known)

1. Public Education:

<u>1-1</u> BMP ID # <u>Education Flyer</u> Specify Best Management Practice	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Distribute Flyer</u> Specify Measurable Goal
<u>1-2</u> BMP ID # <u>Annual Public Meeting</u> Specify Best Management Practice	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Hold Meeting</u> Specify Measurable Goal
<u>1-3</u> BMP ID # <u>Postings of Maps</u> Specify Best Management Practice	<u>DPW Director</u> Responsible Dept./Person Name	<u>Map Posted</u> Specify Measurable Goal
<u>1-4</u> BMP ID # <u>Web Page</u> Specify Best Management Practice	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Web Page Development</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID # <u>Public Participation</u> Specify Best Management Practice	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Complaint Report Files</u> Specify Measurable Goal
<u>2-2</u> BMP ID # <u>Storm Water Committee</u> Specify Best Management Practice	<u>Selectmen</u> Responsible Dept./Person Name	<u>Meeting Minutes</u> Specify Measurable Goal
<u>2-3</u> BMP ID # <u>Selectmen's Meeting Review</u> Specify Best Management Practice	<u>Selectmen</u> Responsible Dept./Person Name	<u>Meeting Held, Recorded</u> Specify Measurable Goal
<u>2-4</u> BMP ID # <u>Storm Drain Stenciling</u> Specify Best Management Practice	<u>DPW Director</u> Responsible Dept./Person Name	<u>Record of Stenciling</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> 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)

W035516
Transmittal Number

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>DPW Director</u> Responsible Dept./Person Name	<u>Production of Maps</u> Specify Measurable Goal
<u>Discharge Identification</u> Specify Best Management Practice		
<u>3-2</u> BMP ID #	<u>BOH/DPW</u> Responsible Dept./Person Name	<u>Illicit Discharge Identification</u> Specify Measurable Goal
<u>Illicit Discharge Identification</u> Specify Best Management Practice		
<u>3-3</u> BMP ID #	<u>BOH</u> Responsible Dept./Person Name	<u>Identify and Correct</u> Specify Measurable Goal
<u>Illicit Discharge Enforcement</u> Specify Best Management Practice		
<u>3-4</u> BMP ID #	<u>DPW Director</u> Responsible Dept./Person Name	<u>Meetings Held</u> Specify Measurable Goal
<u>DPW Training</u> Specify Best Management Practice		
<u>3-5</u> BMP ID #	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Complaint Report File</u> Specify Measurable Goal
<u>Public Information</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>By-Law Enacted If Required</u> Specify Measurable Goal
<u>Conservation Commission By-Law Review</u>		
<u>4-2</u> BMP ID #	<u>Planning Commission</u> Responsible Dept./Person Name	<u>By-Law Enacted If Required</u> Specify Measurable Goal
<u>Subdivision Regulation Review</u> Specify Best Management Practice		
<u>4-3</u> BMP ID #	<u>Planning Commission</u> Responsible Dept./Person Name	<u>By-Law Enacted If Required</u> Specify Measurable Goal
<u>Zoning By-Law Review</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

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)

W035516
Transmittal Number

Facility ID (if known)

5. Post Construction Runoff Control:

5-1

BMP ID #

Conservation Commission By-Law Review

Conservation Commission
Responsible Dept./Person Name

By-Law Enacted If Required
Specify Measurable Goal

5-2

BMP ID #

Subdivision By-Law Review
Specify Best Management Practice

Planning Commission
Responsible Dept./Person Name

By-Law Enacted If Required
Specify Measurable Goal

5-3

BMP ID #

Zoning By-Law Review
Specify Best Management Practice

Planning Commission
Responsible Dept./Person Name

By-Law Enacted If Required
Specify Measurable Goal

5-4

BMP ID #

Site Plan Review
Specify Best Management Practice

Building Department and
Conservation Commission

Sign Off Sheet For Site
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

DPW Policy Guide
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

Prepare Policy Guide
Specify Measurable Goal

6-2

BMP ID #

DPW Annual Training
Specify Best Management Practice

DPW Staff
Responsible Dept./Person Name

Complete Annual Training
Specify Measurable Goal

6-3

BMP ID #

DPW Permit Filing
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

Permits On File
Specify Measurable Goal

6-4

BMP ID #

Street Maintenance
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

Monthly Street Cleaning
Specify Measurable Goal

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

W035516
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)

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.

David E. Wojnar, Chairman of the Board of Selectmen

Printed Name

Signature

7/7/03
Date

