Hand-enter Your Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.htm 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

A. Permit Information

BRP WM 08 A
Permit Code: 7 or 8 character code from permit instructions
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
Type of Project or Activity
NPDES Stormwater General Permit
Name of Permit Category

B. Applicant Information – Firm or Individual

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

Last Name of Individual
First Name of Individual, M.I.
62 Friend Street, Town Hall
Street Address
Amesbury
City/Town
Robert Desmarais, Town Engineer
Contact Person
rob@ci.amesbury.ma.us
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Amesbury
Name of Facility, Site or Individual

Street Address
Amesbury
City/Town

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
Pieter Hartford
Contact Person

For DEP Use Only

Permit No.
Rec'd Date
Reviewer

E. Permit - Project Coordination

Is this project subject to MEPA review? □ yes □ no
If yes, enter the project’s EOA file number - assigns when an Environmental Notification Form is submitted to the MEPA unit:
EOA 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:

<table>
<thead>
<tr>
<th>Permit Category</th>
<th>Date of Submission (tentative or actual)</th>
<th>Transmittal # if application already submitted</th>
</tr>
</thead>
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</tbody>
</table>

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
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
A. Instructions

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 Amesbury
   Name
   62 Friend Street – Town Hall – Town Engineer’s Office
   Mailing Address
   Amesbury
   City/Town
   MA
   State
   (978) 388-8135
   Telephone Number
   Email (if available)

2. Municipality Name
   Town of Amesbury - Attn: Robert Desmarais, Town Engineer
   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:
   Massachusetts Highway Department (Rte 95, 495, 110 150), Anna Jakes Hospital

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
A. Instructions

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 Amesbury
   Name
   62 Friend Street – Town Hall – Town Engineer’s Office
   Mailing Address
   Amesbury MA
   City/Town
   (978) 388-8135
   Telephone Number
   rob@ci.amesbury.ma.us
   Email (if available)

2. Municipality Name
   City of Amesbury
   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:
   Massachusetts Highway Department (Rte 95, 495, 110 150), Anna Jacques Hospital

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
### C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
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</thead>
<tbody>
<tr>
<td>Powow River</td>
<td>TBD</td>
<td>□ Yes □ No</td>
<td>Pathogens, suspended solids, turbidity, noxious aquatic plants Specify</td>
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<tr>
<td>Name</td>
<td>Number</td>
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<tr>
<td>Back River</td>
<td>TBD</td>
<td>□ Yes □ No</td>
<td>Siltation, pathogens, turbidity     Specify</td>
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<td>Merrimack River</td>
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<td>Lake Attitash</td>
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<tr>
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<td>Number</td>
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<tr>
<td>Pattens Brook</td>
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<td>□ Yes □ No</td>
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<tr>
<td>Name</td>
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<td>Name</td>
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<td>Clarks Pond</td>
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<td>Bailey Pond</td>
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<td>Name</td>
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<td>Goodwin Creek</td>
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<td>Tuxbury Pond</td>
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<td>Meadowbrook Pond</td>
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<td>Specify</td>
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<tr>
<td>Name</td>
<td>Number</td>
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</tbody>
</table>

### D. Stormwater Management Program Summary

1. Public Education:

   1a
   - **BMP ID #**
   - Publish information on voluntary yard waste program
     - Specify Best Management Practice
   - **Town Engineer**
     - Responsible Dept./Person Name
   - Publish in newspaper various times
     - Specify Measurable Goal

   1b
   - **BMP ID #**
   - Publish information about household hazardous waste program
     - Specify Best Management Practice
   - **Town Engineer**
     - Responsible Dept./Person Name
   - Publish flyers and notices in paper and radio in spring
     - Specify Measurable Goal
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)  

1c  
BMP ID #  
Publish educational brochure  
Specify Best Management Practice  

Town Engineer  
Responsible Dept./Person Name  
Coordinate with public awareness groups and update annually  
Specify Measurable Goal  

1d  
BMP ID #  
Post brochure on town website  
IS Dept.  
Establish link and update annually  

2. Public Participation:  

2a  
BMP ID #  
Voluntary yard waste disposal program  
Specify Best Management Practice  

Dept. of Public Works  
Responsible Dept./Person Name  
Conduct annually April - November  
Specify Measurable Goal  

2b  
BMP ID #  
Conduct meetings regarding stormwater management  
Specify Best Management Practice  

Dept. of Public Works/Town Engineer  
Responsible Dept./Person Name  
Conduct one meeting per year  
Specify Measurable Goal  

3. Illicit Discharge Detection and Elimination:  

3a  
BMP ID #  
Map stormwater drainage system and outfalls  
Specify Best Management Practice  

Town Engineer  
Responsible Dept./Person Name  
3 year program using GPS equipment with submeter accuracy  
Specify Measurable Goal  

3b  
BMP ID #  
Visually inspect outfalls for dry weather flow  
Specify Best Management Practice  

Town Engineer  
Responsible Dept./Person Name  
3 year program concurrent with mapping  
Specify Measurable Goal  

3c  
BMP ID #  
Develop sampling & analyses program to sample outfalls  
Specify Best Management Practice  

Town Engineer  
Responsible Dept./Person Name  
3 year program based on results of outfall inspection  
Specify Measurable Goal
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)

3d
BMP ID #
Develop program to identify and locate illicit connections
Specify Best Management Practice
Town Engineer
Responsible Dept./Person Name
3 year program to smoke test drains based on results of sampling and analysis
Specify Measurable Goal

3e
BMP ID #
Periodically inspect outfalls
Specify Best Management Practice
Town Engineer
Responsible Dept./Person Name
Annual program once mapping completed. Inspect 25% of outfalls per year.
Specify Measurable Goal

3f
BMP ID #
Develop Stormwater Use Regulation prohibiting illicit discharges
Specify Best Management Practice
Town Engineer
Responsible Dept./Person Name
Incorporate into comprehensive stormwater ordinance
Specify Measurable Goal

4. Construction Site Runoff Control:

4a
BMP ID #
Develop a comprehensive stormwater ordinance
Specify Best Management Practice
Municipal Utility Manager, Town Engineer, other Departments
Responsible Dept./Person Name
Obtain approval from Mayor and Municipal Council
Specify Measurable Goal

4b
BMP ID #
Reassess stormwater management plan
Specify Best Management Practice
Town Engineer
Responsible Dept./Person Name
Perform every three years
Specify Measurable Goal

4c
BMP ID #
Require erosion and sedimentation control measures plan prior to construction of all projects
Specify Best Management Practice
Planning Board, Conservation Commission, Town Engineer
Responsible Dept./Person Name
Conduct periodic site inspections and monitor and track violations through reports to Conservation Commission
Specify Measurable Goal
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)

3d
BMP ID #
Develop program to identify and locate illicit connections
Specify Best Management Practice

Town Engineer
Responsible Dept./Person Name

3 year program to smoke test drains based on results of sampling and analysis
Specify Measurable Goal

3e
BMP ID #
Periodically inspect outfalls
Specify Best Management Practice

Town Engineer
Responsible Dept./Person Name

Annual program once mapping completed. Inspect 25% of outfalls per year.
Specify Measurable Goal

4. Construction Site Runoff Control:

4a
BMP ID #
Develop a comprehensive stormwater ordinance
Specify Best Management Practice

Dept. of Public Works, Town Engineer, other Departments
Responsible Dept./Person Name

Obtain approval from Mayor and Municipal Council
Specify Measurable Goal

4b
BMP ID #
Reassess stormwater management plan
Specify Best Management Practice

Town Engineer
Responsible Dept./Person Name

Perform every three years
Specify Measurable Goal

4c
BMP ID #
Require erosion and sedimentation control measures plan prior to construction of all projects
Specify Best Management Practice

Planning Board, Conservation Commission, Town Engineer
Responsible Dept./Person Name

Conduct periodic site inspections and monitor and track violations through reports to Conservation Commission
Specify Measurable Goal
### Post Construction Runoff Control:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Develop standards for regulating stormwater controls for all new and redevelopment projects and inspect controls</th>
<th>Planning Board, Conservation Commission, Town Engineer Responsible Dept./Person Name</th>
<th>Incorporate into comprehensive stormwater ordinance Specify Measurable Goal</th>
</tr>
</thead>
</table>

### Municipal Good Housekeeping:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Street sweeping Specify Best Management Practice</th>
<th>Dept. of Public Works Responsible Dept./Person Name</th>
<th>Continue program of sweeping twice annually. Track volume of material collected by area. Sweep in late spring and fall with additional sweeping during severe winters Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>De-icing Specify Best Management Practice</td>
<td>Dept. of Public Works Responsible Dept./Person Name</td>
<td>Continue program of using Ice Ban to enhance melting Specify Measurable Goal</td>
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<td>Implement plan and train employees within one year Specify Measurable Goal</td>
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<td>Continue program of catchbasin cleaning twice annually. Track volume of material removed by area Specify Measurable Goal</td>
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</table>
BMP ID #

Trash removal and recycling
Specify Best Management Practice  Dept. of Public Works  Responsible Dept./Person Name
Continue program of trash removal weekly and curbside recycling biweekly
Specify Measurable Goal

BMP ID #

Yard waste disposal
Specify Best Management Practice  Dept. of Public Works  Responsible Dept./Person Name
Continue voluntary program for resident drop-off of yard waste April - November
Specify Measurable Goal

BMP ID #

Household hazardous waste program
Specify Best Management Practice  Dept. of Public Works  Responsible Dept./Person Name
Continue annual program of conducting a collection day for household hazardous waste
Specify Measurable Goal

BMP ID #

Develop storm drain flushing program
Specify Best Management Practice  Dept. of Public Works  Responsible Dept./Person Name
Annual program where selected drains are cleaned in the spring starting the second year of the permit
Specify Measurable Goal

BMP ID #

Television inspection of storm drains
Specify Best Management Practice  Dept. of Public Works  Responsible Dept./Person Name
Annual program where selected drains are TV inspected in the spring starting the second year of the permit
Specify Measurable Goal

BMP ID #

Require spill control plans from all non-residential establishments
Specify Best Management Practice  Dept. of Public Works  Responsible Dept./Person Name
Required within one year
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.

[Signature]

[Printed Name]

[Position]

[Date]
### F. Storm Water Management Program TIME FRAMES

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>PERMIT YEAR ONE</th>
<th>PERMIT YEAR TWO</th>
<th>PERMIT YEAR THREE</th>
<th>PERMIT YEAR FOUR</th>
<th>PERMIT YEAR FIVE</th>
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<td>Fall 03</td>
<td>Winter 03-04</td>
<td>Spring 04</td>
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### F. Storm Water Management Program TIME FRAMES

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<th>BMP ID #</th>
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<th>PERMIT YEAR TWO</th>
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