



Hand-enter Your Transmittal Number

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Transmittal Number

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

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

MI

62 Friend Street, Town Hall

Street Address

Amesbury

MA

01913

(978) 388-8135

City/Town

State

Zip Code

Telephone # and extension

Robert Desmarais, Town Engineer

rob@ci.amesbury.ma.us

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Amesbury

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

e-mail address (optional)

Amesbury

MA

01913

Telephone # and extension

City/Town

State

Zip Code

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

Metcalf & Eddy, Inc.

Name of Firm Or Individual

30 Harvard Mill Square

Address

Wakefield

MA

01880

(781) 224-6036

City/Town

State

Zip Code

Telephone # and extension

Pieter Hartford

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 EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE 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

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

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

COPY



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:

Town of Amesbury
Name

62 Friend Street – Town Hall – Town Engineer's Office
Mailing Address

Amesbury MA
City/Town 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



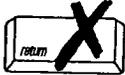
BRP WM 08A NPDES Stormwater General Permit

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:

City of Amesbury

Name

62 Friend Street – Town Hall – Town Engineer's Office

Mailing Address

Amesbury

City/Town

MA

State

(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

(private)

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



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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
<u>Powow River</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, suspended solids, turbidity, noxious aquatic plants Specify
<u>Back River</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Siltation, pathogens, turbidity</u> Specify
<u>Merrimack River</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Lake Attitash</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Lake Gardner</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Pattens Brook</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Pattens Pond</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Clarks Pond</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Bailey Pond</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Goodwin Creek</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Presbus Creek</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Tuxbury Pond</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Meadowbrook Pond</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary

1. Public Education:

<u>1a</u> BMP ID #	<u>Town Engineer</u> Responsible Dept./Person Name	<u>Publish in newspaper various times</u> Specify Measurable Goal
<u>1b</u> BMP ID #	<u>Town Engineer</u> Responsible Dept./Person Name	<u>Publish flyers and notices in paper and radio in spring</u> Specify Measurable Goal
<u>Publish information on voluntary yard waste program</u> Specify Best Management Practice		
<u>Publish information about household hazardous waste program</u> Specify Best Management Practice		



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W035560
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)

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)

W035560

Transmittal Number

Facility ID (if known)

<u>3d</u> BMP ID # Develop program to identify and locate illicit connections Specify Best Management Practice	<u>Town Engineer</u> Responsible Dept./Person Name	3 year program to smoke test drains based on results of sampling and analysis Specify Measurable Goal
<u>3e</u> BMP ID # Periodically inspect outfalls Specify Best Management Practice	<u>Town Engineer</u> Responsible Dept./Person Name	Annual program once mapping completed. Inspect 25% of outfalls per year. Specify Measurable Goal
<u>3f</u> BMP ID # Develop Stormwater Use Regulation prohibiting illicit discharges Specify Best Management Practice	<u>Town Engineer</u> Responsible Dept./Person Name	Incorporate into comprehensive stormwater ordinance Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4a</u> BMP ID # Develop a comprehensive stormwater ordinance Specify Best Management Practice	<u>Municipal Utility Manager, Town Engineer, other Departments</u> Responsible Dept./Person Name	Obtain approval from Mayor and Municipal Council Specify Measurable Goal
<u>4b</u> BMP ID # Reassess stormwater management plan Specify Best Management Practice	<u>Town Engineer</u> Responsible Dept./Person Name	Perform every three years Specify Measurable Goal
<u>4c</u> BMP ID # Require erosion and sedimentation control measures plan prior to construction of all projects Specify Best Management Practice	<u>Planning Board, Conservation Commission, Town Engineer</u> Responsible Dept./Person Name	Conduct periodic site inspections and monitor and track violations through reports to Conservation Commission Specify Measurable Goal



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 #

by law

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



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

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BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

5. Post Construction Runoff Control:

5a

BMP ID #

Develop standards for
regulating stormwater controls
for all new and redevelopment
projects and inspect
controls

Specify Best Management Practice

Planning Board, Conservation
Commission, Town Engineer

Responsible Dept./Person Name

Incorporate into
comprehensive stormwater
ordinance

Specify Measurable Goal

6. Municipal Good Housekeeping:

6a

BMP ID #

Street sweeping

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

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

6b

BMP ID #

De-icing

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Continue program of using Ice
Ban to enhance melting

Specify Measurable Goal

6c

BMP ID #

Develop Spill Prevention
Control Plan for the DPW
Garage

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Implement plan and train
employees within one
year

Specify Measurable Goal

6d

BMP ID #

Catchbasin cleaning

Specify Best Management Practice

Dept. of Public Works

Responsible Dept./Person Name

Continue program of
catchbasin cleaning twice
annually. Track volume of
material removed by
area.

Specify Measurable Goal



BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

6e
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

6f
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

6g
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

6h
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

6i
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

6j
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



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

7. BMPs for Meeting TMDL: Not Applicable

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.

	<i>David T. Hildt</i>	<i>Mayor</i>	
Printed Name			
	<i>David T. Hildt</i>		<i>7/28/03</i>
Signature			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

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit					
	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
1a			X		X	X	X		X	X	X		X	X	X		X	X	X		
1b					X				X					X							
1c				X																	
1d				X				X				X					X				X
2a								X				X					X				X
2b				X																	
3a								X									X				X
3b																					
3c																					
3d																					
3e																					
4a																					
4b																					
4c																					
5a																					
6a																					
6b																					
6c				X				X				X					X				X
6d																					
6e																					
6f																					
6g																					
6h					X				X					X							
6i																					
6j					X																

