

MAR041181

AH



Hand-enter Your Transmittal Number

W 040371

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 08A

Stormwater

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

NPDES Stormwater General Permit

Type of Project or Activity

B. Applicant Information - Firm or Individual

City of Beverly

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

Last Name of Individual

First Name of Individual

MI

City Hall, Engineering Dept. 191 Cabot Street

Street Address

Beverly

MA

01915

(978) 921-6000

City/Town

State

Zip Code

Telephone # and extension

Mr. Roland Adams

radams@ci.beverly.ma.us

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Beverly Storm Drain System

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Same as above

Street Address

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual

50 Hampshire Street

Address

Cambridge

MA

02139

(617) 452-6585

City/Town

State

Zip Code

Telephone # and extension

Renata Nagrant

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

JUL 28 2003

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

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



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

W040371

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)

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:

Mr. Roland Adams, Engineering Department

Name

City Hall, Engineering Department, 191 Cabot Street

Mailing Address

Beverly

City/Town

(978) 921-6000

Telephone Number

MA

State

radams@ci.beverly.ma.us

Email (if available)

2. Municipality Name

Beverly

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 (MHD)

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

JUL 28 2003



BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

B. Applicant Information (cont.)

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

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
Wenham Lake Name	<i>unknown</i> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beverly Harbor Name	" " Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
Danvers River Name	" " Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
Bass River Name	" " Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
Shoe Pond Name	" " Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	turbidity Specify
North Beverly Brook Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Miles River Name	" " Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	organic enrichment/low DO pathogens
Norwood Pond Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Pond Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lawrence Street Brook Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Centerville Creek Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chubbs Brook Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chubb Creek Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Prides Crossing Brook Name	" " Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Article/brochure about stormwater in the
annual Consumer Confidence Report.

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Article(s) in the annual CCR
sent to all residents. Years 2-5.

Specify Measurable Goal

1-2

BMP ID #

Stormwater education program for school
children.

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Integration of stormwater to
school science curriculum or
ECO Club, Years 2-5.

Specify Measurable Goal

1-3

BMP ID #

Public education and protection.

Specify Best Management Practice

Health Department

Responsible Dept./Person Name

Beach sampling results
available to the public, Years
1-5.

Specify Measurable Goal

1-4

BMP ID #

Educate dog owners about picking up dog
waste.

Specify Best Management Practice

Recreational Department

Responsible Dept./Person Name

Fact sheet mailed in annual dog
registration mailing, Years 2-5.

Specify Measurable Goal

1-5

BMP ID #

Install and maintain pet waste clean-up
signs at parks.

Specify Best Management Practice

Recreational Department

Responsible Dept./Person Name

New signs at parks by end of
Year 2, all signs maintained
thereafter.

Specify Measurable Goal

1-6

BMP ID #

Annual update of SWMP at a televised
City Council's meeting.

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Annual update of SWMP given
Years 2-5.

Specify Measurable Goal

Public Participation:

2-1

BMP ID #

Form Stormwater Advisory Committee.

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Committee formed first year,
meet at least once annually
thereafter.

Specify Measurable Goal



2-2

BMP ID #

Comply with state public notification
guidelines at MGL Ch. 39 s. 23B.

Specify Best Management Practice

City Clerk

Responsible Dept./Person Name

Notices posted in City Hall
and Library.

Specify Measurable Goal

2-3

BMP ID #

Stencil up to 25 catch basins with "don't
dump" message.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Up to 25 catch basins
stenciled per year in
Years 2-5.

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1*

BMP ID #

Map stormwater outfalls.

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Map created in the first year.

Specify Measurable Goal

3-2*

BMP ID #

Review City's ordinance to require
inspection of new construction for correct
connection.

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Review & amend existing
ordinance in Year 1.

Implement thereafter.

Specify Measurable Goal

3-3

BMP ID #

Conduct dry weather outfall screening.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Screen outfalls in Years 1 &
2.

Specify Measurable Goal

3-4*

BMP ID #

Develop and implement plan to identify
and remove non-stormwater discharges.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Prioritize outfalls in Year 3.
Number of illicit connections
found and removed
throughout Years 4 & 5.

Specify Measurable Goal

3-5

BMP ID #

Create a GIS for the stormwater collection
system.

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

GIS stormwater collection
system will be completed by
the end of second year of
permit term.

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)

W040371
Transmittal Number

Facility ID (if known)

4. Construction Site Runoff Control:

4-1*

BMP ID #

Erosion Sediment Control (ESC)
ordinance for construction sites greater
than 1 acre in area.

Specify Best Management Practice

Planning Development

Responsible Dept./Person Name

Develop draft ordinance in
Year 1. Present to City
Council starting in Year 2,
implement thereafter.

Specify Measurable Goal

4-2*

BMP ID #

Require a waste management plan at
construction sites greater than 1 acre in
area.

Specify Best Management Practice

Planning & Engineering
Departments

Responsible Dept./Person Name

Amend Planning Regulations
to require a plan development
for each construction site
greater than 1 acre.

Specify Measurable Goal

4-3*

BMP ID #

Consider public input on project greater
than 1 acre in area.

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Establish procedures for
handling public comments by
the end of Year 1; begin
notifications in Year 2; post
signs at construction site by
Year 3 and thereafter.

Specify Measurable Goal

4-4*

BMP ID #

Inspect erosion and sediment controls on
projects greater than 1 acre in area.

Specify Best Management Practice

Planning & Engineering
Departments

Responsible Dept./Person Name

Develop procedure during
Year 1 and 2. Begin
inspections Year 3; Develop
procedures for review of mo.
insp. rpts in Year 3; require
mo. insp. rpts Years 4-5.

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1*

BMP ID #

Develop an ordinance to apply Standards
2, 3, 4, 7, and 9 of the Massachusetts
Stormwater Policy to the entire Town.
Present of City Council.

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Develop draft ordinance in
Year 1. Present to City
Council starting in Year 2,
implement thereafter.

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)

W040371
Transmittal Number

Facility ID (if known)

5-2*

BMP ID #

Specify a stormwater BMP manual to be used for consistent design and performance standards.

Specify Best Management Practice

Planning & Engineering
Departments

Responsible Dept./Person Name

BMP manual selected by end of Year 2.

Specify Measurable Goal

5-3*

BMP ID #

Develop an ordinance that ensures long-term maintenance of structural BMPs. Present at the City Council's Meeting.

Specify Best Management Practice

Planning & Health
Departments & Public
Services

Responsible Dept./Person Name

Develop draft ordinance in Year 2. Present to City Council starting in Year 3.

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1*

BMP ID #

Identify sensitive receptors within the City.

Specify Best Management Practice

Engineering Department
& Public Services

Responsible Dept./Person Name

Inventory created and staff notified in Year 2.

Specify Measurable Goal

6-2*

BMP ID #

In-house employee training program.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Number/percent of employees trained in stormwater once every two years during permit term.

Specify Measurable Goal

6-3*

BMP ID #

Hazardous Materials Inventory & Training.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Number of employees trained every two years; inventory of hazardous materials updated annually.

Specify Measurable Goal

6-4

BMP ID #

Street sweeping.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Percent of roads swept annually.

Specify Measurable Goal

6-5

BMP ID #

Storm drain maintenance.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Number of catch basins cleaned annually.

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)

W040371
Transmittal Number

Facility ID (if known)

6-6

BMP ID #

Roadway deicing.
Specify Best Management Practice

Public Services
Responsible Dept./Person Name

Investigate alternative deicers & spreaders every other winter starting Year 1. Equipment calibration & deicer quantity records by end of Year 2 & thereafter.
Specify Measurable Goal

6-7

BMP ID #

Minimize impacts from vehicle washing.
Specify Best Management Practice

Public Services
Responsible Dept./Person Name

Determine car wash facility location by the end of Year 2. Evaluate vehicle washing by schools & fire depts. during Year 1. If improvements required at schools and fire depts., recommend design improvements in Year 2. Begin improvements implementation and prepare final design plans for car wash facility in Years 4 and 5.
Specify Measurable Goal

6-8

BMP ID #

Park and landscape maintenance.
Specify Best Management Practice

Public Services
Responsible Dept./Person Name

Number of employees trained in second year and records of herbicide/fertilizer used annually at recreational areas maintained by the Public Services.
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)

W040371
Transmittal Number

Facility ID (if known)

6-9

BMP ID #

Hazardous Waste Collection.

Specify Best Management Practice

Public Services

Responsible Dept./Person Name

Investigate locations and cost alternatives for holding a household hazardous waste collection in Year 1. Develop a program in Year 2. Present for City Council approval in Year 3. If approved, implement in Years 4 and 5.
Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:
None required.

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.

Thomas M. Crean, Mayor

Printed Name

Signature

Date

11/17/03

