



Hand-enter Your Transmittal Number

W 035717

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

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: Notice of Intent for Discharges from Small MS4s

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Fairhaven, Massachusetts		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI

Street Address 5 Arsene Street			
City/Town Fairhaven	State MA	Zip Code 02719	Telephone Number (508) 979-4030 ext.
Contact: Robert Carey		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Town of Fairhaven, Massachusetts		DEP Facility Number (if Known)	
Street Address		e-mail address: (optional)	
City/Town	State	Zip Code	Telephone Number () ext.

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

Name of Individual or Firm: Camp Dresser & McKee, Inc.			
Address One Cambridge Place, 50 Hampshire Street			
City/Town Cambridge	State MA	Zip Code 02139	Telephone Number (617) 452-6000 ext.
Contact: Edward C. Sanderson		LSP Number (21E only)	

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no

If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # _____ 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 Number (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

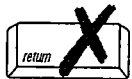
Check #:	Dollar Amount:	Date:
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211		



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

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:

Fairhaven, Massachusetts
Name
5 Arsene Street
Mailing Address
Fairhaven MA
City/Town State
508-979-4030
Telephone Number
Email (if available)

2. Municipality Name

Town of Fairhaven
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

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



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

W035717
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)

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
<u>Acushnet River</u> Name	<u>4</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, siltation, organic enrichment/low DO, pathogens, priority organics, metals Specify _____
<u>New Bedford Harbor</u> Name	<u>27</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, organic enrichment/low DO, pathogens, priority organics, metals Specify _____
<u>Outer New Bedford Harbor (Buzzards Bay)</u> Name	<u>27</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, nonpriority organics, metals, organic enrichment/low DO, pathogens Specify _____
<u>Nasketucket Bay</u> Name	<u>4</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
<u>Nasketucket River</u> Name	<u>0</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
<u>Little Bay</u> Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
<u>Tinkham Pond</u> Name	<u>0</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
<u>Private unnamed pond on Sconticut Neck</u> Name	<u>0</u> 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 _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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

D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Develop article or brochure about stormwater and make available at Town public buildings

Specify Best Management Practice

Board of Public Works

Responsible Dept./Person Name

Develop article or brochure; make article or brochure available at Town buildings, including Town Hall, library, post office, and Board of Public Works office

Specify Measurable Goal

1-2

BMP ID #

Contact Buzzards Bay Project and the Coalition for Buzzards Bay for assistance in preparing stormwater article/brochure

Specify Best Management Practice

Board of Public Works

Responsible Dept./Person Name

Attempt to contact the Buzzards Bay Project and the Coalition for Buzzards Bay

Specify Measurable Goal

1-3

BMP ID #

Display stormwater message on the Town cable television bulletin board

Specify Best Management Practice

Board of Public Works

Responsible Dept./Person Name

Message displayed on Town cable television bulletin board

Specify Measurable Goal

1-4

BMP ID #

Discuss stormwater issues at Board of Public Works meeting

Specify Best Management Practice

Board of Public Works

Responsible Dept./Person Name

Schedule agenda item to discuss stormwater issues at a Board of Public Works meeting during the first quarter of each year of permit

Specify Measurable Goal

1-5

BMP ID #

Educate dog owners about picking up dog waste

Specify Best Management Practice

Board of Public Works, Town Clerk's Office, and the Board of Public Health

Responsible Dept./Person Name

The number of pet waste fact sheets distributed to dog owners

Specify Measurable Goal

1-6

BMP ID #

Stormwater education program for school children

Specify Best Management Practice

Board of Public Works

Responsible Dept./Person Name

If the school expresses interest, give the presentation to the middle school in Fairhaven

Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

<u>1-7</u> BMP ID #		
<u>Sign postings in public water supply areas</u> Specify Best Management Practice	<u>Board of Public Works</u> Responsible Dept./Person Name	<u>Number of signs installed and inspected</u> Specify Measurable Goal
<u>1-8</u> BMP ID #		
<u>Household Hazardous Waste Day</u> Specify Best Management Practice	<u>Board of Public Works</u> Responsible Dept./Person Name	<u>Household Hazardous Waste Day held</u> Specify Measurable Goal
<u>1-9</u> BMP ID #		
<u>Household paint drop-off facility</u> Specify Best Management Practice	<u>Board of Public Works</u> Responsible Dept./Person Name	<u>Notify residents of days of operation of the drop-off facility by advertising on the Town's cable television bulletin board</u> Specify Measurable Goal
<u>1-10</u> BMP ID #		
<u>Develop Ad Hoc Stormwater Committee</u> Specify Best Management Practice	<u>Board of Public Works will coordinate meetings</u> Responsible Dept./Person Name	<u>Number of meetings</u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID #		
<u>Comply with state public notification guidelines at MGL Chapter 39 Section 23B</u> Specify Best Management Practice	<u>Board of Public Works</u> Responsible Dept./Person Name	<u>Notices posted in current locations</u> Specify Measurable Goal
<u>2-2</u> BMP ID #		
<u>Stencil storm drain catch basins with "don't dump" message</u> Specify Best Management Practice	<u>Board of Public Works</u> Responsible Dept./Person Name	<u>Number of catch basins stenciled</u> Specify Measurable Goal
<u>2-3</u> BMP ID #		
<u>Annual Beach Cleanup Day</u> Specify Best Management Practice	<u>Board of Public Works</u> Responsible Dept./Person Name	<u>Beach cleanup day held</u> Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Develop illicit discharge ordinance
Specify Best Management Practice

Board of Public Works in conjunction with Town Meeting
Responsible Dept./Person Name

Develop ordinance and seek Town Meeting approval
Specify Measurable Goal

3-2

BMP ID #

Conduct dry weather outfall screening
Specify Best Management Practice

Board of Public Works and Board of Health
Responsible Dept./Person Name

Percent of outfalls screened
Specify Measurable Goal

3-3

BMP ID #

Map the stormwater collection system
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Complete map of stormwater collection system
Specify Measurable Goal

3-4

BMP ID #

Develop and implement plan to identify non-stormwater discharges to the MS4
Specify Best Management Practice

Board of Health
Responsible Dept./Person Name

Number of illicit connections found and removed
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Amend existing Town subdivision and/or zoning regulations to require an Erosion and Sediment Control Plan for all construction sites greater than 1 acre in area
Specify Best Management Practice

Building Department and Planning Department
Responsible Dept./Person Name

Amendment developed and presented to Town Meeting
Specify Measurable Goal

4-2

BMP ID #

Inspection and enforcement of erosion and sediment controls
Specify Best Management Practice

Building Department, Planning Department, and Board of Public Works
Responsible Dept./Person Name

If amendment in BMP #4-1 is passed by Town Meeting, develop checklist; record number of erosion and sedimentation checklists submitted; record number and type of enforcement actions taken
Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

4-3

BMP ID #

Consideration of public input
Specify Best Management Practice

Planning Board and Conservation Commission
Responsible Dept./Person Name

Per Massachusetts General Law notification requirements, hold public hearings with opportunity for the general public as well as abutters to review and comment
Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Determine necessity of stormwater BMP reference manual
Specify Best Management Practice

Planning Board and Board of Public Works
Responsible Dept./Person Name

Complete review of existing stormwater regulations and determine the necessity of stormwater BMP reference manual; select BMP reference manual
Specify Measurable Goal

5-2

BMP ID #

Ensure long-term maintenance of Town playing fields and structural BMPs
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Continue long-term maintenance of Town playing fields and structural BMPs
Specify Measurable Goal

5-3

BMP ID #

Evaluate existing structural BMPs for efficiency
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Create BMP inventory and maintenance plan
Specify Measurable Goal

5-4

BMP ID #

Review site plans for stormwater impacts
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Number of site plans reviewed
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Identify sensitive receptors (such as wetlands, beaches, etc) within the Town
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

List of sensitive receptors developed, staff notified
Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

6-2
BMP ID #

Street sweeping
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Percent of streets swept
annually; volume of residuals
collected
Specify Measurable Goal

6-3
BMP ID #

Roadway deicing
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Alternative deicers evaluated;
sand/deicer compound mixture
modified, if necessary;
calibration records maintained;
record amount of deicers used
Specify Measurable Goal

6-4
BMP ID #

Snow disposal
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

List of snow disposal sites
developed; training conducted
Specify Measurable Goal

6-5
BMP ID #

Minimize impacts from vehicle
washing
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Volume of material pumped
out of catch basin located
within the containment area
Specify Measurable Goal

6-6
BMP ID #

Minimize impacts from
hazardous materials
associated with vehicle
maintenance
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Number of employees trained;
amount of hazardous
materials used; amount of
waste materials hauled from
site by licensed hazardous
waste hauler
Specify Measurable Goal

6-7
BMP ID #

Storm drain maintenance
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Number of catch basins
cleaned annually; volume of
residuals collected annually;
number of storm drains jet-
rodded annually
Specify Measurable Goal

6-8
BMP ID #

Tree planting and
maintenance
Specify Best Management Practice

Tree Warden
Responsible Dept./Person Name

Number of trees planted per
year
Specify Measurable Goal



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

W035717
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)

D. Stormwater Management Program Summary (Cont.)

6-9

BMP ID #

Illegal dumping control
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Number of signs posted;
number of sites cleaned up
Specify Measurable Goal

6-10

BMP ID #

Spill prevention and response
plan for the Board of Public
Works facility
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Train employees
Specify Measurable Goal

6-11

BMP ID #

Residual materials disposal
Specify Best Management Practice

Board of Public Works
Responsible Dept./Person Name

Contact MADEP and evaluate
potential beneficial use
options; implement new
options, if applicable
Specify Measurable Goal

7. BMPs for Meeting TMDL: **NONE REQUIRED**

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.

Winfred A Eckenreuter Chairman Board of Selectmen
Printed Name

Signature
7/14/03
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 for the Town of Fairhaven, MA

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE											
	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	Spring 08	Next Permit	
1-1						X				X								X				
1-2					As necessary during years two through five																	
1-3																						
1-4	X				X			X					X									
1-5																						
1-6							X															
1-7																						
1-8						X																
1-9	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
1-10	X	X	X	X	As necessary during years two through five																	
2-1																						
2-2					X																	
2-3				X				X					X									
3-1					Implement if passed by Town Meeting																	
3-2					X																	
3-3																						
3-4																						
4-1					Implement if passed by Town Meeting																	
4-2					Implement if passed by Town Meeting																	
4-3																						
5-1																						
5-2																						
5-3																						
5-4																						
6-1																						
6-2		X		X		X		X		X		X		X		X		X		X		
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