

MAR 041047



Hand-enter Your Transmittal Number →

W 040374

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

9/18/03 received

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

Town of Marblehead, MA Water and Sewer Commission

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

Last Name of Individual

First Name of Individual

MI

PO Box 1108 11 Tower Way

Street Address

Marblehead

MA

01945-2252

781-631-0102

City/Town

State

Zip Code

Telephone # and extension

Mr. Dana Snow

Superintendent of PW

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Marblehead 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

617-452-6000

City/Town

State

Zip Code

Telephone # and extension

Cyndy Carlson or Brent McCarthy

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

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

w040374
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:

Town of Marblehead, MA Water and Sewer Commission
Name
PO Box 1108 11 Tower Way
Mailing Address
Marblehead MA
City/Town State
781-631-0102
Telephone Number Email (if available)

2. Municipality Name

Town of Marblehead, MA
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:

Mass 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



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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
Atlantic Ocean Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Salem Harbor Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Marblehead Harbor Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Flag Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Harbor Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Forest River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organ. enrich. low DO, Paths., flow alt., hab. alt.
Unnamed trib from Flag Pond to Dolliver Cove Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Black Joe's Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed trib from Black Joe's Pond to Dolliver Cove Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wyman Cove Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dolliver Cove Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Oliver Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ware Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed pond on Marblehead Neck Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed trib from Mar'head Neck to Mass Bay Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Red's Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed pond on Bayview Road Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pond: Atlantic Ave, Casino Rd, & Ricehurst Ln. area Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

Names of Receiving Waters (presently known)	Listed as Impaired?		No. of Outfalls
	Yes	No	
Continued from previous page			
3 un-named ponds - by West Shore Dr, Village St, & MA 114		No	Unknown
Marshy area west of West Shore Dr. & north of MA route 114		No	Unknown
Unnamed pond&trib to Salem Harbor - Village St. & Jersey St.		No	Unknown
4 ponds & trib to Salem Harbor - Beacon St. & Waterside Cem.		No	Unknown



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D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Speakers for classroom discussion or tours

Superintendent, W&S

Responsible Dept./Person Name

Call 2 schools per year to notify

1-2

BMP ID #

5-minute news spot produced & broadcast on local TV

Superintendent, W&S

Responsible Dept./Person Name

Two news spots during permit term

1-3

BMP ID #

Staff community farm stand, distribute info.

Superintendent, W&S

Responsible Dept./Person Name

Staff farm stand one day per year

1-4

BMP ID #

Brochures available at DPW and Public Library

Superintendent, W&S

Responsible Dept./Person Name

Make two different brochures available

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Follow public notification guidelines for public meetings

Superintendent, W&S

Responsible Dept./Person Name

Post meeting notices

Specify Measurable Goal

2-2

BMP ID #

Annual Household Haz. Waste Day and Used Oil Collection

Director, Board of Health

Responsible Dept./Person Name

1 haz waste day per year; 2 oil collection days per week

2-3

BMP ID #

Youth group stenciling

Specify Best Management Practice

Superintendent, W&S

Responsible Dept./Person Name

50 catch basins stenciled per year for two years

2-4

BMP ID #

Seedlings to youth group for planting

Recreation, Parks and Forestry Dept.

Ten seedlings per year for two years

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u>		
BMP ID #		
Map outfalls and receiving waters	Superintendent, W&S	Complete map
	Responsible Dept./Person Name	Specify Measurable Goal
<u>3-2</u>		
BMP ID #		
Develop and present draft storm sewer bylaw	Superintendent, W&S	Draft bylaw, present to Town Meeting
	Responsible Dept./Person Name	
<u>3-3</u>		
BMP ID #		
Dry weather screening of outfalls	Superintendent, W&S	Two complete rounds during first permit term
	Responsible Dept./Person Name	
<u>3-4</u>		
BMP ID #		
Develop and implement illicit detection elimination system	Superintendent, W&S	TV storm drains, eliminate illicits as found
	Responsible Dept./Person Name	
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

<u>4-1</u>		
BMP ID #		
Develop/present ordinance for E&S control and plan review	Superintendent, W&S	Draft ordinance, present to Town Meeting
	Responsible Dept./Person Name	
<u>4-2</u>		
BMP ID #		
Receive and consider public comment	ZBA, ConCom, Planning	Public allowed to comment at public meetings
	Responsible Dept./Person Name	
<u>4-3</u>		
BMP ID #		
Continue/improve review procedures for site plans	ZBA, ConCom, Planning, W&S	Add stormwater quality review to required scope
<u>4-4</u>		
BMP ID #		
Notify boards & commissions of enforcement procedures	Planning, ConCom	Review procedures, notify boards/commissions
	Responsible Dept./Person Name	
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID # Recommen a BMP Manual for use by planners and devlopers	<u>Planning Dept., ConCom</u> Responsible Dept./Person Name	<u>Select BMP Manual</u> Specify Measurable Goal
<u>5-2</u> BMP ID # Ordinance for controls for new & redevelop, including O&M	<u>Superintendent, W&S</u> Responsible Dept./Person Name	<u>Draft ordinance, present to Town Meeting</u>
<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<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</u>
<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID # Identify sensitive areas of stormwater discharge	<u>Superintendent, W&S</u> Responsible Dept./Person Name	<u>Sensitive area identified/mapped</u>
<u>6-2</u> BMP ID # Continue CB Cleaning Pgm., improve record keeping	<u>Director, DPW</u> Responsible Dept./Person Name	<u>Maintain CB cleaning program; maintain records</u>
<u>6-3</u> BMP ID # Continue sweeping each street twice annually	<u>Director, DPW</u> Responsible Dept./Person Name	<u>Sweep each street twice a year</u>
<u>6-4</u> BMP ID # Continue not to use pesticides on town property	<u>Recreation, Parks and Forestry Dept.</u>	<u>No pesticides used</u> Specify Measurable Goal
<u>6-5</u> BMP ID # Complete tree survey, include long term forestation program	<u>Recreation, Parks and Forestry Dept.</u>	<u>Complete survey/plan</u> Specify Measurable Goal



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

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

6-6 BMP ID # Implement long term forestation plan	Recreation, Parks and Forestry Dept.	Implement survey/plan Specify Measurable Goal
6-7 BMP ID # Provide training to DPW, W&S, and Rec.	W&S, DPW, Recreation Responsible Dept./Person Name	Two training days per year for relevant staff
6-8 BMP ID # Place additional barrels for pet waste collection in parks	Recreation, Parks and Forestry Dept.	Three additional barrels Specify Measurable Goal
6-9 BMP ID # Maintain covered salt storage; calibrate salt spreaders yearly	Director, DPW Responsible Dept./Person Name	Shed maintained, spreaders calibrated

7. BMPs to meet TMDLs: None required

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.

F. CARLTON SIEGEL, P.E. CHAIRMAN
Printed Name
F. Carlton Siegel
Signature
July 9, 2003
Date

