



Hand-enter Your Transmittal Number

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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: Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Mattapoisett
Or, if party needing this approval is clearly an individual:
Individual's Last Name: First Name MI

Street Address: 16 Main Street
City/Town: Mattapoisett State: MA Zip Code: 02739 Telephone Number: (508) 758-4100 ext.
Contact: Carol Adams e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: 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: Tighe & Bond, Inc.
Address: 53 Southampton Road
City/Town: Westfield State: MA Zip Code: 01085 Telephone Number: (413) 562-1600 ext.
Contact: Tracy J. Adamski LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] no
If yes, indicate the project's EOE A 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 [X] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [X] 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



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

W035940

Transmittal Number

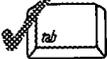
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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 Mattapoisett

Name

16 Main Street

Mailing Address

Mattapoisett

City/Town

(508) 758-4100

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Mattapoisett

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



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

| | | |
|----------------------------------|-------------------------------|---|
| Classroom Education | School District | Incorporate water quality information in third and fifth grades, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

1B

BMP ID #

| | | |
|----------------------------------|---|---|
| Field Trip | School District and Water Department | Water Dept. provide guest speaker to one class and guide follow-up field trip to municipal wells, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

1C

BMP ID #

| | | |
|----------------------------------|---------------------------------|--|
| Newspaper Press Releases | Board of Selectmen (BOS) | 2 per year in local newspaper, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

1D

BMP ID #

| | | |
|----------------------------------|-------------------------------|--|
| Local Cable Access | BOS | Post bulletins 2 per year on local cable access channel, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

1E

BMP ID #

| | | |
|---------------------------------------|-------------------------------|--|
| Informational Flyers/Pamphlets | BOS | Make 1 informational flyer or pamphlet available in Town Hall, Year 2-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

1F

BMP ID #

| | | |
|----------------------------------|-------------------------------|--|
| Community Website | BOS | Post bulletins 2 per year on Town website, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

2. Public Participation:

2A

BMP ID #

| | | |
|----------------------------------|---|---|
| Adopt-a-Road/Stream/Beach | Highway Department and School District | Support interested groups by collecting bagged trash; Center School to conduct beach clean-up, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

2B

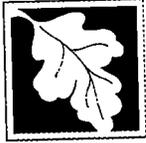
BMP ID #

| | | |
|----------------------------------|-------------------------------|--|
| Community Hotline | BOS | Publicize Police Department hotline number, encourage use for reporting illegal dumpings, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

2C

BMP ID #

| | | |
|----------------------------------|-------------------------------|---|
| Storm Drain Stenciling | Highway Department | Stencil 25% of storm drains each year, Years 2-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |



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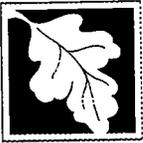
Facility ID (if known)

| | | |
|----------------------------------|-------------------------------|--|
| <u>2D</u> BMP ID # | | |
| Watershed Committee | Water & Sewer Commission | Work with Mattapoissett River Valley Watershed Advisory Board, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>2E</u> BMP ID # | | |
| Student Sampling Program | School District | Seventh graders and Environmental Studies class to conduct waterfront and beach sampling, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

| | | |
|-----------------------------------|-------------------------------|--|
| <u>3A</u> BMP ID # | | |
| Mapping Stormwater Outfalls | Highway Department | Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3B</u> BMP ID # | | |
| Develop Illicit Discharge Program | Highway Department | Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3C</u> BMP ID # | | |
| Non-Stormwater By-law | BOS/ Highway Department | Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3D</u> BMP ID # | | |
| Illegal Dumping | Board of Health (BOH) | Perform regular patrols & cleanup illegally dumped trash as needed, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3E</u> BMP ID # | | |
| Failing Septic System Program | BOH | Obtain records on pumped septic systems. Follow up with problem systems, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3F</u> BMP ID # | | |
| Water Quality Monitoring | BOH | Regular sampling at 14 public/semi-public beach sites during the summer months, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |



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4. Construction Site Runoff Control:

| | | |
|----------------------------------|--|---|
| <u>4A</u> BMP ID # | | Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5. |
| Construction Runoff By-law | Highway Department/ Planning Board/ ConCom | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>4B</u> BMP ID # | | Enforcement under adopted by-law, Year 3-5. |
| Plan Review | Planning Board | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>4C</u> BMP ID # | | Enforcement under adopted by-law, Year 3-5. |
| Inspection / Reporting | Highway Department/ Planning Board/ ConCom | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

| | | |
|------------------------------------|--|---|
| <u>5A</u> BMP ID # | | Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5. |
| Post Construction Runoff By-law | Planning Board/ ConCom | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>5B</u> BMP ID # | | Enforcement under adopted by-law, Year 3-5. |
| Construction Site Plan Review | Planning Board/ ConCom | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>5C</u> BMP ID # | | Enforcement under adopted by-law, Year 3-5. |
| Stormwater System Maintenance Plan | Planning Board/ ConCom/ Highway Department | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

6. Municipal Good Housekeeping:

| | | |
|--|-------------------------------|--|
| <u>6A</u> BMP ID # | | Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5. |
| Municipal Maintenance Activity Program | Highway Department | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>6B</u> BMP ID # | | Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5. |
| Training of all Municipal Employees | Highway Department | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

