



Hand-enter Your Transmittal Number

W 035579

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): BRPWW08A
Name of Permit Category: NPDES Stormwater General Permit - Notice of Intent
Type of Project or Activity: Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

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

Street Address: 8 Central St.
City/Town: Millville State: MA Zip Code: 01529 Telephone Number: (508) 883-1168 ext.
Contact: Ms. Suzanna V. Horne, Executive Secretary e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Millville DEP Facility Number (if Known)
Street Address: 8 Central St. e-mail address: (optional)
City/Town: Millville State: MA Zip Code: 01529 Telephone Number: (508) 883-1168 ext.

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

Name of Individual or Firm: Earth Tech
Address: 196 Baker Ave.
City/Town: Concord State: MA Zip Code: 01742 Telephone Number: (978) 371-4000 ext.
Contact: Michael Y. Weaver, P.E. 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 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



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 Millville	
Name	
8 Central Street	
Mailing Address	
Millville	MA
City/Town	State
508-883-1168	
Telephone Number	Email (if available)

2. Municipality Name

Millville, 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:

Millville Salt Shed - Exempted

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

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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
 (See Table 5-1 for additional details)

1. Public Education:

1.1
 BMP ID #

Material Distribution
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

Distribute Yearly Mailing
 Specify Measurable Goal

1.2
 BMP ID #

Work with BRWA
 Specify Best Management Practice

BOH/Con Com
 Responsible Dept./Person Name

Coordinate with BRWA
 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

2. Public Participation:

2.1
 BMP ID #

Public Involvement
 Specify Best Management Practice

BOH/Con Com
 Responsible Dept./Person Name

Organize an annual canoe trip to inspect outfalls

2.2
 BMP ID #

Municipal Roads
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

Storm drain stenciling
 Specify Measurable Goal

2.3
 BMP ID #

Watershed Organizations
 Specify Best Management Practice

Stormwater Team
 Responsible Dept./Person Name

Coordinate with BRWA
 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



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D. Stormwater Management Program Summary (Cont.)
 (See Table 5-1 for additional details)

3. Illicit Discharge Detection and Elimination:

3.1 BMP ID #	<u>Stormwater System Mapping</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Map outfalls, catchbasins, etc.</u> Specify Measurable Goal
3.2 BMP ID #	<u>Regulatory Mechanism</u> Specify Best Management Practice	<u>Board of Health (BOH)</u> Responsible Dept./Person Name	<u>Develop/implement ordinance</u> Specify Measurable Goal
3.3 BMP ID #	<u>Illicit Discharge Plan</u> Specify Best Management Practice	<u>Highway Dept./BOH</u> Responsible Dept./Person Name	<u>Develop illicit discharge plan</u> Specify Measurable Goal
3.4 BMP ID #	<u>Post Removal Evaluation</u> Specify Best Management Practice	<u>BOH</u> Responsible Dept./Person Name	<u>Report on post-removals</u> Specify Measurable Goal
BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

4.1 BMP ID #	<u>Regulatory Mechanism</u> Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Develop/implement ordinance</u> Specify Measurable Goal
4.2 BMP ID #	<u>Site Plan Review Procedures</u> Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Pre-Con review of SWPPP</u> Specify Measurable Goal
4.3 BMP ID #	<u>Site Inspection/Enforcement</u> Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Conduct site inspections</u> Specify Measurable Goal
BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (Cont.)
(See Table 5-1 for additional details)

5. Post Construction Runoff Control:

5.1
BMP ID #

Regulatory Mechanism
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Develop/implement ordinance
Specify Measurable Goal

5.2
BMP ID #

Review BMP Designs
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Pre-con review
Specify Measurable Goal

5.3
BMP ID #

Site Inspection/Enforcement
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Construction site inspections
Specify Measurable Goal

5.4
BMP ID #

O&M Procedures
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Develop O&M for BMPs
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6.1
BMP ID #

Employee Training Program
Specify Best Management Practice

SWMT
Responsible Dept./Person Name

Spill reporting/response
Specify Measurable Goal

6.2
BMP ID #

Stormwater System O&M
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

System inspection program
Specify Measurable Goal

6.3
BMP ID #

Parks and Open Space
Specify Best Management Practice

Parks Department
Responsible Dept./Person Name

Application controls
Specify Measurable Goal

6.4
BMP ID #

Municipal Roads
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Street sweeping
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice



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Storm Sewer Systems (MS4s)

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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.

Ms. Suzanne V. Horne, Executive Secretary

Printed Name

Signature

Date

6/3/03

