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

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):
BPWM08A

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

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. Home, 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.

Email 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 ☒ no

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

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:

<table>
<thead>
<tr>
<th>Permit Category</th>
<th>Date of Submission (tentative or actual)</th>
<th>Transmittal Number (if application already submitted)</th>
</tr>
</thead>
</table>

F. Amount Due

Special Provisions:
☒ Fee Exempt* (city, town or municipal housing authority) (state agency if fee is $100 or less)
☒ Harassment 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

rev 03/21/06
A. Instructions

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
   - City/Town
   - MA
   - 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
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

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackstone River</td>
<td>10</td>
<td>Yes □ No</td>
<td>See Text - Table 2-1 Specify</td>
</tr>
<tr>
<td>Tributary Brook - No Name</td>
<td>3</td>
<td>Yes □ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Tributary Brook - No Name</td>
<td>3</td>
<td>Yes □ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td>Number</td>
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<tr>
<td>Name</td>
<td>Number</td>
<td></td>
<td>Specify</td>
</tr>
</tbody>
</table>
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

Specify Measurable Goal

Distribute Yearly Mailing
Specify Measurable Goal

Coordinate with BRWA
Specify Measurable Goal

BOH/Con Com
Responsible Dept./Person Name

2. Public Participation:

2.1

BMP ID #

Public Involement
Specify Best Management Practice

BOH/Con Com
Responsible Dept./Person Name

Organize an annual canoe trip to inspect outfalls

Municipal Roads
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Storm drain stenciling
Specify Measurable Goal

BOH/Con Com
Responsible Dept./Person Name

Coordinate with BRWA
Specify Measurable Goal

Watershed Organizations
Specify Best Management Practice

Stormwater Team
Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Measurable Goal

Specify Measurable Goal

Specify Measurable Goal

Specify Measurable Goal

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

3. Illicit Discharge Detection and Elimination:

3.1 Stormwater System Mapping
   BMP ID #
   Highway Department
   Specify Best Management Practice
   Responsible Dept./Person Name
   Map outfalls, catchbasins, etc.
   Specify Measurable Goal

3.2 Regulatory Mechanism
   BMP ID #
   Board of Health (BOH)
   Specify Best Management Practice
   Responsible Dept./Person Name
   Develop/implement ordinance
   Specify Measurable Goal

3.3 Illicit Discharge Plan
   BMP ID #
   Highway Dept./BOH
   Specify Best Management Practice
   Responsible Dept./Person Name
   Develop illicit discharge plan
   Specify Measurable Goal

3.4 Post Removal Evaluation
   BMP ID #
   BOH
   Specify Best Management Practice
   Responsible Dept./Person Name
   Report on post-removals
   Specify Measurable Goal

3.4.1 Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal

4. Construction Site Runoff Control:

4.1 Regulatory Mechanism
   BMP ID #
   Planning Board
   Specify Best Management Practice
   Responsible Dept./Person Name
   Develop/implement ordinance
   Specify Measurable Goal

4.2 Site Plan Review Procedures
   BMP ID #
   Planning Board
   Specify Best Management Practice
   Responsible Dept./Person Name
   Pre-Con review of SWPPP
   Specify Measurable Goal

4.3 Site Inspection/Enforcement
   BMP ID #
   Planning Board
   Specify Best Management Practice
   Responsible Dept./Person Name
   Conduct site inspections
   Specify Measurable Goal

4.3.1 Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal

4.3.2 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)

5. Post Construction Runoff Control:

<table>
<thead>
<tr>
<th>Regulatory Mechanism</th>
<th>Planning Board</th>
<th>Develop/Implement ordinance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td><strong>5.2</strong> BMP ID #</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Review BMP Designs</strong></td>
<td>Planning Board</td>
<td>Pre-con review</td>
</tr>
<tr>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td><strong>5.3</strong> BMP ID #</td>
<td></td>
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<tr>
<td><strong>Site Inspection/Enforcement</strong></td>
<td>Planning Board</td>
<td>Construction site inspections</td>
</tr>
<tr>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td><strong>5.4</strong> BMP ID #</td>
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<tr>
<td><strong>O&amp;M Procedures</strong></td>
<td>Highway Department</td>
<td>Develop O&amp;M for BMPs</td>
</tr>
<tr>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td><strong>6. Municipal Good Housekeeping:</strong></td>
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<tr>
<td><strong>6.1</strong> BMP ID #</td>
<td>SWMT</td>
<td>Spill reporting/response</td>
</tr>
<tr>
<td><strong>Employee Training Program</strong></td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
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<tr>
<td>Specify Best Management Practice</td>
<td></td>
<td></td>
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<tr>
<td><strong>6.2</strong> BMP ID #</td>
<td>Highway Department</td>
<td>System inspection program</td>
</tr>
<tr>
<td><strong>Stormwater System O&amp;M</strong></td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
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<td>Specify Best Management Practice</td>
<td></td>
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<tr>
<td><strong>6.3</strong> BMP ID #</td>
<td>Parks Department</td>
<td>Application controls</td>
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<tr>
<td><strong>Parks and Open Space</strong></td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
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<td>Specify Best Management Practice</td>
<td></td>
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<tr>
<td><strong>6.4</strong> BMP ID #</td>
<td>Highway Department</td>
<td>Street sweeping</td>
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<tr>
<td><strong>Municipal Roads</strong></td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
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<td>Specify Best Management Practice</td>
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<tr>
<td><strong>BMP ID #</strong></td>
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<tr>
<td><strong>Specify Best Management Practice</strong></td>
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</table>
7. BMPs for Meeting TMDL:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Specify Best Management Practice</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
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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