



Hand-enter Your Transmittal Number →

W W040791
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

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

BRPWM08A NPDES General Permit
Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
Stormwater Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
Type of Project or Activity

B. Applicant Information - Firm or Individual

Newbury Highway Department
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
197 High Road Street Address
Newbury MA 01951 978-265-5097
City/Town State Zip Code Telephone # and extension
Mr. Timothy Leonard Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Newbury
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
25 High Road Street Address e-mail address (optional)
Newbury MA 01951
City/Town State Zip Code Telephone # and extension

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

CDM
Name of Firm Or Individual
One Cambridge Place, 50 Hampshire Street Address
Cambridge MA 02139 617-452-6306
City/Town State Zip Code Telephone # and extension
Alan D. Roscoe 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 _____

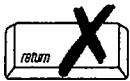
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211



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:

Mr. Timothy Leonard, Highway Department Superintendent

Name

197 High Road

Mailing Address

Newbury

City/Town

MA

State

978-265-5097

Telephone Number

Email (if available)

2. Municipality Name

Town of Newbury

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:

State Highways

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



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
Merrimack River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority Organics, pathogens Specify
Plum Island River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
Little River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
The Basin in Merrimack River Estuary Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
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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)

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1-1
BMP ID #

Prepare Newsletter/brochure
Specify Best Management Practice

Highway Department and/or Conservation Commission
Responsible Dept./Person Name

Newsletter/brochure distributed to all households
Specify Measurable Goal

1-2
BMP ID #

Dog Owner Education
Specify Best Management Practice

Town Clerk
Responsible Dept./Person Name

Pet waste fact sheets distributed to dog owners
Specify Measurable Goal

1-3
BMP ID #

Stormwater Education Program for Schoolchildren
Specify Best Management Practice

Stormwater Coordinator
Responsible Dept./Person Name

Inquire about presentation to Middle and/or Elementary School children on stormwater issues
Specify Measurable Goal

1-4
BMP ID #

Dog Waste Cleanup signs
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Signs are posted on Plum Island and in Parks
Specify Measurable Goal

1-5
BMP ID #

Annual Update of Stormwater Management Plan
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Update of the SWMP at a Board of Selectmen's meeting
Specify Measurable Goal

2. Public Participation:

2-1
BMP ID #

Form Stormwater Advisory Committee
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Promote Environmental Awareness, implement Stormwater Management Plan
Specify Measurable Goal

2-2
BMP ID #

Compliance with Public Meeting Law
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Post Notices in Town Hall, Public Library and newspapers
Specify Measurable Goal

2-3
BMP ID #

Catch Basin Stenciling
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Identify high priority locations and stencil "Don't Dump" message
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 #

Dry-weather Outfall Screening
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

All outfalls screened during permit term
Specify Measurable Goal

3-2

BMP ID #

Map Outfalls and receiving waters
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Identify outfalls and create map
Specify Measurable Goal

3-3

BMP ID #

Investigate Need for GIS Mapping
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Evaluate need for electronic map of stormwater system
Specify Measurable Goal

3-4

BMP ID #

Develop Plan to Remove Non-Stormwater Discharges
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Document illicit connections found and removed
Specify Measurable Goal

3-5

BMP ID #

Develop By-Law for sewer inspection prior to occupancy
Specify Best Management Practice

Building Department
Responsible Dept./Person Name

Draft By-Law and present to Town Meeting
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop Erosion Control By-Law
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Draft By-Law and present to Town Meeting
Specify Measurable Goal

4-2

BMP ID #

Waste Management Plan
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Draft By-Law and present to Town Meeting
Specify Measurable Goal

4-3

BMP ID #

Site Plan review
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Continue Site Plan Review procedures
Specify Measurable Goal

4-4

BMP ID #

Consideration of public input
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Number of Public Hearings
Specify Measurable Goal

4-5

BMP ID #

Inspection of Erosion and Sediment Controls
Specify Best Management Practice

Building Inspector and/or Conservation Commission
Responsible Dept./Person Name

Number of Inspections
Specify Measurable Goal



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.)

5. Post Construction Runoff Control:

5-1
BMP ID #

Develop By-Law to include standards 2, 3, 4, 7, and 9 of

Massachusetts Stormwater Policy Conservation Commission
Specify Best Management Practice Responsible Dept./Person Name

Draft By-Law and present to Town Meeting

Specify Measurable Goal

5-2
BMP ID #

Specify BMP Manual
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

BMP Manual Selected
Specify Measurable Goal

5-3
BMP ID #

Develop By-Law for long-term maintenance of private BMPs
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Draft By-Law and present to Town Meeting

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #

Identify Sensitive Receptors (i.e. wetlands, beaches, etc.)
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

List of Sensitive Receptors developed, staff notified
Specify Measurable Goal

6-2
BMP ID #

Street Sweeping
Specify Best Management Practice
6-3
BMP ID #

Highway Department
Responsible Dept./Person Name

All streets swept annually in the spring of each year
Specify Measurable Goal

Sidewalk Sweeping
Specify Best Management Practice
6-4
BMP ID #

Highway Department
Responsible Dept./Person Name

All sidewalks swept annually in the spring of each year
Specify Measurable Goal

Roadway De-icing
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Maintain documentation of amount of deicer use
Specify Measurable Goal

6-5
BMP ID #

Minimize Impacts from Vehicle Washing
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Evaluate need for containment area for vehicle washing, use biodegradable soaps
Specify Measurable Goal

6-6
BMP ID #

Minimize Impacts from Vehicle Maintenance
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Employee training, materials inventory developed
Specify Measurable Goal



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)

W040791
 Transmittal Number

 Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6-7 BMP ID # _____ Storm drain maintenance Specify Best Management Practice	Highway Department Responsible Dept./Person Name	All Catch basins cleaned Specify Measurable Goal <i>at least once every 3 years</i>
6-8 BMP ID # _____ Park and Landscape Maintenance Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Employee training, materials inventory developed Specify Measurable Goal
6-9 BMP ID # _____ Control Illegal Dumping Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Number of signs posted, Number of cleanups supported Specify Measurable Goal

7. BMPs for Meeting TMDL: *N/A (No TMDLs have been developed)*

_____	_____	_____
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.

Richard Joy, Board of Selectmen Chmn.
 Printed Name _____
 Signature *Richard Joy* _____
 Date *7/23/03* _____



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. Newbury Storm Water Management Program TIME FRAMES

Transmittal Number W040791
Facility ID (if known) _____
Page 1 of 1

BMP ID #	PERMIT YEAR		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE										
	Summer 03	Fall 03	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	
1-1			X				X				X				X				
1-2			X				X				X				X				
1-3						X					X								X
1-4																			
1-5		X								X									X
2-1																			
2-2			X				X				X				X				
2-3																			
3-1																			
3-2							X				X								X
3-3							Completed												
3-4																			
3-5																			
4-1																			
4-2																			
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6-4																			
6-5																			
6-6																			
6-7																			
6-8																			
6-9							X												X

Implement throughout remainder of permit term

Done if passed by Town Meeting

Done if passed by Town Meeting

Done if passed by Town Meeting

Done if passed by Town Meeting

Done if passed by Town Meeting

Done if passed by Town Meeting

Done if passed by Town Meeting

Completed

X

X