



Hand-enter Your Transmittal Number →

W W040792
Transmittal Number

1213

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

Newburyport Department of Public Works
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
16A Perry Way
Street Address
Newburyport MA 01950 978-465-4464
City/Town State Zip Code Telephone # and extension
Mr. Anthony J. Furnari
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Newburyport
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
60 Pleasant Street
Street Address e-mail address (optional)
Newburyport MA 01950
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

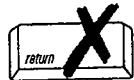


BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

Mr. Anthony J. Furnari, Director Department of Public Works

Name

16A Perry Way

Mailing Address

Newburyport

City/Town

MA

State

978-465-4464

Telephone Number

Email (if available)

2. Municipality Name

City of Newburyport

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)

D. Stormwater Management Program Summary

1. Public Education:

1-1
BMP ID #

Prepare Newsletter
Specify Best Management Practice

1-2
BMP ID #

Dog Owner Education
Specify Best Management Practice

1-3
BMP ID #

Stormwater Education
Program for Schoolchildren
Specify Best Management Practice

1-4
BMP ID #

Dog Waste Cleanup signs
Specify Best Management Practice

1-5
BMP ID #

Annual Update of Stormwater
Management Plan
Specify Best Management Practice

Department of Public Works and/or
Conservation Commission
Responsible Dept./Person Name

Newsletter/brochure
distributed to all households
Specify Measurable Goal

City Clerk
Responsible Dept./Person Name

Pet waste fact sheets
distributed to dog owners
Specify Measurable Goal

Stormwater Coordinator
Responsible Dept./Person Name

Presentation to Middle and/or
Elementary School children
Specify Measurable Goal

Department of Public Works
Responsible Dept./Person Name

Maintain posted signs on Plum
Island and in City Parks
Specify Measurable Goal

Conservation Commission
Responsible Dept./Person Name

Update of the SWMP at a
City Council meeting
Specify Measurable Goal

2. Public Participation:

2-1
BMP ID #

Form Stormwater Advisory
Committee
Specify Best Management Practice

2-2
BMP ID #

Compliance with Public
Meeting Law
Specify Best Management Practice

2-3
BMP ID #

Catch Basin Stenciling
Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Promote Environmental
Awareness, implement
Stormwater Management Plan
Specify Measurable Goal

Conservation Commission
Responsible Dept./Person Name

Post Notices in City Hall, and
newspapers
Specify Measurable Goal

Department of Public Works
Responsible Dept./Person Name

Identify high priority locations
and stencil "Don't Dump"
message
Specify Measurable Goal

Responsible Dept./Person Name

Specify Measurable Goal



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

W040792

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)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Dry-weather Outfall Screening
Specify Best Management Practice

3-2

BMP ID #

Map Outfalls and receiving waters
Specify Best Management Practice

3-3

BMP ID #

Add outfall locations to GIS Mapping
Specify Best Management Practice

3-4

BMP ID #

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

3-5

BMP ID #

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

Department of Public Works
Responsible Dept./Person Name

Department of Public Works
Responsible Dept./Person Name

Department of Public Works
Responsible Dept./Person Name

Department of Public Works
Responsible Dept./Person Name

Building Department
Responsible Dept./Person Name

All Outfalls screened during permit term
Specify Measurable Goal

Outfalls Identified and mapped
Specify Measurable Goal

Evaluate update to GIS map to include stormwater system
Specify Measurable Goal

Document illicit connections found and removed
Specify Measurable Goal

11-26-03 ADK

Draft By-Law to supplement existing policies and inspections
Specify Measurable Goal
BY-LAW TO INCLUDE TRACKDOWN AND REMOVAL OF EXISTING ILLICIT CONNECTIONS

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop Erosion Control By-Law
Specify Best Management Practice

4-2

BMP ID #

Waste Management Plan
Specify Best Management Practice

4-3

BMP ID #

Site Plan review
Specify Best Management Practice

4-4

BMP ID #

Consideration of public input
Specify Best Management Practice

4-5

BMP ID #

Inspection of Erosion and Sediment Controls
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Conservation Commission
Responsible Dept./Person Name

Planning Board
Responsible Dept./Person Name

Planning Board
Responsible Dept./Person Name

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

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

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

Continue Site Plan Review procedures
Specify Measurable Goal

Number of Public Hearings
Specify Measurable Goal

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.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Dry-weather Outfall Screening
Specify Best Management Practice

Department of Public Works
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

Department of Public Works
Responsible Dept./Person Name

Outfalls Identified and mapped
Specify Measurable Goal

3-3
BMP ID #

Add outfall locations to GIS Mapping
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Evaluate update to GIS map to include stormwater system
Specify Measurable Goal

3-4
BMP ID #

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

Department of Public Works
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 to supplement existing policies and inspections
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

Waste Management Plan
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

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

Site Plan review
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Continue Site Plan Review procedures
Specify Measurable Goal

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 Conservation Commission

Specify Best Management Practice Responsible Dept./Person Name

BMP Manual Selected

Specify Measurable Goal

5-3

BMP ID #

Develop By-Law for long-term maintenance of private BMPs Conservation Commission

Specify Best Management Practice 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 Conservation Commission

Specify Best Management Practice Responsible Dept./Person Name

List of Sensitive Receptors developed, staff notified

Specify Measurable Goal

6-2

BMP ID #

Street Sweeping Department of Public Works

Specify Best Management Practice Responsible Dept./Person Name

Continue Street Sweeping procedures

Specify Measurable Goal

6-3

BMP ID #

Sidewalk Sweeping Department of Public Works

Specify Best Management Practice Responsible Dept./Person Name

Continue Sidewalk Sweeping procedures

Specify Measurable Goal

6-4

BMP ID #

Roadway De-icing Department of Public Works

Specify Best Management Practice Responsible Dept./Person Name

Maintain documentation of amount of deicer use

Specify Measurable Goal

6-5

BMP ID #

Minimize Impacts from Vehicle Washing Department of Public Works

Specify Best Management Practice Responsible Dept./Person Name

Continue use of vehicle washing Containment Area

Specify Measurable Goal

6-6

BMP ID #

Minimize Impacts from Vehicle Maintenance Department of Public Works

Specify Best Management Practice Responsible Dept./Person Name

Employee training, materials inventory developed

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.)

6-7
BMP ID #

Storm Drainage Maintenance
Specify Best Management Practice
6-8
BMP ID #

Department of Public Works
Responsible Dept./Person Name

All catch basins cleaned at
least once every year
Specify Measurable Goal

Park and Landscape
Specify Best Management Practice
6-9
BMP ID #

Department of Public Works
Responsible Dept./Person Name

Employee training, materials
inventory developed
Specify Measurable Goal

Control Illegal Dumping
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Number of signs posted,
Number of cleanups supported
Specify Measurable Goal

7. BMPs for Meeting TMDL: Not Applicable (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



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)

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.

Alan P. Lavender, Mayor
Printed Name

Signature

Date

7-24-07



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. Newburyport Storm Water Management Program TIME FRAMES

Transmittal Number W040792

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 | | | Inquire about presentation | | | | X | | | | | | | | | | | | |
| 1-4 | | | Signs Posted | | | | | | | | | | | | | | | | |
| 1-5 | | X | | | X | | | | | | | | | | | | | | X |
| 2-1 | | | | | | | X | | | | | | | | | | | | |
| 2-2 | | | X | | | | | | | | X | | | | X | | | | |
| 2-3 | | | Identify High Priority Basins | | | | | | | | | | | | | | | | |
| 3-1 | | | Outfalls Identified | | | | X | | | | | | | | | | | | X |
| 3-2 | | | Completed | | | | | | | | | | | | | | | | |
| 3-3 | | | | | | | | | | | Completed | | | | | | | | |
| 3-4 | | | | | | | | | | | Implement throughout remainder of permit term | | | | | | | | |
| 3-5 | | | | | | | | | | | Develop Plan by end of permit year two | | | | | | | | |
| 4-1 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 4-2 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 4-3 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 4-4 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 4-5 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 5-1 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 5-2 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 5-3 | | | | | | | | | | | Done if passed by City Council | | | | | | | | |
| 6-1 | | | | | | | | | | | Completed | | | | | | | | |
| 6-2 | | | | | | | | | | | | | | | | | | | |
| 6-3 | | | | | | | | | | | | | | | | | | | |
| 6-4 | | | | | | | | | | | | | | | | | | | |
| 6-5 | | | | | | | | | | | | | | | | | | | |
| 6-6 | | | | | | | | | | | | | | | | | | | |
| 6-7 | | | | | | | | | | | | | | | | | | | |
| 6-8 | | | | | | | | | | | | | | | | | | | |
| 6-9 | | | | | | | | | | | | X | | | | | | | X |