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CORPORATE OFFICES: Maine, Massachusetts,
New Hampshire, Connecticut, and Florida
Operational offices throughout the U.S.

TRANSMITTAL

Project #: 203713

TO: Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street
Worcester, Massachusetts 01608

DATE: July 29, 2003

RE: NPDES Stormwater General Permit
NOI for Discharges from Small MS4s – Town of Rockport, MA

WE ARE SENDING:

QUANTITY	DESCRIPTION
<u>1</u>	<u>MA DEP Transmittal Form for Permit Application and Payment</u>
<u>1</u>	<u>BRP WM 08A – NPDES Stormwater General Permit NOI for Discharges from Small MS4s</u>

For Your:

USE
 APPROVAL
 REVIEW/COMMENTS
 INFORMATION
 OTHER

Sent By:

REGULAR MAIL
 FEDERAL EXPRESS
 UPS
 COURIER
 OTHER

COMMENTS: Attached please find the NPDES Stormwater General Permit Notice of Intent (NOI) for the Town of Rockport, Massachusetts with an original signature.

CC: U.S. Environmental Protection Agency – Boston, MA
John Tomasz, PE, DPW Director – Acton, MA
Ronald St. Michel, PE

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT
BY: Emily Ferrazza



Hand-enter Your Transmittal Number →

W 036169
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

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions
NOI for Discharges from Small MS4s
Type of Project or Activity

NPDES Stormwater General Permit
Name of Permit Category

B. Applicant Information – Firm or Individual

NA
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual _____ First Name of Individual _____ MI _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Telephone # and extension _____

Contact Person _____ e-mail address (optional) _____

C. Facility, Site or Individual Requiring Approval

Town of Rockport
Name of Facility, Site or Individual
34 Broadway
Street Address
Rockport
City/Town

046-001-282
DEP Facility Number (if Known)
Federal I.D. Number (if Known)
jtomasz@townofrockport.com
e-mail address (optional)
MA 01966
State Zip Code
978.546.3525
Telephone # and extension

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

Woodard & Curran, Inc.
Name of Firm Or Individual
35 New England Business Center, Suite 180
Address
Andover
City/Town
Ronald St. Michel
Contact Person

MA 01810
State Zip Code
978.557.8150
Telephone # and extension
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 NA
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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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

NA
Check Number _____ EXEMPT
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:

John Tomasz, P.E., DPW Director

Name

Town Office Building, 34 Broadway

Mailing Address

Rockport

City/Town

978.546.3525

Telephone Number

Massachusetts

State

jtomasz@townofrockport.com

Email (if available)

2. Municipality Name

Town of Rockport, Massachusetts

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:

MA Highways (Routes 127 and 127A)

Massachusetts Bay Transportation Authority (MBTA) Commuter Rail (Rockport Line)

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

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

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MUNICIPAL ASSISTANCE UNIT



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)

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
Old Garden Beach, Atlantic Ocean (AO) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rockport Harbor, AO Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Pleasant Street Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Old Harbor, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Front Beach, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Back Beach, AO Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Granite Pier, AO Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pigeon Cove Harbor, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Andrews Point, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pebble Beach, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whale Cove, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Gap Cove, AO Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

PE-1

BMP ID #

Storm water brochure
Specify Best Management Practice

Department of Public Works
(DPW)
Responsible Dept./Person Name

Y1-Y5: Develop and mail one
(1) brochure per year to
residents and industries in
Rockport
Specify Measurable Goal

PE-2

BMP ID #

Provide storm water
information at Town buildings
Specify Best Management Practice

DPW and Chamber of
Commerce
Responsible Dept./Person Name

Y1-Y5: Brochures will be
available in the Chamber of
Commerce and Town Hall
Specify Measurable Goal

PE-3

BMP ID #

Storm water editorial
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Print one (1) editorial
in the Gloucester Daily Times
each year
Specify Measurable Goal

PE-4

BMP ID #

Pet waste
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Post signs at public
park lands and supply bags for
pet owners to properly dispose
of waste. Enforce leash law
and exclusion of pets from
resource areas during the
summer.
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

PP-1

BMP ID #

Involve public schools
Specify Best Management Practice

High School Science Dept. /
Allyson Bachta and Eric Sabo
Responsible Dept./Person Name

Y2: Storm water presentation to high school science class *and* environmental sampling field trip to local water body. Conduct necessary planning for biology and environmental science projects incorporating storm water issues
Y3-Y5: Implement storm water projects in biology and environmental science classes
Specify Measurable Goal

PP-2

BMP ID #

Incorporate SW into public
meetings
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Discuss final Storm water Management Plan (SWMP) at Spring Town meeting.
Y2-Y5: Present updates to the SWMP. Continue to invite storm water discussion at one (1) meeting per year.
Specify Measurable Goal

PP-3

BMP ID #

Stencil storm drains
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2: Identify potential labor sources (scouts, etc). DPW will facilitate storm drain stenciling effort in the downtown area. (50% complete)
Y4: Continue effort in downtown area. (100% complete)
Specify Measurable Goal

PP-4

BMP ID #

Involve Watershed Protection
Committee
Specify Best Management Practice

John Tomasz, Chairman
(Members from several Town
departments)
Responsible Dept./Person Name

Y1-Y5: Discuss storm water issues at quarterly meetings.
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>PP-5</u> BMP ID #	<u>High School Science Dept. / Allyson Bachta and Eric Sabo</u> Responsible Dept./Person Name	Y1: Develop concept and approach educators Y2: Pilot poster contest as part of science class Y3-Y5: Modify and continue poster contest
<u>Poster contest</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>

3. Illicit Discharge Detection and Elimination:

<u>ID-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	Y1: Develop mapping strategy and inventory existing plans. Create digital map of the Town, including receiving waters, known outfalls, and known drainage structures. Y2: Update map with outfall locations in priority areas, as defined in the General Permit Part 1.B. and currently impaired waters (State 303(d) list). Y3: Complete drainage map. Y4-Y5: Update map with any additions and/or modifications to the storm sewer system.
<u>Drainage mapping</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>

<u>ID-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	Y1: Develop Illicit Discharge Detection and Elimination Plan as described in General Permit Part II.B.3. Y2-Y5: Implement plan
<u>Eliminate illicit discharges</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (Cont.)

ID-3

BMP ID #

Develop and implement illicit discharge by-law

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Develop draft by-law prohibiting non-storm water discharges into the storm sewer and providing for appropriate enforcement procedures

Y2: Present by-law at Town meeting and finalize

Y3-Y5: Implement and enforce by-law

Specify Measurable Goal

ID-4

BMP ID #

Educate citizens

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y2: Notify public of Illicit Discharge Detection and Elimination Plan

Y3: Notify public of upcoming Illicit Discharge By-law

Y4: Notify public of new by-law in place

Specify Measurable Goal

4. Construction Site Runoff Control:

CS-1

BMP ID #

Develop and Implement Construction Site Runoff Control Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Develop Construction Site Runoff Control Program as described in General Permit Part II.B.4.

Y2-Y5: Implement plan

Specify Measurable Goal

CS-2

BMP ID #

Develop and Implement Erosion and Sediment Control By-law

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Research by-law requirements (General Permit Part II.B.4 and MADEP Stormwater Management Standard 8) and compare to existing town regulations

Y2: Modify existing regulations and/or develop by-law

Y3: Present by-law at Town meeting and finalize

Y4-5: Implement by-law

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PC-1
BMP ID #
Develop, Implement, and Enforce Post-Construction Runoff Control Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop Post-Construction Site Runoff Control Program as described in General Permit Part II.B.5 and MADEP Stormwater Management Standards 2, 3, 4, and 7.
Y2-Y5: Implement plan
Specify Measurable Goal

PC-2
BMP ID #
Develop and Implement Post-Construction Runoff By-law
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Research Post-Construction Runoff by-law requirements (General Permit Part II.B.5 and MADEP Stormwater Management Standards 2, 3, 4, and 7) as part of the Post-Construction Runoff Control Program.
Y2: Modify existing regulations and/or develop by-law
Y3: Present by-law at Town meeting and finalize
Y4: Implement by-law
Y5: Review effectiveness of by-law and enhance if necessary
Specify Measurable Goal

6. Municipal Good Housekeeping:

GH-1
BMP ID #
Employee training program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Hold one good housekeeping workshop per year at DPW
Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

<u>GH-2</u> BMP ID # <u>Storm Drain Stenciling</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Y1: DWP will stencil storm drains in Town (excluding downtown area – see BMP PP-3) while cleaning catch basins Y3: Re-stencil drains Y5: Re-stencil drains Specify Measurable Goal
<u>GH-3</u> BMP ID # <u>Beach Clean-up</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Y1-Y5: DPW will clean seaweed and trash from beaches weekly in the summer Specify Measurable Goal
<u>GH-4</u> BMP ID # <u>Catch basin cleaning</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Y1-Y5: DPW will clean each catch basin in Town once per year Specify Measurable Goal
<u>GH-5</u> BMP ID # <u>Street Sweeping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Y1-Y5: DPW will sweep every street in Town once per year. The downtown area will be swept daily in the summer. Specify Measurable Goal
<u>GH-6</u> BMP ID # <u>Recycling Program</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Y1-Y5: Continue the Town's recycling and household hazardous waste collection programs. Specify Measurable Goal
<u>GH-7</u> BMP ID # <u>Operation and Maintenance</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Y1: Inventory maintenance activities, identify potential pollutant runoff Y3: Identify means of reducing potential pollutant runoff, implement reductions as budget allows. Y5: Reduce pollutant runoff potential Specify Measurable Goal



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Facility ID (if known)

GH-8
BMP ID #
Reporting
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Create a method to record storm water management activities (e.g. catch basins cleaned, streets swept, yearly training workshops held, by-laws implemented, etc.)
Y1-Y5: Begin recording all storm water management activities. Provide MADEP and EPA with yearly report as describes in the General Permit, Part II.E&F.
Specify Measurable Goal

7. BMPs for Meeting TMDL:

TMDL-1
BMP ID #
Check Current Impairment Lists
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: There are no completed TMDL studies for receiving waters in Rockport.
Y2-Y5: Reference Part II of the current *Massachusetts Integrated List of Waters* for newly listed water bodies with completed TMDL studies in which Rockport SW outfalls directly or indirectly discharge
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.

John Tomasz
Printed Name

[Signature]
Signature

7/29/03
Date

