



Hand-enter Your Transmittal Number

W 045481

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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.
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): BRPVM08A
Name of Permit Category: NPDES Stormwater General Permit
Type of Project or Activity: Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

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

Street Address: 454 College Highway
City/Town: Southwick State: MA Zip Code: 01077 9501 Telephone Number: (413) 569-5995 ext.
Contact: Karl Stinehart, Town Administrator e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: DEP Facility Number (if Known)
Street Address: e-mail address: (optional)
City/Town: State: Zip Code: Telephone Number: () ext.

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

Name of Individual or Firm: Tighe & Bond, Inc.
Address: 53 Southampton Road
City/Town: Westfield State: MA Zip Code: 01085 Telephone Number: (413) 562-1600 ext.
Contact: Tracy J. Adamski 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)

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 Southwick

Name

454 College Highway

Mailing Address

Southwick

City/Town

(413) 569-5995

Telephone Number

MA

State

cpendleton@southwickma.net

Email (if available)

2. Municipality Name

Town of Southwick

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:

Massachusetts Highway Department

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



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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
Congamond Lakes Name	To be determined Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exotic Species Specify
Great Brook Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
North Pond Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Shurtleff Brook Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed tributaries Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" 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
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



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

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D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u> BMP ID #		
<u>Classroom Education</u> Specify Best Management Practice	<u>School District</u> Responsible Dept./Person Name	Incorporate water quality information in seventh and eight grades, Years 2, 4. Specify Measurable Goal
<u>1B</u> BMP ID #		
<u>Southwoods Magazine</u> Specify Best Management Practice	<u>ConCom/ Board of Selectmen (BOS)</u> Responsible Dept./Person Name	Publish information on Stormwater 2x per year; Years 1-5 Specify Measurable Goal
<u>1C</u> BMP ID #		
<u>Newspaper Press Releases</u> Specify Best Management Practice	<u>BOS</u> Responsible Dept./Person Name	2 per year in local newspaper, Year 1-5. Specify Measurable Goal
<u>1D</u> BMP ID #		
<u>Local Cable Access</u> Specify Best Management Practice	<u>BOS</u> Responsible Dept./Person Name	Post bulletins 2 per year on local cable access channel, Year 1-5. Specify Measurable Goal
<u>1E</u> BMP ID #		
<u>Lakeside Kiosks</u> Specify Best Management Practice	<u>Lake Management Committee (LMC)</u> Responsible Dept./Person Name	Post Stormwater Information 2x per year, Years 1-5 Specify Measurable Goal
<u>1F</u> BMP ID #		
<u>Community Website</u> Specify Best Management Practice	<u>BOS</u> Responsible Dept./Person Name	Post bulletins 2 per year on Town website, Year 1-5. Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID #		
<u>Wetland Cleanup</u> Specify Best Management Practice	<u>Cub Scouts and ConCom</u> Responsible Dept./Person Name	Support interested groups by providing equipment for trash pickup; Cub Scouts to conduct wetland cleanup, Years 1-5. Specify Measurable Goal
<u>2B</u> BMP ID #		
<u>Student Water Quality Monitoring</u> Specify Best Management Practice	<u>School Dept.</u> Responsible Dept./Person Name	Conduct water quality sampling and analysis, Years 2, 4 Specify Measurable Goal
<u>2C</u> BMP ID #		
<u>Annual Lake Cleanup</u> Specify Best Management Practice	<u>Citizens Restoring Congamond (CRC)</u> Responsible Dept./Person Name	Conduct cleanup day at lake and tributary streams and wetlands, Years 1-5 Specify Measurable Goal



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2D
 BMP ID #

<u>Lakeside Maintenance</u>	<u>LMC</u>	<u>Maintain trash receptacles at public access points to Lakes; Years 1-5</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2E</u>		
BMP ID #		

<u>Volunteer Water Quality Monitoring</u>	<u>CRC</u>	<u>Conduct water quality sampling and analysis; Years 1-5</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A
 BMP ID #

<u>Mapping Stormwater Outfalls</u>	<u>Department of Public Works (DPW)</u>	<u>Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3B</u>		
BMP ID #		

<u>Develop Illicit Discharge Program</u>	<u>DPW</u>	<u>Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5.</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3C</u>		
BMP ID #		

<u>Non-Stormwater By-law</u>	<u>BOS/ DPW</u>	<u>Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3D</u>		
BMP ID #		

<u>Illegal Dumping</u>	<u>DPW</u>	<u>Perform regular patrols & cleanup illegally dumped trash as needed, Year 1-5.</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3E</u>		
BMP ID #		

<u>Water Quality Monitoring</u>	<u>BOH</u>	<u>Regular sampling at public beach sites during the summer months, Years 1-5.</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

4A
 BMP ID #

<u>Construction Runoff By-law</u>	<u>Planning Board/ ConCom</u>	<u>Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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Facility ID (if known)

4B
BMP ID #

Plan Review	Planning Board/ConCom	Enforcement under adopted by-law, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4C
BMP ID #

Inspection / Reporting	DPW/ Planning Board/ ConCom	Enforcement under adopted by-law, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A
BMP ID #

Post Construction Runoff By-law	Planning Board/ ConCom	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5B
BMP ID #

Construction Site Plan Review	Planning Board/ ConCom	Enforcement under adopted by-law, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5C
BMP ID #

Stormwater System Maintenance Plan	Planning Board/ ConCom/ DPW	Enforcement under adopted by-law, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A
BMP ID #

Municipal Maintenance Activity Program	DPW, Parks and Recreation Dept.	Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6B
BMP ID #

Training of all Municipal Employees	DPW	Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6C
BMP ID #

Catch Basin Cleaning Program	DPW	Clean 90% of catch basins each year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6D
BMP ID #

Street Sweeping and Cleaning	DPW	Sweep 90% of streets once per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A

BMP ID #

See Section 7 of the attached
narrative in Appendix A

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

David A. St. Pierre, Selectboard Chairman

Printed Name

Signature

David A. St. Pierre
Paul B. Arnold
x [Signature]

12/1/03
Date

