

MA R041163

SP



Hand-enter Your Transmittal Number

W 035541  
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 08 A  
Permit Code: 7 or 8 character code from permit instructions  
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)  
Type of Project or Activity

NPDES Stormwater General Permit  
Name of Permit Category

## B. Applicant Information - Firm or Individual

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

Last Name of Individual: 81 Main Street  
Street Address: Swansea  
City/Town: MA  
State: Gregory W. Barnes, Town Administrator  
Contact Person

First Name of Individual: MI  
Zip Code: 02777  
Telephone # and extension: (508) 678-2981

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Swansea  
Name of Facility, Site or Individual

Street Address: Swansea  
City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA 02777  
State Zip Code Telephone # and extension

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

Metcalf & Eddy, Inc.  
Name of Firm Or Individual  
30 Harvard Mill Square  
Address  
Wakefield  
City/Town

MA 01880  
State Zip Code Telephone # and extension: (781) 224-6626

Robert Adams  
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

Not Applicable  
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

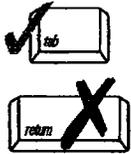
JUL 30 2003  
MUNICIPAL ASSISTANCE UNIT



**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 Swansea  
Name  
81 Main Street  
Mailing Address  
Swansea MA  
City/Town State  
(508) 678-2981  
Telephone Number Email (if available)

**2. Municipality Name**

Town of Swansea  
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:**

Mass. Highway Dept. (Interstate 195, Route 6 & Route 103)

**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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**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
<u>Barrington River</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Palmer River</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Pathogens</u> Specify
<u>Heath Brook</u> Name	<u>TBD</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Kickamuit River</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Pathogens</u> Specify
<u>Coles River</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Nutrients, Organic Enrichment, Pathogens</u> Specify
<u>Lewin Brook</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Metals</u> Specify
<u>Lee River</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Nutrients, Organic Enrichment, Pathogens</u> Specify
<u>Mount Hope Bay</u> Name	<u>TBD</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Nutrients, Organic Enrichment, Pathogens, Unknown Toxicity, Thermal Modifications</u> Specify

TBD – To Be Determined (under BMP#6 below)

**D. Stormwater Management Program Summary**

**1. Public Education:**

1  
BMP ID #  
Add storm water information and links to the Town's website  
Specify Best Management Practice

Conservation Agent  
Town Planner  
Responsible Dept./Person Name

Post information by the end of Year 5 provided the Town's has developed an official Town website (pending funding availability)  
Specify Measurable Goal

2  
BMP ID #  
Develop informational brochure on storm water program  
Specify Best Management Practice

Conservation Agent  
Town Planner  
Responsible Dept./Person Name

Provide and maintain copies at the Library by the end of Year 2 (pending funding availability)  
Specify Measurable Goal



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 \_\_\_\_\_  
 Facility ID (if known)  
 \_\_\_\_\_

**D. Stormwater Management Program Summary (Cont.)**

3  
 BMP ID #

Distribute informational  
 brochure via bulk mail to  
 Town residents  
 \_\_\_\_\_  
 Specify Best Management Practice

Conservation Agent  
 Town Planner  
 \_\_\_\_\_  
 Responsible Dept./Person Name

One mailing per year over the  
 5-year permit term (pending  
 funding availability)  
 \_\_\_\_\_  
 Specify Measurable Goal

4  
 BMP ID #

Broadcast the public meetings  
 described below under BMP  
 ID#5 over the local cable  
 access channel  
 \_\_\_\_\_  
 Specify Best Management Practice

Board of Selectmen's Office  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Three public meetings over the  
 5-year permit term  
 \_\_\_\_\_  
 Specify Measurable Goal

**2. Public Participation:**

5  
 BMP ID #

Conduct public meetings to  
 describe the Town's storm  
 water program and receive  
 input from the public  
 \_\_\_\_\_  
 Specify Best Management Practice

Board of Selectmen's Office  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Three public meetings over the  
 5-year permit term  
 \_\_\_\_\_  
 Specify Measurable Goal

**3. Illicit Discharge Detection and Elimination:**

6  
 BMP ID #

Map storm water drainage  
 system and outfalls  
 \_\_\_\_\_  
 Specify Best Management Practice

Highway Dept.  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Map 20% of the system per  
 year (pending funding  
 availability)  
 \_\_\_\_\_  
 Specify Measurable Goal

7  
 BMP ID #

Develop GIS database of the  
 drainage system  
 \_\_\_\_\_  
 Specify Best Management Practice

Highway Dept.  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Map 20% of the system per  
 year (pending funding  
 availability)  
 \_\_\_\_\_  
 Specify Measurable Goal



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Facility ID (if known)

## D. Stormwater Management Program Summary (Cont.)

8

BMP ID #

Visually inspect outfalls for dry  
weather flows

Specify Best Management Practice

Board of Health  
Highway Dept.

Responsible Dept./Person Name

Year 1 – Inspect all outfalls;  
Years 2 thru 5 – Inspect a  
representative number of  
outfalls annually (pending  
funding availability)

Specify Measurable Goal

9

BMP ID #

Develop a sampling and  
analysis program for sampling  
outfalls

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Complete by end of Year 1

Specify Measurable Goal

10

BMP ID #

Conduct storm water sampling  
at suspected outfalls

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Years 1 thru 2 - Investigate  
Compton's Corner Area. Years  
3-5 investigate other  
suspected illicit connections.  
(pending funding availability)

Specify Measurable Goal

11

BMP ID #

Train Highway Dept.  
employees to recognize illicit  
connections

Specify Best Management Practice

Highway Dept.

Responsible Dept./Person Name

Conduct annual training

Specify Measurable Goal

12

BMP ID #

Update Town bylaws and  
regulations to include storm  
water ordinances

Specify Best Management Practice

Conservation Agent  
Town Planner

Responsible Dept./Person Name

Year 1 – Review existing  
bylaws & regulations; Year 2 –  
Propose changes; Year 3 –  
Implement changes, subject to  
Town meeting approval

Specify Measurable Goal



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**D. Stormwater Management Program Summary (Cont.)**

**4. Construction Site Runoff Control:**

13

BMP ID #

Develop an ordinance requiring developers to prepare an Erosion & Sedimentation Control Plan for all sites disturbing more than 1-acre. Require that the plan be reviewed and approved by the Planning Board

Specify Best Management Practice

Conservation Agent  
Town Planner

Responsible Dept./Person Name

Year 1 – Review existing bylaws & regulations; Year 2 – Propose changes; Year 3 – Implement changes, subject to Town meeting approval

Specify Measurable Goal

14

BMP ID #

Periodically check erosion control measures and construction material management on site inspections

Specify Best Management Practice

Town Planner/Highway Dept.  
Conservation Agent  
Building Inspector

Responsible Dept./Person Name

Monitor and track violations through reports to the ConCom and/or Planning Board

Specify Measurable Goal

**5. Post Construction Runoff Control:**

15

BMP ID #

Develop an ordinance requiring storm water controls for all new and redevelopment projects disturbing more than 1-acre

Specify Best Management Practice

Conservation Agent  
Town Planner

Responsible Dept./Person Name

Year 1 – Review existing bylaws & regulations; Year 2 – Propose changes; Year 3 – Implement changes, subject to Town meeting approval

Specify Measurable Goal

16

BMP ID #

Inspect and maintain the storm water controls required under BMP ID #15

Specify Best Management Practice

Building Inspector  
Town Planner  
Highway Dept.  
Home Owner Assoc.  
Commercial Property Owners

Responsible Dept./Person Name

Inspect and maintain storm water controls annually (pending funding availability)

Specify Measurable Goal



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 Facility ID (if known)

## D. Stormwater Management Program Summary (Cont.)

### 6. Municipal Good Housekeeping:

<u>17</u> BMP ID # <u>Street sweeping</u> Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Sweep streets annually</u> Specify Measurable Goal
<u>18</u> BMP ID # <u>Catch basin cleaning</u> Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Clean catch basins annually</u> Specify Measurable Goal
<u>19</u> BMP ID # <u>Replace existing mechanical catch basin cleaner with new vacuum cleaner.</u> Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Purchase by end of Year 5 (pending funding availability)</u> Specify Measurable Goal
<u>20</u> BMP ID # <u>Yard waste program</u> Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Weekly curbside pickup, except during winter months</u> Specify Measurable Goal
<u>21</u> BMP ID # <u>Household hazardous waste program</u> Specify Best Management Practice	<u>Solid Waste Committee</u> Responsible Dept./Person Name	<u>Hold twice over the 5-year permit term (pending funding availability)</u> Specify Measurable Goal
<u>22</u> BMP ID # <u>Animal control program</u> Specify Best Management Practice	<u>Animal Control Officer</u> Responsible Dept./Person Name	<u>Track the number of dead animals collected</u> Specify Measurable Goal
<u>23</u> BMP ID # <u>Implement and maintain the Highway Dept.'s Storm Water Pollution Prevention Plan (SWPPP)</u> Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Maintain SWPPP at Highway garage</u> Specify Measurable Goal



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Facility ID (if known)

7. BMPs for Meeting TMDL: NOT APPLICABLE  
TMDLs have not been finalized for any of the receiving waters.

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.

Gregory W. Barnes, Town Administrator  
Printed Name

Gregory W. Barnes  
Signature

7/29/03  
Date

