Hand-enter Your Transmittal Number → Logged VRS

W 035560
Transmittal Number

1175

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

FAC 132568 RO 384867

BRP WM 08 A
Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit
Name of Permit Category

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual | First Name of Individual | MI

62 Friend Street, Town Hall
Street Address

Amesbury | MA | 01913 | (978) 388-8135
City/Town | State | Zip Code | Telephone # and extension

Robert Desmarais, Town Engineer | rob@ci.amesbury.ma.us
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Amesbury
Name of Facility, Site or Individual

DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address | e-mail address (optional)

Amesbury | MA | 01913 | Telephone # and extension
City/Town | State | Zip Code

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

Metcalf & Eddy, Inc.
Name of Firm Or Individual

30 Harvard Mill Square
Address

Wakefield | MA | 01880 | (781) 224-6036
City/Town | State | Zip Code | Telephone # and extension

Pieter Hartford
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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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

Not Applicable
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

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

BRP WM 08A NPDES Stormwater General Permit

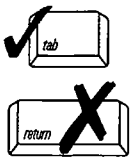
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035560
Transmittal Number

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:

Town of Amesbury
Name

62 Friend Street – Town Hall – Town Engineer's Office
Mailing Address

Amesbury — City/Town
MA — State

(978) 388-8135 — Telephone Number
Email (if available)

2. Municipality Name

Town of Amesbury - Attn: Robert Desmarais, Town Engineer
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 (Rte 95, 495, 110 150), Anna Jakes Hospital

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

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

BRP WM 08A NPDES Stormwater General Permit

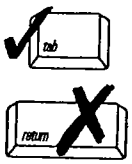
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035560
Transmittal Number

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:

City of Amesbury
Name

62 Friend Street – Town Hall – Town Engineer's Office
Mailing Address

Amesbury
City/Town

MA
State

(978) 388-8135
Telephone Number

rob@ci.amesbury.ma.us
Email (if available)

2. Municipality Name

City of Amesbury
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 (Rte 95, 495, 110 150), Anna Jacques Hospital (private)

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

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
Powow River (Name)	TBD (Number)	☒ Yes ☐ No	Pathogens, suspended solids, turbidity, noxious aquatic plants (Specify)
Back River (Name)	TBD (Number)	☒ Yes ☐ No	Siltation, pathogens, turbidity (Specify)
Merrimack River (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Lake Attitash (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Lake Gardner (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Pattens Brook (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Pattens Pond (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Clarks Pond (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Bailey Pond (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Goodwin Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Presbus Creek (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Tuxbury Pond (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)
Meadowbrook Pond (Name)	TBD (Number)	☐ Yes ☒ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1a	Publish information on voluntary yard waste program	Town Engineer	Publish in newspaper various times
1b	Publish information about household hazardous waste program	Town Engineer	Publish flyers and notices in paper and radio in spring

1c
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Publish educational brochure	Town Engineer	Coordinate with public awareness groups and update annually

1d
BMP ID #

Post brochure on town website	IS Dept.	Establish link and update annually

2. Public Participation:

2a
BMP ID #

Voluntary yard waste disposal program	Dept. of Public Works	Conduct annually April - November

2b
BMP ID #

Conduct meetings regarding stormwater management	Dept. of Public Works/Town Engineer	Conduct one meeting per year

3. Illicit Discharge Detection and Elimination:

3a
BMP ID #

Map stormwater drainage system and outfalls	Town Engineer	3 year program using GPS equipment with submeter accuracy

3b
BMP ID #

Visually inspect outfalls for dry weather flow	Town Engineer	3 year program concurrent with mapping

3c
BMP ID #

Develop sampling & analyses program to sample outfalls	Town Engineer	3 year program based on results of outfall inspection

3d
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop program to identify and locate illicit connections	Town Engineer	3 year program to smoke test drains based on results of sampling and analysis

3e
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Periodically inspect outfalls	Town Engineer	Annual program once mapping completed. Inspect 25% of outfalls per year.

3f
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop Stormwater Use Regulation prohibiting illicit discharges	Town Engineer	Incorporate into comprehensive stormwater ordinance

4. Construction Site Runoff Control:

4a
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a comprehensive stormwater ordinance	Municipal Utility Manager, Town Engineer, other Departments	Obtain approval from Mayor and Municipal Council

4b
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Reassess stormwater management plan	Town Engineer	Perform every three years

4c
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Require erosion and sedimentation control measures plan prior to construction of all projects	Planning Board, Conservation Commission, Town Engineer	Conduct periodic site inspections and monitor and track violations through reports to Conservation Commission

3d
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop program to identify and locate illicit connections	Town Engineer	3 year program to smoke test drains based on results of sampling and analysis

3e
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Periodically inspect outfalls	Town Engineer	Annual program once mapping completed. Inspect 25% of oufalls per year.

4. Construction Site Runoff Control:

4a
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a comprehensive stormwater ordinance	Dept. of Public Works, Town Engineer, other Departments	Obtain approval from Mayor and Municipal Council

4b
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Reassess stormwater management plan	Town Engineer	Perform every three years

4c
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Require erosion and sedimentation control measures plan prior to construction of all projects	Planning Board, Conservation Commission, Town Engineer	Conduct periodic site inspections and monitor and track violations through reports to Conservation Commission

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5a	Develop standards for regulating stormwater controls for all new and redevelopment projects and inspect controls	Planning Board, Conservation Commission, Town Engineer	Incorporate into comprehensive stormwater ordinance

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6a	Street sweeping	Dept. of Public Works	Continue program of sweeping twice annually. Track volume of material collected by area. Sweep in late spring and fall with additional sweeping during severe winters
6b	De-icing	Dept. of Public Works	Continue program of using Ice Ban to enhance melting
6c	Develop Spill Prevention Control Plan for the DPW Garage	Dept. of Public Works	Implement plan and train employees within one year
6d	Catchbasin cleaning	Dept. of Public Works	Continue program of catchbasin cleaning twice annually. Track volume of material removed by area.

6e
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Trash removal and recycling	Dept. of Public Works	Continue program of trash removal weekly and curbside recycling biweekly

6f
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Yard waste disposal	Dept. of Public Works	Continue voluntary program for resident drop-off of yard waste April - November

6g
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Household hazardous waste program	Dept. of Public Works	Continue annual program of conducting a collection day for household hazardous waste

6h
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop storm drain flushing program	Dept. of Public Works	Annual program where selected drains are cleaned in the spring starting the second year of the permit

6i
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Television inspection of storm drains	Dept. of Public Works	Annual program where selected drains are TV inspected in the spring starting the second year of the permit

6j
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Require spill control plans from all non-residential establishments	Dept. of Public Works	Required within one year

7. BMPs for Meeting TMDL: Not Applicable

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.

David T. Hildt Mayor
Printed Name

David T. Hildt
Signature

7/28/03
Date

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. Storm Water Management Program TIME FRAMES

Transmittal Number W035560

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	Spring 03	Summer 03	Fall 03	Winter 03-04	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	Next Permit
1a			X		X	X	X		X	X	X		X	X	X		X	X	X		
1b					X				X				X				X				
1c				X				X				X				X					
1d				X				X				X								X	
2a																X				X	
2b				X				X				X									
3a																X				X	
3b																					
3c																					
3d																					
3e																					
4a																					
4b																					
4c																					
5a																					
6a																					
6b																					
6c				X				X				X									
6d																X				X	
6e																					
6f																					
6g					X				X				X				X				
6h																					
6i																					
6j					X																

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. Storm Water Management Program TIME FRAMES

Transmittal Number W035560

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	Spring 03	Summer 03	Fall 03	Winter 03-04	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	Next Permit
1a			X		X	X	X		X	X	X		X	X	X		X	X	X		
1b					X				X				X				X				
1c				X				X				X				X				X	
1d				X				X				X				X				X	
2a			—		—	—	—		—	—	—		—	—	—		—	—	—		
2b				X				X				X				X				X	
3a			—	—	—	—	—	—	—	—	—	—	—								
3b			—	—	—	—	—	—	—	—	—	—	—								
3c						—				—				—							
3d							—				—				—						
3e														—				—			—
3f					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4a					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4b												—									—
4c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5a					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6a			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6b				—				—				—				—				—	
6c				X				X				X				X				X	
6d			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6e			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6f			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6g					X				X				X				X				
6h					—				—				—				—				—
6i					—				—				—				—				—
6j					X																