



Hand-enter Your Transmittal Number

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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.

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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):

BRPWM08A

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 Mattapoiet

Or, if party needing this approval is clearly an individual:

Individual's Last Name:

First Name

MI

Street Address

16 Main Street

City/Town

Mattapoiet

State
MA

Zip Code
02739

Telephone Number

(508) 758-4100 ext.

Contact:

Carol Adams

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 ☒ 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 ☒ no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal Number (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 #:

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

W035940

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)

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 Mattapoisett

Name

16 Main Street

Mailing Address

Mattapoisett

MA

City/Town

State

(508) 758-4100

Telephone Number

Email (if available)

2. Municipality Name

Town of Mattapoisett

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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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Classroom Education	School District	Incorporate water quality information in third and fifth grades, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1B

BMP ID #

Field Trip	School District and Water Department	Water Dept. provide guest speaker to one class and guide follow-up field trip to municipal wells, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1C

BMP ID #

Newspaper Press Releases	Board of Selectmen (BOS)	2 per year in local newspaper, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1D

BMP ID #

Local Cable Access	BOS	Post bulletins 2 per year on local cable access channel, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1E

BMP ID #

Informational Flyers/Pamphlets	BOS	Make 1 informational flyer or pamphlet available in Town Hall, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1F

BMP ID #

Community Website	BOS	Post bulletins 2 per year on Town website, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Adopt-a-Road/Stream/Beach	Highway Department and School District	Support interested groups by collecting bagged trash; Center School to conduct beach clean-up, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2B

BMP ID #

Community Hotline	BOS	Publicize Police Department hotline number, encourage use for reporting illegal dumpings, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2C

BMP ID #

Storm Drain Stenciling	Highway Department	Stencil 25% of storm drains each year, Years 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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Facility ID (if known)

<u>2D</u> BMP ID #		
Watershed Committee	Water & Sewer Commission	Work with Mattapoissett River Valley Watershed Advisory Board, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2E</u> BMP ID #		
Student Sampling Program	School District	Seventh graders and Environmental Studies class to conduct waterfront and beach sampling, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)		
3. Illicit Discharge Detection and Elimination:		
<u>3A</u> BMP ID #		
Mapping Stormwater Outfalls	Highway Department	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3B</u> BMP ID #		
Develop Illicit Discharge Program	Highway Department	Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3C</u> BMP ID #		
Non-Stormwater By-law	BOS/ Highway Department	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
<u>3D</u> BMP ID #		
Illegal Dumping	Board of Health (BOH)	Perform regular patrols & cleanup illegally dumped trash as needed, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3E</u> BMP ID #		
Failing Septic System Program	BOH	Obtain records on pumped septic systems. Follow up with problem systems, Years 1- 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3F</u> BMP ID #		
Water Quality Monitoring	BOH	Regular sampling at 14 public/semi-public beach sites during the summer months, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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4. Construction Site Runoff Control:

4A BMP ID #		
Construction Runoff By-law	Highway Department/ 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
4B BMP ID #		
Plan Review	Planning Board	Enforcement under adopted by-law, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4C BMP ID #		
Inspection / Reporting	Highway Department/ 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/ Highway Department	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	Highway Department	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	Highway Department	Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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6C

BMP ID #

Catch Basin Cleaning Program

Highway Department

Clean 50% 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

Highway Department

Sweep all streets once per year, Year 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6E

BMP ID #

Used Oil Recycling

BOH

Ongoing collection and recycling at Town
of Fairhaven, Years 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6F

BMP ID #

Hazardous Waste Collection

BOH

Annual event collecting household
hazardous waste with Town of Rochester,
Year 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

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

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.

BARRY J. DENHAM, CHR., BOARD OF SELECTMEN

Printed Name

Barry J. Denham

Signature

6/30/03

Date



W035940

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