1213

Hand-enter Your Transmittal Number → W W040792
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

BRPWM08A — Permit Code: 7 or 8 character code from permit instructions
NPDES General Permit — Name of Permit Category
Stormwater Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) — Type of Project or Activity

B. Applicant Information – Firm or Individual

Newburyport Department of Public Works — Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

16A Perrry Way — Street Address

Newburyport — City/Town
MA — State
01950 — Zip Code
978-465-4464 — Telephone # and extension

Mr. Anthony J. Furnari — Contact Person
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Newburyport — Name of Facility, Site or Individual
DEP Facility Number (if Known)
Federal I.D. Number (if Known)

60 Pleasant Street — Street Address
e-mail address (optional)

Newburyport — City/Town
MA — State
01950 — Zip Code
Telephone # and extension

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

CDM — Name of Firm Or Individual

One Cambridge Place, 50 Hampshire Street — Address

Cambridge — City/Town
MA — State
02139 — Zip Code
617-452-6306 — Telephone # and extension

Alan D. Roscoe — 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

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

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

W040792
Transmittal Number

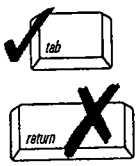
BRP WM 08A NPDES Stormwater General Permit

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:

   Mr. Anthony J. Furnari, Director Department of Public Works
   Name

   16A Perry Way
   Mailing Address

   Newburyport — City/Town
   MA — State

   978-465-4464 — Telephone Number
   Email (if available)

2. Municipality Name

   City of Newburyport
   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:

   State Highways

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

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: (Name)	No. of Outfalls (Number)	Listed as Impaired?	Impairment (Specify)
Merrimack River	unknown	☒ Yes ☐ No	Priority Organics, pathogens
The Basin in the Merrimack River Estuary	unknown	☒ Yes ☐ No	pathogens
Plum Island River from Chaces Island to sandbar	unknown	☒ Yes ☐ No	pathogens
State Street Pond	unknown	☒ Yes ☐ No	Exotic Species
Little River		☒ Yes ☐ No	pathogens
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Prepare Newsletter	Department of Public Works and/or Conservation Commission	Newsletter/brochure distributed to all households
1-2	Dog Owner Education	City Clerk	Pet waste fact sheets distributed to dog owners
1-3	Stormwater Education Program for Schoolchildren	Stormwater Coordinator	Presentation to Middle and/or Elementary School children
1-4	Dog Waste Cleanup signs	Department of Public Works	Maintain posted signs on Plum Island and in City Parks
1-5	Annual Update of Stormwater Management Plan	Conservation Commission	Update of the SWMP at a City Council meeting

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Form Stormwater Advisory Committee	Conservation Commission	Promote Environmental Awareness, implement Stormwater Management Plan
2-2	Compliance with Public Meeting Law	Conservation Commission	Post Notices in City Hall, and newspapers
2-3	Catch Basin Stenciling	Department of Public Works	Identify high priority locations and stencil "Don't Dump" message

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)

W040792
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1 (BMP ID #)		
Dry-weather Outfall Screening (Specify Best Management Practice)	Department of Public Works (Responsible Dept./Person Name)	All Outfalls screened during permit term (Specify Measurable Goal)
3-2 (BMP ID #)		
Map Outfalls and receiving waters (Specify Best Management Practice)	Department of Public Works (Responsible Dept./Person Name)	Outfalls Identified and mapped (Specify Measurable Goal)
3-3 (BMP ID #)		
Add outfall locations to GIS Mapping (Specify Best Management Practice)	Department of Public Works (Responsible Dept./Person Name)	Evaluate update to GIS map to include stormwater system (Specify Measurable Goal)
3-4 (BMP ID #)		
Develop Plan to Remove Non-Stormwater Discharges (Specify Best Management Practice)	Department of Public Works (Responsible Dept./Person Name)	Document illicit connections found and removed (Specify Measurable Goal) 11-26-03 ADR
3-5 (BMP ID #)		
Develop By-Law for sewer inspection prior to occupancy (Specify Best Management Practice)	Building Department (Responsible Dept./Person Name)	Draft By-Law to supplement existing policies and inspections (Specify Measurable Goal) BY-LAW TO INCLUDE TRACEDOWN AND REMOVAL OF EXISTING ILLICIT CONNECTIONS

4. Construction Site Runoff Control:

4-1 (BMP ID #)		
Develop Erosion Control By-Law (Specify Best Management Practice)	Conservation Commission (Responsible Dept./Person Name)	Draft By-Law and present to Town Meeting (Specify Measurable Goal)
4-2 (BMP ID #)		
Waste Management Plan (Specify Best Management Practice)	Conservation Commission (Responsible Dept./Person Name)	Draft By-Law and present to Town Meeting (Specify Measurable Goal)
4-3 (BMP ID #)		
Site Plan review (Specify Best Management Practice)	Planning Board (Responsible Dept./Person Name)	Continue Site Plan Review procedures (Specify Measurable Goal)
4-4 (BMP ID #)		
Consideration of public input (Specify Best Management Practice)	Planning Board (Responsible Dept./Person Name)	Number of Public Hearings (Specify Measurable Goal)
4-5 (BMP ID #)		
Inspection of Erosion and Sediment Controls (Specify Best Management Practice)	Building Inspector and/or Conservation Commission (Responsible Dept./Person Name)	Number of Inspections (Specify Measurable Goal)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Dry-weather Outfall Screening	Department of Public Works	All Outfalls screened during permit term
3-2	Map Outfalls and receiving waters	Department of Public Works	Outfalls Identified and mapped
3-3	Add outfall locations to GIS Mapping	Department of Public Works	Evaluate update to GIS map to include stormwater system
3-4	Develop Plan to Remove Non-Stormwater Discharges	Department of Public Works	Document illicit connections found and removed
3-5	Develop By-Law for sewer inspection prior to occupancy	Building Department	Draft By-Law to supplement existing policies and inspections

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Develop Erosion Control By-Law	Conservation Commission	Draft By-Law and present to Town Meeting
4-2	Waste Management Plan	Conservation Commission	Draft By-Law and present to Town Meeting
4-3	Site Plan review	Planning Board	Continue Site Plan Review procedures
4-4	Consideration of public input	Planning Board	Number of Public Hearings
4-5	Inspection of Erosion and Sediment Controls	Building Inspector and/or Conservation Commission	Number of Inspections

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Develop By-Law to include standards 2, 3, 4, 7, and 9 of Massachusetts Stormwater Policy	Conservation Commission	Draft By-Law and present to Town Meeting
5-2	Specify BMP Manual	Conservation Commission	BMP Manual Selected
5-3	Develop By-Law for long-term maintenance of private BMPs	Conservation Commission	Draft By-Law and present to Town Meeting

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Identify Sensitive Receptors	Conservation Commission	List of Sensitive Receptors developed, staff notified
6-2	Street Sweeping	Department of Public Works	Continue Street Sweeping procedures
6-3	Sidewalk Sweeping	Department of Public Works	Continue Sidewalk Sweeping procedures
6-4	Roadway De-icing	Department of Public Works	Maintain documentation of amount of deicer use
6-5	Minimize Impacts from Vehicle Washing	Department of Public Works	Continue use of vehicle washing Containment Area
6-6	Minimize Impacts from Vehicle Maintenance	Department of Public Works	Employee training, materials inventory developed

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-7	Storm Drainage Maintenance	Department of Public Works	All catch basins cleaned at least once every year
6-8	Park and Landscape	Department of Public Works	Employee training, materials inventory developed
6-9	Control Illegal Dumping	Department of Public Works	Number of signs posted, Number of cleanups supported

7. BMPs for Meeting TMDL: **Not Applicable (No TMDLs have been developed)**

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.

Alan P. Lavender, Mayor
Printed Name

Signature

7-24-07
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. Newburyport Storm Water Management Program TIME FRAMES

Transmittal Number W040792
Facility ID (if known)

BMP ID #	PERMIT YEAR			PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE			
	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
1-1				X				X				X				X			
1-2				X				X				X				X			
1-3	Inquire about presentation			If approved, commence			X				X				X				X
1-4	Signs Posted			Inspect & Maintain throughout permit term															
1-5		X				X				X				X				X	
2-1				X		X		X		X		X		X		X		X	
2-2																			
2-3	Identify High Priority Basins			Stencil Basins throughout permit term															
3-1	Outfalls Identified			Screen Annually		X				X				X				X	
3-2	Completed																		
3-3								Completed											
3-4				Develop Plan by end of permit year two				Implement throughout remainder of permit term											
3-5				Done if passed by City Council															
4-1								Done if passed by City Council											
4-2								Done if passed by City Council											
4-3	Completed																		
4-4								Done if passed by City Council											
4-5								Done if passed by City Council											
5-1								Done if passed by City Council											
5-2								Done if passed by City Council											
5-3								Done if passed by City Council											
6-1				Completed															
6-2																			
6-3																			
6-4																			
6-5																			
6-6																			
6-7																			
6-8																			
6-9					X				X				X				X		