



Hand-enter Your Transmittal Number

W-045481

1077

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 Southwick

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

Individual's Last Name:	First Name	MI
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Street Address

454 College Highway

City/Town Southwick	State MA	Zip Code 01077 9501	Telephone Number (413) 569-5995 ext.
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Contact: Karl Stinehart, Town Administrator	e-mail address (optional)
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C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual	DEP Facility Number (if Known)
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Street Address	e-mail address: (optional)
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City/Town	State	Zip Code	Telephone Number () ext.
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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.
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Contact: Tracy J. Adamski	LSP Number (21E only)
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E. Permit - Project Coordination

Is this project subject to MEPA review? yes no

If yes, indicate the project's EOEA 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:
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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

rev: 03/21/00



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)

W045481

Transmittal Number

Facility ID (if known)

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. Instructions

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

**Massachusetts Department of Environmental Protection**

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



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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

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

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



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2D
BMP ID #

<u>Lakeside Maintenance</u> Specify Best Management Practice <u>2E</u> BMP ID #	<u>LMC</u> Responsible Dept./Person Name	Maintain trash receptacles at public access points to Lakes; Years 1-5 Specify Measurable Goal
<u>Volunteer Water Quality Monitoring</u> Specify Best Management Practice	<u>CRC</u> Responsible Dept./Person Name	Conduct water quality sampling and analysis; Years 1-5 Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A
BMP ID #

<u>Mapping Stormwater Outfalls</u> Specify Best Management Practice <u>3B</u> BMP ID #	<u>Department of Public Works (DPW)</u> Responsible Dept./Person Name	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5. Specify Measurable Goal
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<u>Develop Illicit Discharge Program</u> Specify Best Management Practice <u>3C</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	Evaluate Year 1. Draft plan Year 2, Propose for adoption by Year 3, Implement Year 3-5. Specify Measurable Goal
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<u>Non-Stormwater By-law</u> Specify Best Management Practice <u>3D</u> BMP ID #	<u>BOS/ DPW</u> Responsible Dept./Person Name	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5. Specify Measurable Goal
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<u>Illegal Dumping</u> Specify Best Management Practice <u>3E</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	Perform regular patrols & cleanup illegally dumped trash as needed, Year 1-5. Specify Measurable Goal
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<u>Water Quality Monitoring</u> Specify Best Management Practice	<u>BOH</u> Responsible Dept./Person Name	Regular sampling at public beach sites during the summer months, Years 1-5. Specify Measurable Goal
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4. Construction Site Runoff Control:

4A
BMP ID #

<u>Construction Runoff By-law</u> Specify Best Management Practice	<u>Planning Board/ ConCom</u> Responsible Dept./Person Name	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5. Specify Measurable Goal
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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
<u>4C</u>		
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
<u>5B</u>		
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
<u>5C</u>		
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
<u>6B</u>		
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
<u>6C</u>		
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
<u>6D</u>		
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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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.

David A. St. Pierre, Selectboard Chairman

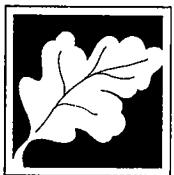
Printed Name

Signature

David A. St. Pierre, Selectboard Chairman

12/1/03
Date

x At Pierre



Massachusetts Department of Environmental Protection
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F. Storm Water Management Program TIME FRAMES

Transmittal Number W045481

Facility ID (if known)

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