



Hand-enter Your Transmittal Number

W 045481

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

Street Address

454 College Highway

City/Town

Southwick

State

MA

Zip Code

01077 9501

Telephone Number

(413) 569-5995

ext.

Contact:

Karl Stinehart, Town Administrator

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

W045481

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 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

BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

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

[illegible]



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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Classroom Education

School District

Incorporate water quality information in
seventh and eighth grades, Years 2, 4.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1B

BMP ID #

Southwoods Magazine

ConCom/ Board of Selectmen
(BOS)

Publish information on Stormwater 2x per
year; Years 1-5

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1C

BMP ID #

Newspaper Press Releases

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 #

Lakeside Kiosks

Lake Management Committee
(LMC)

Post Stormwater Information 2x per year,
Years 1-5

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 #

Wetland Cleanup

Cub Scouts and ConCom

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

2B

BMP ID #

Student Water Quality Monitoring

School Dept.

Conduct water quality sampling and
analysis, Years 2, 4

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2C

BMP ID #

Annual Lake Cleanup

Citizens Restoring Congamond
(CRC)

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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Transmittal Number

Facility ID (if known)

2D

BMP ID #

Lakeside Maintenance

Specify Best Management Practice

LMC

Responsible Dept./Person Name

Maintain trash receptacles at public
access points to Lakes; Years 1-5

Specify Measurable Goal

2E

BMP ID #

Volunteer Water Quality Monitoring

Specify Best Management Practice

CRC

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 #

Mapping Stormwater Outfalls

Specify Best Management Practice

Department of Public Works (DPW)

Responsible Dept./Person Name

Develop map of stormwater outfalls, Year
1. Field inspect / verify 25%, Year 2-5.

Specify Measurable Goal

3B

BMP ID #

Develop Illicit Discharge Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Evaluate Year 1. Draft plan Year 2,
Propose for adoption by Year 3,
Implement Year 3-5.

Specify Measurable Goal

3C

BMP ID #

Non-Stormwater By-law

Specify Best Management Practice

BOS/ DPW

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

3D

BMP ID #

Illegal Dumping

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Perform regular patrols & cleanup illegally
dumped trash as needed, Year 1-5.

Specify Measurable Goal

3E

BMP ID #

Water Quality Monitoring

Specify Best Management Practice

BOH

Responsible Dept./Person Name

Regular sampling at public beach sites
during the summer months, Years 1-5.

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Construction Runoff By-law

Specify Best Management Practice

Planning Board/ ConCom

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

4C

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

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/ 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

6B

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

6C

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

6D

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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Facility ID (if known)

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
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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.

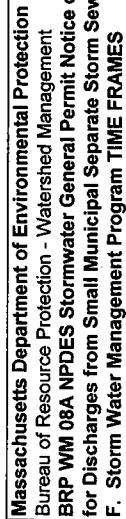
David A. St. Pierre, Selectboard Chairman

Printed Name

Signature

Date

12/1/03



W045481

Facility ID (if known)

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