Hand-enter Your Transmittal Number ☒ logged VLS

W 040980
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

FAC 271166 RO 384420

BRPWM08A
Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit
Name of Permit Category

NOI Discharges from Small MS4s
Type of Project or Activity

RECEIVED
JUL 30 2003
DEP - CERO
MI

B. Applicant Information – Firm or Individual

Woodard & Curran
Name of Firm - Or, if party needing this approval is an individual enter name below:

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

35 New England Business Center
Street Address

Andover | MA | 01810 | 888-265-8969 x 2334
City/Town | State | Zip Code | Telephone # and extension

Jay G. Sheehan, PE
Contact Person

jsheehan@woodardcurran.com
e-mail address (optional)

C. ~~Facility, Site~~ or Individual Requiring Approval

Town of Billerica
Name of ~~Facility, Site~~ or Individual

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

365 Boston Road
Street Address

e-mail address (optional)

Billerica | MA | 01821 | 978-671-0955
City/Town | State | Zip Code | Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town | State | Zip Code | Telephone # and extension

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

COPY

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

BRP WM 08A NPDES Stormwater General Permit

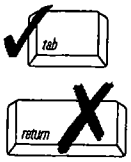
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040980
Transmittal Number

Facility ID (if known)

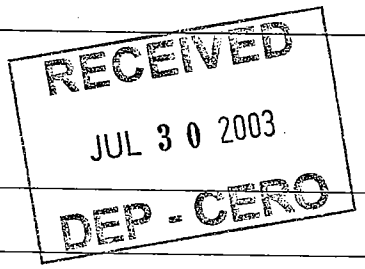
A. Instructions

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:

John Livsey, P.E., Interim DPW Director
Name

Department of Public Works, 365 Boston Road
Mailing Address

Billerica
City/Town

Massachusetts
State

978-671-0955
Telephone Number

johnl@town.billerica.ma.us
Email (if available)

2. Municipality Name

Town of Billerica
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:

Middlesex County House of Corrections, Warren H. Manning State Forest, MA Highways (Routes 3 and 3A), Massachusetts Bay Transit Authority (MBTA) Commuter Line, Shawsheen Valley Regional Vocational Technical High School, Middlesex Community College (Entrance Only)

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? (check)	Impairment: Specify
Shawsheen River	Unknown	☐ Yes ☒ No	
McKee Brook	Unknown	☐ Yes ☒ No	
Webb Brook	Unknown	☐ Yes ☒ No	
Concord River	Unknown	☒ Yes ☐ No	Category 5 TMDL expected
Lubbers Brook	Unknown	☐ Yes ☒ No	
Spring Brook	Unknown	☐ Yes ☒ No	
Mitchell Pond	Unknown	☐ Yes ☒ No	
Gray Pond	Unknown	☐ Yes ☒ No	
Pond Street Pond	Unknown	☐ Yes ☒ No	
Middlesex Canal	Unknown	☐ Yes ☒ No	
Richardson Pond	Unknown	☐ Yes ☒ No	
Content Brook	Unknown	☐ Yes ☒ No	
Winning Pond	Unknown	☐ Yes ☒ No	
Nutting Lake	Unknown	☒ Yes ☐ No	Category 5 TMDL expected
Mill Brook	Unknown	☐ Yes ☒ No	
Jones Brook	Unknown	☐ 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
1.3.1	Partner w/ Local Organization	DPW	**Y1, Y3, Y5:** Partner with one local organization each year
1.3.2	Public Education Materials	DPW/Health Department	**Y2-Y5:** SW brochure and booth at Health Fair each year
1.3.3	Local schools education program	School Department	**Y1-Y5:** Present SW to two schools each year
1.3.4	Stormwater Web Page	Information Management	**Y3:** Develop a SW web page **Y4, Y5:** Update SW web page
1.3.5	Cable Access TV Show	Board of Health	**Y2-Y5:** Produce SW cable access TV show each year
1.3.6	Public Access GIS Tool	Engineering Department	**Y5:** Provide public access to GIS SW mapping

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.3.1	Partner / Support a Watershed Organization	DPW	**Y1, Y3, Y5:** Partner with one local watershed organization each year
2.3.2	Storm Drain Stenciling Program	DPW	**Y3, Y5:** Develop and implement a storm drain stenciling program

D. Stormwater Management Program Summary (Cont.)

2.3.3
BMP ID #

Stormwater Public Meetings Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Discuss SW at one public meeting each year
Specify Measurable Goal

2.3.4
BMP ID #

✓ Recognition Programs
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y3-Y5: Recognize one SW savvy business each year
Specify Measurable Goal

2.3.5
BMP ID #

Recreational Department Public Education Program
Specify Best Management Practice

Recreation Department
Responsible Dept./Person Name

Y2-Y5: Involve Recreation Department in SW public education program each year
Specify Measurable Goal

2.3.6
BMP ID #

Annual "Clean The Stream" Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y3-Y5: Recruit volunteers for each year's SW cleaning effort
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3.4.1
BMP ID #

Asset Management Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop SW Asset Management (A/M) program
Y2-Y5: Implement SW A/M program
Specify Measurable Goal

3.4.2
BMP ID #

Storm Drain Map
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: GPS field effort of drainage structures
Y2: GPS field effort of outfalls and connectivity
Y3-5: Complete and update Town-wide GIS drainage map
Specify Measurable Goal

3.4.3
BMP ID #

TMDL, Critical Habitat, Historic Property
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Monitor changes in TMDL, Critical Habitat & Historic Property
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3.4.4
BMP ID # ✓

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater By-Law	Planning Board	**Y1:** Develop SW bylaw **Y2:** Submit SW bylaw to Town Meeting **Y3:** Implement approved SW bylaw

3.4.5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illicit Discharge Detection Program	DPW	**Y1:** Develop phased illicit discharge detection program **Y2-Y4:** Implement program

3.4.6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illicit Discharge Elimination Program	DPW	**Y4:** Enforce illicit discharge bylaw **Y5:** Eliminate 75% of illicit discharges

3.4.7
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Resident Education Program	DPW	**Y2, Y5:** Develop and distribute SW brochures

4. Construction Site Runoff Control:

4.2.1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Regulatory Controls	Engineering Department	**Y2:** Develop erosion & sediment control by-law **Y4:** Enhance bylaw as appropriate

4.2.2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Review & Site Inspection Procedures	Engineering Department	**Y2:** Include review and site inspection procedures in SW bylaw **Y3-Y4:** Review new site plans against bylaw **Y5:** Implement technology-based site inspection program

D. Stormwater Management Program Summary (Cont.)

4.2.3
BMP ID #

Enforcement Procedures
Specify Best Management Practice

Building Department
Responsible Dept./Person Name

Y2: Develop and implement enforcement procedures and sanctions for SW violators
Y4: Review sanction guidelines
Y5: Track and publish statistics on violations
Specify Measurable Goal

4.2.4
BMP ID #

Procedures for Handling Public Comments
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop & implement public comment procedure
Y3: Review procedure
Y4: Automate complaint handling using A/M tool
Specify Measurable Goal

5. Post Construction Runoff Control:

5.3.1
BMP ID #

Structural Stormwater Controls
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2: Revise Subdivision rules & regulations with new BMPs
Specify Measurable Goal

5.3.2
BMP ID #

Zoning Requirements
Specify Best Management Practice

Zoning Board
Responsible Dept./Person Name

Y1: Evaluate zoning by-laws
Y3: Develop new zoning by-laws
Specify Measurable Goal

5.3.3
BMP ID #

Planning Strategies
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Review current Town Master Plan
Y2: Enhance Master Plan to include SW
Specify Measurable Goal

5.3.4
BMP ID #

Conditions for Private SW Systems
Specify Best Management Practice

Engineering Department
Responsible Dept./Person Name

Y3: Develop maintenance requirements for private SW systems
Specify Measurable Goal

5.3.5
BMP ID #

SW Infrastructure Inspection Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2: Develop technology-based inspection program
Y3: Implement program
Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.3.1	Pollution Prevention Planning	Highway Department	**Y1:** Conduct DPW meeting on SW pollution prevention **Y2:** Develop Stormwater Pollution Prevention Plan
6.3.2	Employee Training Program	Highway Department	**Y1:** Develop training program and training tracking system **Y2-Y5:** Implement employee training program
6.3.3	Recycling Program	Highway Department	**Y1:** Review current recycling programs **Y2, Y4:** Monitor and enhance recycling program
6.3.4	Catch Basin Cleaning Program	Highway Department	**Y1:** Clean catch basins each year **Y2:** Use A/M tool to monitor pounds of sediment removed **Y3:** Develop cleaning schedule based on priority areas **Y4-Y5:** Implement schedule
6.3.5	Street Sweeping Program	Highway Department	**Y1-Y2:** Sweep streets each year **Y3:** Use A/M tool to monitor sweeping quantities **Y4:** Develop sweeping schedule based on priority areas **Y5:** Implement schedule

D. Stormwater Management Program Summary (cont.)

6.3.6
BMP ID #

Operations and Maintenance
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Inventory ongoing SW maintenance activities designed to identify and reduce pollutant runoff
Specify Measurable Goal

6.3.7
BMP ID #

Reporting
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Track stormwater management activities and provide MADEP and EPA with yearly reports as described in the General Permit, Part II.E
Specify Measurable Goal

7. BMPs for Meeting TMDL:

7.2.1
BMP ID #

Monitor Current Impairment Lists
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Continue to monitor TMDL studies annually and develop programs as appropriate
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.

Richard Montuori, Town Manager
Printed Name

Richard A. Montuori
Signature

7/26/03
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 W040980

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
1.3.1																					
1.3.2																					
1.3.3			X	X			X	X			X	X			X	X			X	X	
1.3.4															X				X		
1.3.5						X				X				X				X			
1.3.6																					
2.3.1																					
2.3.2																					
2.3.3																			X		
2.3.4																					
2.3.5								X				X									
2.3.6											X				X	X				X	
																			X		
3.4.1																					
3.4.2																					
3.4.3																					
3.4.4							X														
3.4.5																					
3.4.6																					
3.4.7																					
4.2.1														X							
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4.2.4															X				X		
5.3.1																					
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6.3.6																					
6.3.7																					
7.2.1							X				X				X				X		

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7.2.2	Resident Education Program	DPW	**Y2, Y5:** Develop and distribute SW brochures
7.2.3	Annual "Clean The Stream" Program	DPW	**Y3-Y5:** Recruit volunteers for each year's SW cleaning effort
7.2.4	Storm Drain Map	DPW	**Y1:** GPS field effort of drainage structures **Y2:** GPS field effort of outfalls and connectivity **Y3-5:** Complete and update Town-wide GIS drainage map
7.2.5	Illicit Discharge Detection Program	DPW	**Y1:** Develop phased illicit discharge detection program **Y2-Y4:** Implement program
7.2.6	Illicit Discharge Elimination Program	DPW	**Y4:** Enforce illicit discharge bylaw **Y5:** Eliminate 75% of illicit discharges
7.2.7	Enforcement Procedures	Building Department	**Y2:** Develop and implement enforcement procedures and sanctions for SW violators **Y4:** Review sanction guidelines **Y5:** Track and publish statistics on violations

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 W040980

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
7.2.2					—	—	—	—									—	—	—	—	
7.2.3											X				X				X		
7.2.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7.2.5			—	—	—	—	—	—	—	—	—	—	—	—	—	—					
7.2.6													—	—	—	—	—	—	—	—	
7.2.7						—	—	—							X				X		