Hand-enter Your Transmittal Number

W 039848
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

BRP WM 08A — Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit NOI — Name of Permit Category

Municipal Small MS4 NPDES Phase II 5 year Stormwater Management Plan — Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Chelmsford, Massachusetts — Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | First Name of Individual | MI

50 Billerica Road — Street Address

Chelmsford — City/Town

MA — State

01824 — Zip Code

978-250-5201 — Telephone # and extension

James Pearson — Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Chelmsford — Name of Facility, Site or Individual

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

50 Billerica Road — Street Address

e-mail address (optional)

Chelmsford — City/Town

MA — State

01824 — Zip Code

978-250-5201 — 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

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

BRP WM 08A NPDES Stormwater General Permit

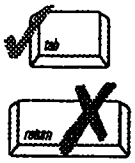
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 039848
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:

Town of Chelmsford - c/o Department of Public Works - James Pearson - DPW Director
Name

50 Billerica Road
Mailing Address

Chelmsford
City/Town

MA
State

978-250-5228
Telephone Number

Email (if available)

2. Municipality Name

Town of Chelmsford
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 Route 3, Massachusetts Highway Route 495, Portions of Massachusetts Highway Route 3A, Route 4, Route 27, Route 110 and Route 129.

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	2 known	☒ Yes ☐ No	Metals, Pathogens
Concord River	unknown	☒ Yes ☐ No	Metals, Nutrients
Freeman Lake	4 known	☒ Yes ☐ No	Metals, Organic Enrichment, Noxious Aquatic Plants, Pathogens
River Meadow Brook	21 known	☒ Yes ☐ No	Pathogens
Black Brook	9 known	☒ Yes ☐ No	Unknown Toxicity, Siltation, Pathogens, Suspended Solids
Deep Brook	10 known	☒ Yes ☐ No	Unknown Toxicity, Siltation, Organic Enrichment, Pathogens
Stony Brook	7 known	☒ Yes ☐ No	Cause Unknown, Nutrients, pH, Organic Enrichment, Pathogens
Crooked Spring Brook	11 known	☐ Yes ☒ No	
Beaver Brook	16 known	☐ Yes ☒ No	
Putnam Brook	2 known	☐ Yes ☒ No	
Farley Brook	8 known	☐ Yes ☒ No	
Hales Brook	1 known	☐ Yes ☒ No	
Heart Pond	unknown	☐ Yes ☒ No	
Russell Mill Pond	7 known	☐ Yes ☒ No	
Swain Pond	unknown	☐ 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	Stormwater flyer/survey distributed to residents	Chelmsford DPW (CDPW) and Suasco Watershed Community Council (SWCC)	Flyer is distributed to a minimum of 75% of residents and survey results compiled
1-2	Stormwater lesson plan for 5th grade students	CDPW & SWCC	Develop and distribute lesson plan for 5th grade level
1-3	Stormwater flyer to community businesses	CDPW & SWCC	Flyer distributed to a minimum of 50% of businesses and a logo to be displayed for compliance
1-4	Stormwater media campaign	CPDW & SWCC	Develop a media information packet to be distributed to the local media
1-5	Stormwater Video	CDPW & SWCC	Show a stormwater video at a minimum of one public meeting and re-air video on local cable
1-6	Create a stormwater information page on the Town of Chelmsford web site	CDPW	Create and maintain a web page for public access.
1-7	Provide informational brochures on recycling, household hazardous materials, composting and water conservation	CDPW/Recycling office	Maintain supply of brochures at Town offices at all times and have available at hazardous waste collection days

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Stormwater traveling display	CDPW & SWCC	A stormwater display that circulates at different public buildings and events
2-2	Stormwater poster contest for 5th grade students	CDPW & SWCC	A stormwater awareness poster contest is held, judged and displayed
2-3	Stormwater photo contest for high school students	CDPW & SWCC	A stormwater photo contest is held, judged and displayed
2-4	Stormwater summit event	CDPW & SWCC	Hold a local stormwater summit and advertise to encourage public attendance
2-5	Participate in the SuAsCo Stormwater Super Summit and conduct an evaluation and assessment survey of public stormwater awareness	CDPW & SWCC	Town participation in the SuAsCo summit and evaluation and assessment survey results compiled
2-6	Provide support for town clean up and collection days	CDPW	Provide support at least twice per year
2-7	Develop a catch basin stenciling program	CDPW	Develop a program that will stencil catch basins in priority areas with local organizations

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	Create stormwater system map	CDPW	Create a stormwater system map, maintain and update as needed
3-2	Create an illicit discharge inspection/elimination plan	CDPW	Develop a plan to locate and eliminate illicit and illegal connections
3-3	Develop and implement an ordinance that prohibits illicit and illegal connections	CDPW & Community Development	An ordinance is developed to prevent illicit and illegal stormwater and non-stormwater connections to the system
3-4	Increase the number of hazardous waste disposal days	CDPW – Recycling Department	Will make disposal of hazardous waste easier

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Develop an Erosion and Sediment control by-law for all construction projects.	CDPW – Community Development	By-law developed and in force by end year 2
4-2	Plan reviews	CDPW – Building Inspector	All plans reviewed for water quality issue and concerns
4-3	Site inspections of construction projects	CDPW – Conservation – Building inspector	All construction sites receive periodic inspections

4-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
All work with the public right of way is inspected to prevent erosion and sedimentation from entering the public way	CDPW – Building Inspector	Minimize and/or prevent erosion and sediment from entering the public way from construction sites

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a by-law to require certain construction sites to follow MADEP Stormwater Standards 2, 3, 4 and 7	CDPW – Community Development	All regulated projects required to follow same standards

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop a list of BMP's for a post construction maintenance schedule	CDPW	List is developed as a guidance for the post construction maintenance schedule

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post construction inspections of regulated projects	CDPW – Building Inspector – Community Development	Inspections are performed to ensure proper construction of environmental protection and drainage facilities

6. Municipal Good Housekeeping:

6-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin cleaning	CDPW	Continuation current catch basin cleaning schedules

6-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Annual street sweeping	CDPW	Continuation of current street sweeping schedule

6-3 BMP ID #		
Stormwater pollution plan in place and in effect for CDPW facility Specify Best Management Practice	CDPW Responsible Dept./Person Name	Maintain the plan an update as needed Specify Measurable Goal
6-4 BMP ID #		
Develop a training program for CDPW employees Specify Best Management Practice	CDPW Responsible Dept./Person Name	Employee training program established Specify Measurable Goal
6-5 BMP ID #		
Stormwater system mapping used to identify critical areas for catch basin cleaning Specify Best Management Practice	CDPW Responsible Dept./Person Name	Stormwater system mapping used to optimize basin cleaning procedures Specify Measurable Goal
6-6 BMP ID #		
Identify catch basins and drainage facilities in poor condition and reconstruct or repair those facilities Specify Best Management Practice	CDPW Responsible Dept./Person Name	Utilize stormwater system mapping and inspection to create a list of facilities in poor condition and repair at minimum 5 per year Specify Measurable Goal
6-7 BMP ID #		
CDPW drainage system maintenance permit Specify Best Management Practice	CDPW Responsible Dept./Person Name	Renew drainage system maintenance permit as needed Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #		
No waters have a TMDL at this time.	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		

Massachusetts Department of Environmental Protection
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Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
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.

Michael F. McCall – Chairman, Board of Selectmen
Printed Name

Signature

7/3/03
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 W 039848

Facility ID (if known)

Page _____ of _____

	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
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