MIAR041203

17H

Hand-enter Your Transmittal Number → W 041009 (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 — Name of Permit Category
NOI for Discharges from Small MS4s — Type of Project or Activity

B. Applicant Information – Firm or Individual

NA — Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual | First Name of Individual | MI
Street Address
City/Town | State | Zip Code | Telephone # and extension
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Leominster — Name of Facility, Site or Individual
DEP Facility Number (If Known) | 046-006-004 Federal I.D. Number (if Known)
109 Graham Street — Street Address
plapointe@ci.leominster.ma.us — e-mail address (optional)
Leominster — City/Town
MA — State | 01453 Zip Code | 978.534.7590 Telephone # and extension

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

Woodard & Curran, Inc. — Name of Firm Or Individual
35 New England Business Center, Suite 180 — Address
Andover — City/Town
MA — State | 01810 Zip Code | 978.557.8150 Telephone # and extension
Ronald St. Michel — 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 NA
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

AUG 20 2003
MUNICIPAL ASSISTANCE UNIT

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

NA — Check Number | EXEMPT — Dollar Amount | Date

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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)

W041009
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:

   Patrick LaPointe, DPW Director
   Name

   109 Graham Street
   Mailing Address

   Leominster — City/Town
   MA — State

   978.534.7590 — Telephone Number
   plapointe@ci.leominster.ma.us — Email (if available)

2. Municipality Name

   Leominster
   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:

   MA Highway (Route 2, Interstate 190), Leominster Wastewater Pollution Control Plant, MBTA Commuter Rail

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

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

AUG 20 2003

MUNICIPAL ASSISTANCE UNIT

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)

W041009
Transmittal Number

Facility ID (if known)

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
North Nashua River	unknown	☒ Yes ☐ No	Metals, Nutrients, Pathogens, Taste, Odor, Color, Turbidity, Unknown
Rocky Pond	unknown	☐ Yes ☒ No	
Fall Brook Reservoir	unknown	☐ Yes ☒ No	
Barrett Pond	unknown	☒ Yes ☐ No	Unknown
Pierce Pond	unknown	☐ Yes ☒ No	
Simonds Pond	unknown	☐ Yes ☒ No	
Goodfellow Pond	unknown	☐ Yes ☒ No	
Rockwell Pond	unknown	☐ Yes ☒ No	
Morse Reservoir	unknown	☐ Yes ☒ No	
Monoosnoc Brook	unknown	☐ Yes ☒ No	
Notown Reservoir	unknown	☐ Yes ☒ No	
Whites Pond(portion)	unknown	☐ Yes ☒ No	
Haynes Reservoir	unknown	☐ Yes ☒ No	
Barletts Pond	unknown	☐ Yes ☒ No	
Lake Samoset	unknown	☐ Yes ☒ No	
Heywood Reservoir (portion)	unknown	☐ Yes ☒ No	
Whalom Lake (small portion)	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
PE-1	Distribute storm water brochure	DPW	Y1-Y5 Distribute brochure in a utility bill once per year
PE-2	Feature SW info on city public access cable station	Mayors Office	Y1: Create or obtain SW brochures or educational videos to post or run on cable station Y2-Y5: Feature SW Info on cable station
PE-3	Provide storm water brochure at City buildings	DPW	Y1-Y5: Maintain and update provided materials
PE-4	Stormwater presentations at schools	Conservation Commission	Y2-Y5: Include storm water issues in yearly environmental presentations to schools (grades 3-12)
PE-5	Radio Address	Mayor's Office	Y2-Y5: Discuss storm water issues in one radio address per year

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PP-1	Partner/Support Local Watershed Group	DPW	Y1-Y5: Maintain current support of the Nashua River Watershed Organization
PP-2	Poster Contest	School Department	Y2: Develop concept, approach educators and potential sponsors Y3: Pilot poster contest Y4-Y5: Modify and continue contest
PP-3	Storm drain stenciling program	DPW	Y1: Re-establish storm drain stenciling program with Eagle Scouts Y2: Stencil 50% of catch basins in urbanized area Y4: Stencil remaining 50% of catch basins in urbanized area
PP-4	Incorporate SW message into public meetings	DPW	Y1-Y5: Discuss SW at 1 public meeting each year
PP-5	Control pet waste	Parks and Recreation	Y1: Install pet waste stations Y2-Y5: Review effectiveness of pet waste stations, keep record of any visual inspection findings
PP-6	Storm Water Committee	DPW	Y1: Create storm water Committee, hold 1 public meeting Y2-Y5:Hold quarterly public meetings

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

ID-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Drainage mapping	DPW	Y1: Begin locating drainage structures (all outfalls at a minimum) in priority areas (historic properties, critical habitats, water quality impaired waters) Y2: Locate 20% of remaining outfalls, select mapping format Y3: Locate 20% of remaining outfalls Y4: Continue mapping, locate 20% of remaining outfalls Y5: Locate remaining 20% of outfalls and complete drainage map

ID-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement illicit discharge bylaw or ordinance	Storm Water Committee	Y1-Y2: Research Phase II requirements and compare to existing City regulations and prepare draft bylaw or ordinance Y3: Finalize bylaw or ordinance Y4-Y5: Implement and enforce bylaw

ID-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Eliminate illicit discharges	DPW	Y1: Develop Illicit Discharge Detection and Elimination plan Y2-Y5: Detect and eliminate illicit discharges according to plan

ID-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Educate public regarding illicit discharges	DPW	Y2: Incorporate illicit discharge information into PE BMP's Y3: Notify public of upcoming bylaw Y4: Notify public of new bylaw in place

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

CS-1
BMP ID #

Develop and Implement Construction Site Runoff Control Program
Specify Best Management Practice

Storm Water Committee
Responsible Dept./Person Name

Y2: Develop Construction Site Runoff Control Program as described in the General Permit Part II.B.4.
Y3-Y5: Implement plan
Specify Measurable Goal

CS-2
BMP ID #

Develop and implement Erosion and Sediment Control Bylaw
Specify Best Management Practice

Storm Water Committee
Responsible Dept./Person Name

Y1: Compare existing City regulations to bylaw requirements in the General Permit Part II.B.4 and MA DEP Storm water Management Standard 8.
Y2: Modify existing regulations and/or develop new bylaw
Y3: Finalize regulation modifications or bylaw and present at City meeting
Y4-Y5: Implement and enforce modified regulations or bylaw
Specify Measurable Goal

5. Post Construction Runoff Control:

PC-1
BMP ID #

Develop, implement and enforce Post-Construction Runoff Control Plan
Specify Best Management Practice

Storm water Committee
Responsible Dept./Person Name

Y2: Develop Post-Construction Site Runoff Control Program as described in the General Permit, Part II.B.5 and MADEP Stormwater Management Standards 2,3,4, and 7.
Y3-Y5: Implement and enforce Plan
Specify Measurable Goal

PC-2
BMP ID #

Develop and implement Post-Construction Runoff bylaw or ordinance
Specify Best Management Practice

Stormwater committee
Responsible Dept./Person Name

Y1: Develop Post-Construction Site Runoff Control Program as described in the General Permit, Part II.B.5 and MADEP Stormwater Management Standards 2, 3, 4, and 7, as part of the Post-construction Runoff control program
Y2: Present Bylaw at City meeting and finalize
Y3-Y5: Implement and enforce bylaw
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

GH-1
BMP ID #

Operation and maintenance program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Assess current maintenance activities, identify potential pollutant runoff
Y3: Identify means of reducing potential pollutant runoff, implement reductions
Y5: Reduce pollutant runoff potential
Specify Measurable Goal

GH-2
BMP ID #

Employee training program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2: Develop training program
Y3-Y5: Hold one employee training workshop per year at DPW
Specify Measurable Goal

GH-3
BMP ID #

Implement house hold hazardous waste / appliance recycling program
Specify Best Management Practice

BOH
Responsible Dept./Person Name

Y1: Assess City's current recycling program and identify all illegal dumping problem areas
Y2: Incorporate illegal dumping area clean-up as part of existing annual clean-up
Y3: Implement / Enhance recycling program
Y4: Implement neighborhood watch program in areas of illegal dumping
Specify Measurable Goal

GH-4
BMP ID #

Street sweeping
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Continue existing street sweeping program of sweeping every street once per year and the downtown area once per week in the summer
Specify Measurable Goal

GH-5
BMP ID #

Catch basin cleaning
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Continue existing catch basin cleaning program (every basin once per year and as needed).
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

GH-6
BMP ID #

Reporting
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Create a method to record storm water management activities (e.g. catch basins cleaned, streets swept, yearly training workshops held, bylaws implemented, etc.)
Y1-Y5: Begin recording all storm water management activities. Provide MA DEP and EPA with yearly report as describes in the General Permit, Part II.E.
Specify Measurable Goal

7. BMPs for Meeting TMDL:

TMDL-1
BMP ID #

Check current impairment lists
Specify Best Management Practice

Storm water Committee
Responsible Dept./Person Name

Y1: There are no completed TMDL studies for receiving waters in Leominster.
Y2-Y5: Reference Part II of the current *Massachusetts Integrated List of Waters* for newly listed water bodies with completed TMDL studies into which Leominster SW outfalls directly or indirectly discharge
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.

Mayor Dean J. Mazzarella
Printed Name

Signature

7/25/03
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. Leominster Storm Water Management Program TIME FRAMES

Transmittal Number: W041009
Facility ID (if known):
Page 1 of 1

	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
PE-1		X				X				X				X				X			
PE-2																					
PE-3																					
PE-4							X				X				X				X		
PE-5					X				X				X				X				
PP-1																					
PP-2																					
PP-3																					
PP-4	X				X				X				X				X				
PP-5	X																				
PP-6																					
ID-1																					
ID-2																					
ID-3										X						X					
ID-4																					
CS-1																					
CS-2																					
PC-1																					
PC-2							X														
GH-1																					
GH-2											X				X				X		
GH-3						X															
GH-4																					
GH-5																					
GH-6																					
TMDL-1				X				X				X				X				X	

WOODARD & CURRAN
Engineering • Science • Operations

980 Washington Street • Dedham, MA 02026
(781) 251-0200 • 1-800-446-5518
Fax: (781) 251-0847

CORPORATE OFFICES: Maine, Massachusetts, New Hampshire, Connecticut, and Florida
Operational offices throughout the U.S.

TRANSMITTAL

Project #: 212521

TO: Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street
Worcester, Massachusetts 01608

DATE: July 29, 2003

RE: NPDES Stormwater General Permit
NOI for Discharges from Small MS4s – Town of Acton, MA

WE ARE SENDING:

QUANTITY	DESCRIPTION
1	MA DEP Transmittal Form for Permit Application and Payment
1	BRP WM 08A – NPDES Stormwater General Permit NOI for Discharges from Small MS4s

For Your:		Sent By:	
	USE		REGULAR MAIL
X	APPROVAL	X	FEDERAL EXPRESS
	REVIEW/COMMENTS		UPS
	INFORMATION		COURIER
	OTHER		OTHER

COMMENTS: Attached please find the NPDES Stormwater General Permit Notice of Intent (NOI) for the Town of Acton, Massachusetts with an original signature.

CC: U.S. Environmental Protection Agency – Boston, MA
Don Johnson, Town Manager – Acton, MA
Helen Priola, PE

BY: Emily Ferrazza

Hand-enter Your Transmittal Number → W 041169
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

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For DEP Use Only
Permit No._____
Rec'd Date_____
Reviewer

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BRP WM 08A — Permit Code: 7 or 8 character code from permit instructions
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NOI for Discharges from Small MS4s — Type of Project or Activity

B. Applicant Information – Firm or Individual

NA — Name of Firm - Or, if party needing this approval is an individual enter name below:
NA — **Last Name** of Individual | **First Name** of Individual | MI
Street Address
City/Town | State | Zip Code | Telephone # and extension
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Acton — Name of Facility, Site or Individual
DEP Facility Number (If Known) | 046-001-062 Federal I.D. Number (if Known)
472 Main Street — Street Address
djohnson@town.acton.ma.us — e-mail address (optional)
Acton — City/Town
MA — State
01720 — Zip Code
978.264.9612 — Telephone # and extension

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

Woodard & Curran, Inc. — Name of Firm Or Individual
980 Washington Street, Suite 325 — Address
Dedham — City/Town
MA — State
02026 — Zip Code
(781) 251-0200 — Telephone # and extension
Helen Priola — Contact Person
NA — 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 NA
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

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Permit Category	**Date of Submission** (tentative or actual)	**Transmittal #** if application already submitted

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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

NA — Check Number
EXEMPT — Dollar Amount
NA — 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