Hand-enter Your Transmittal Number → **W 035460** 1043

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 Gen Permit Notice of Intent for Discharges from Small MS4s
Type of Project or Activity: Muncipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Lincoln, Massachusetts				
Or, if party needing this approval is clearly an individual:				
Individual's Last Name:	First Name	MI		
Street Address: 16 Lincoln Road				
City/Town: Lincoln	State: MA	Zip Code: 01773	Telephone Number: (781) 259-2600 ext.	
Contact: Timothy Higgins	e-mail address (optional): higginst@lincolntown.org			

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Lincoln, Massachusetts		DEP Facility Number (if Known)	
Street Address: 16 LIncoln Road		e-mail address: (optional)	
City/Town: Lincoln	State: MA	Zip Code: 01773	Telephone Number: (781) 259-2600 ext.

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

Name of Individual or Firm: Vannasse Hangen Brustlin, Inc.			
Address: 101 Walnut Street, P.O. Box 9151			
City/Town: Watertown	State: MA	Zip Code: 02471 9151	Telephone Number: (617) 924-1770 ext.
Contact: Christine Wallace, P.E.	LSP Number (21E only)		

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 #: N/A	Dollar Amount: N/A	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

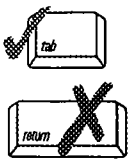
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035460
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 Lincoln
Name

16 Lincoln Road
Mailing Address

Lincoln — City/Town
MA — State

781-259-2600 — Telephone Number
higginst@lincolntown.org — Email (if available)

2. Municipality Name

Town of Lincoln, Massachusetts
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:

Massachsusetts Highway Department, Hanscom Air Force Base

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
Beaver Pond	pending	☐ Yes ☒ No	
Cambridge Reservoir	pending	☐ Yes ☒ No	
Elm Brook	pending	☒ Yes ☐ No	Pathogens, Turbidity
Farrar Pond	pending	☐ Yes ☒ No	
Hobb's Brook	pending	☐ Yes ☒ No	
Iron Mine Brook	pending	☐ Yes ☒ No	
Sandy Pond	pending	☐ Yes ☒ No	
Stony Brook	pending	☐ Yes ☒ No	
Todd Pond	pending	☐ Yes ☒ No	
Valley Pond	pending	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ 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
1A	Stormwater Flyer for Residents	SuAsCo & Conservation Commission	See Attached Outline
1B	Lesson Plan for Fifth Graders	SuAsCo & Conservation Commission	See Attached Outline
1C	Stormwater Flyer for Businesses	SuAsCo & Conservation Commission	See Attached Outline
1D	Stormwater Media Campaign	SuAsCo & Conservation Commission	See Attached Outline
1E	Stormwater Video	SuAsCo & Conservation Commission	See Attached Outline
1F	Lincoln-Specific Stormwater Flyers	Conservation Commission	See Attached Outline
1G	Coordinate w/ Business, Landscapers	Conservation Commission	See Attached Outline
1H	Stormwater Flyer for Agriculture	Conservation Commission	See Attached Outline
1I	/Newspaper Articles	Conservation Commission	See Attached Outline
1J	Stormwater Info on Town Website	Conservation Commission	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A BMP ID #		
Stormwater Traveling Display Specify Best Management Practice	SuAsCo & Conservation Commission Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2B BMP ID #		
Poster Contest for Fifth Graders Specify Best Management Practice	SuAsCo & Conservation Commission Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2C BMP ID #		
Photo Contest for High Schoolers Specify Best Management Practice	SuAsCo & Conservation Commission Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2D BMP ID #		
Stormwater Summit Event Specify Best Management Practice	SuAsCo & Conservation Commission Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2E BMP ID #		
Stormwater Super Summit Event Specify Best Management Practice	SuAsCo & Conservation Commission Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2F BMP ID #		
Annual Stormwater Public Hearing Specify Best Management Practice	Town Administrator Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2G BMP ID #		
Watershed Group Involvement Specify Best Management Practice	Conservation Com & Local Groups Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2H BMP ID #		
Involve Local Children's Groups Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	See Attached Outline 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 #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A BMP ID #		
Illicit Discharge Bylaw Specify Best Management Practice	Highway Dept. & Board of Health Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
3B BMP ID #		
Storm Sewer Map Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
3C BMP ID #		
Detection & Elimination Plan Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
3D BMP ID #		
Education for Public & Businesses Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
3E BMP ID #		
Education for Municipal Employees Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal

4. Construction Site Runoff Control:

4A BMP ID #		
Construction Site Runoff Bylaw Specify Best Management Practice	Conservation Com & Planning Board Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
4B BMP ID #		
Erosion, Sediment, & Waste Controls Specify Best Management Practice	Conservation Com & Planning Board Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
4C BMP ID #		
Site Plan Review Procedures Specify Best Management Practice	Conservation Com & Planning Board Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
4D BMP ID #		
Site Inspection & Enforcement Specify Best Management Practice	Conservation Com & Planning Board Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
4E BMP ID #		
Stormwater Hotline Specify Best Management Practice	Conservation Com & Highway Dept. Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A		
BMP ID #		
Post-Construction Site Runoff Bylaw	Planning Board	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5B		
BMP ID #		
Structural & Non-Structural BMPs	Planning Board	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5C		
BMP ID #		
Long-Term Operation & Maintenance	Planning Board	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5D		
BMP ID #		
Struct BMP Implement. Procedures	Planning Board	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A		
BMP ID #		
Municipal Employee Training	Highway Dept.	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6B		
BMP ID #		
Maintenance & Inspection Procedures	Highway Dept.	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6C		
BMP ID #		
Municipal Pollutant Source Reduction	Highway Dept.	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6D		
BMP ID #		
Waste Disposal Procedures	Highway Dept.	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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)

W035460
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A BMP ID #		
Residential Education Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	Elm Brook a priority under Measure 1 Specify Measurable Goal
7B BMP ID #		
Outfall Inspection and Testing Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Elm Brook Area Completed by Year 2 Specify Measurable Goal
7C BMP ID #		
Illicit Discharge Elimination (if found) Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Elm Brook Area Completed by Year 2 Specify Measurable Goal
7D BMP ID #		
Municipal Operations Prioritized Specify Best Management Practice	Highway Department Responsible Dept./Person Name	Elm Brook Area Evaluated by Year 2 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.

Timothy S. Higgins — Town Administrator
Printed Name

Signature

9/11/03
Date

OCT -1 2003

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

BRP WM 08A NPDES Stormwater General Permit

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D. Stormwater Management Program Summary (cont.)

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Timothy S. Higgins Town Administrator
Printed Name

Signature

3/10/03
Date

FAX 781-259-1677