Hand-enter Your Transmittal Number → 1305 W 040991
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 08 A — Permit Code: 7 or 8 character code from permit instructions
Stormwater — Name of Permit Category
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) — Type of Project or Activity

B. Applicant Information – Firm or Individual

City of Lowell — Name of Firm - Or, if party needing this approval is an individual enter name below:
Cox — **Last Name** of Individual
John — **First Name** of Individual
F — MI
375 Merrimack Street — Street Address
Lowell — City/Town
MA — State
01852 — Zip Code
978-970-4000 — Telephone # and extension
Stephen M. Curran, P.E. — Contact Person
scurran@ci.lowell.ma.us — e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Lowell Storm Sewer System — Name of Facility, Site or Individual
N/A — DEP Facility Number (if Known)
N/A — Federal I.D. Number (if Known)
(Entire City) — Street Address
e-mail address (optional)
Lowell — City/Town
MA — State
01852 — Zip Code
Telephone # and extension

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

Camp Dresser & McKee Inc. — Name of Firm Or Individual
1001 Elm Street — Address
Manchester — City/Town
NH — State
03101 — Zip Code
603-222-8300 — Telephone # and extension
Joshua MacCulloch — Contact Person
N/A — 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
None		

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

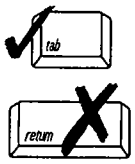
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 040991
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 F. Cox, City Manager
   Name

   375 Merrimack Street
   Mailing Address

   Lowell — City/Town
   MA — State

   978-970-4000 — Telephone Number
   Email (if available)

2. Municipality Name

   Lowell, MA
   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, University of Lowell

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

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT

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:	No. of Outfalls	Listed as Impaired?	Impairment
Merrimack River (Name)	Unknown (Number)	☒ Yes ☐ No	Metals, Nutrients, Flow Alteration, Pathogens (Specify)
Concord River (Name)	Unknown (Number)	☒ Yes ☐ No	Metals, Nutrients, Pathogens (Specify)
River Meadow Brook (Name)	Unknown (Number)	☒ Yes ☐ No	Pathogens (Specify)
Beaver Brook (Name)	Unknown (Number)	☒ Yes ☐ No	Path., O & G, Turb., Cause Unk., Other Habitat Alts., etc. (Specify)
Black Brook (Name)	Unknown (Number)	☒ Yes ☐ No	Unknown Toxicity, Siltation, Pathogens, Turbidity (Specify)
Marginal Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Hamilton Canal (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Merrimack Canal (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Western Canal (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Pawtucket Canal (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Clay Pit Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Flagg Meadow Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Middlesex Canal (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Middlesex Brook (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Continue Earth Day Celebration	Parks Department	Event held
1-2	Develop and Distribute Stormwater Brochure	Department of Public Works (DPW)	Develop stormwater brochure during Year 1and distribute during Year 2
1-3	Increase Awareness of Proper Pet Waste Disposal at City Parks	DPW (primary), City Clerk and Parks Department	Pet waste brochure will be developed during Year 2 and distributed to all licensed dog owners during Years 3-5. Pet waste signs to be installed at City parks during Years 2 through 5.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Comply with State Public Notification Guidelines	City clerk and other relevant City departments	Comply with state public notification guidelines
2-2	Hold Annual Household Hazardous Waste/Tire Collection Days	DPW	Hazardous waste/tire collection days held at least once per year.
2-3	Install Catch Basin Signage/Plaques	DPW	Fifty catch basins per year for five years

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	Map Outfalls and Receiving Waters	City Engineering Department	Map completed
3-2	Continue to Enforce a Bylaw Requiring Inspection of New Construction for Correct Connection to the Sanitary Sewer	City Engineering Department	Continue existing program
3-3	Continue to Enforce Bylaw Prohibiting Illicit Discharges, Including Illegal Dumping, to the Storm Sewer System	City Engineering Department	Continue existing program
3-4	Dry Weather Screening of Outfalls	City Engineering Department	All outfalls screened once during permit period
3-5	Develop and Implement System for Elimination of Illicit Discharges	DPW	Based on prioritized results from BMP #3-4, the City will determine a method for staffing inspections of storm drain lines, develop notification and funding procedures for removal, and develop and maintain a database showing illicit connections.

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Continue to Apply Standard 8 of the Massachusetts Stormwater Policy	Conservation Commission	Standard 8 of MSP applied.
4-2	Continue to Enforce Procedure to Inspect and Enforce Control Measures at Construction Sites	City Engineering Department	Continue existing program
4-3	Continue to Enforce Procedures for Collection/Filing of Public Comments	City Engineering Department	Continue existing program
4-4	Develop and Present an Ordinance to Require and Erosion and Sediment Control Plan, Construction Material Management Plan, and Plan Review for Sites Disturbing More Than 1-acre	City Engineering Department	Draft ordinance language and present it to City Council for approval

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Continue to Implement City's Planning Board Rules and Regulations for Subdivisions	City Engineering Department	Continue to implement plans for work within wetlands, subdivisions and non-residential building construction

D. Stormwater Management Program Summary (Cont.)

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Apply Standards 2, 3, 4, 7, and 9 of the Massachusetts Stormwater Policy to the Entire City	City Engineering Department	Review existing regulations, and develop proposed modifications as needed

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and Implement an Ordinance/Regulation That Ensures Long-Term Maintenance of Private Structural BMPs	City Engineering Department	Draft bylaw developed and presented to City Council

6. Municipal Good Housekeeping:

6-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue to Street Sweeping Program	DPW	Percentage of streets swept annually, emphasis on areas of sensitive receptors

6-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue Catch Basin Cleaning Program	Lowell Regional Wastewater Utility	Percentage of catchbasins cleaned annually, emphasis on areas of sensitive receptors

6-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue Salting and Snow Removal Practices	DPW	Continue existing program - refrain from using salt in sensitive areas, store salt in a covered salt shed and calibrate salt spreaders as needed.

D. Stormwater Management Program Summary (cont.)

6-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue Vehicle Washing Practices	DPW	Continue existing program - vehicles are washed in the DPW yard, which is in the combined area of Lowell, governed by another permit

6-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Continue Vehicle Maintenance Practices	DPW	Continue existing program - vehicles are maintained in the DPW yard, which is in the combined area of Lowell, governed by another permit

6-6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Park and Landscape Maintenance	DPW	Continue to minimize application of herbicides, pesticides, and fertilizers at City parks, etc. in areas of sensitive receptors and maintains records of landscape practices

6-7
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop/Implement Employee Education Program	DPW	Four hours of training per permit term on stormwater related topics for public works employees

7. BMPs for Meeting TMDL:

N/A
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.

John F. Cox, City Manager
Printed Name

Signature

07-29-03
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 040991

Facility ID (if known)

BMP ID #		PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
		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
#1-1	Earth Day	X				X				X				X				X				
#1-2	Brochure				X	(Develop Brochure)			X	(Distribute Brochure)												
#1-3	Pet Waste					X	(Develop Brochure)															
#2-1	Notify																					
#2-2	Haz Waste	X				X				X				X				X				
#2-3	CBs																					
#3-1	Map																					
#3-2	Insp Bylaw																					
#3-3	Illicit Bylaw	X				X				X				X				X				
#3-4	Screen																					
#3-5	Elimination						(Develop Procedure)		X													
#4-1	Standard 8																					
#4-2	Insp Sites																					
#4-3	Comment																					
#4-4	Ordinance				X	X	(Present to City Council)			X	(Present to City Council)			X	(Present to City Council)			X	(Present to City Council)			
			(Draft Ordinance)																			
#5-1	Plan Board																					
#5-2	MSP				X	(Review Ordinance)																
#5-3	Ordinance								X	(Draft Ordinance)			X	(Present to City Council)								
#6-1	Street Sweep																					
#6-2	CB Cleaning																					
#6-3	Salt/Snow																					
#6-4	Vehicle Wash																					
#6-5	Vehicle Maint																					
#6-6	Park Maint																					
#6-7	Employee Ed																					