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

BRP WM 08A NPDES Stormwater General Permit

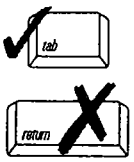
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040948
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:

Dennis Roy, DPW Director
Name

55 Summer Street
Mailing Address

Lynnfield
City/Town

MA
State

(781) 334-3143
Telephone Number

dpw@town.lynnfield.ma.us
Email (if available)

2. Municipality Name

Lynnfield
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:

Mass State Highways (Rte. 95, Rte. 1)

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

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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
Pillings Pond (Name)	15 (Number)	☒ Yes ☐ No	Noxious Aquatic Plants, Turbidity
Suntaug Lake (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Mill Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Ipswich River (Name)	0 (Number)	☒ Yes ☐ No	Nutrients (Specify)
Saugus River (Name)	1 (Number)	☒ Yes ☐ No	Nutrients, Pathogens, Plants, Turbidity
Willis Brook (Name)	0 (Number)	☒ Yes ☐ No	Organic Enrichment/Low DO, Pathogens
Beaverdam Brook (Name)	15 (Number)	☒ Yes ☐ No	Organic Enrichment/Low DO, Pathogens
Hawkes Brook (Name)	28 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Hawkes Pond (Name)	10 (Number)	☒ Yes ☐ No	Turbidity (Specify)
Tributary to Pillings Pond (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

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D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1a	Distribute/Post Nonpoint Source Pollution Posters	Public Works	Post in all public schools and town buildings
1b	Air Stormwater Message on Local Cable Access Channel	Public Works	Post once per year.
1c	Add Stormwater Information to Town's Website	Information Technology Systems	Update information quarterly to address seasonal concerns
1d	Distribute Nonpoint Source Brochures	Public Works	1000 to be distributed over 5yrs.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2a	Form Stormwater Advisory Committee	Conservation Commission	Hold meetings twice per year
2b	Hazardous Waste Collection	Public Works	Hold waste collection annually
2c	Waste Oil Collection	Public Works	Collect waste oil from residents once per quarter
2d	Implement a Catch Basin Stenciling Program	Conservation Commission	Stencil 33% of catch basins each year
2e	Hold a Stream Clean-up Day	Conservation Commission	Hold clean-up day every other year.

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
3a	Map Outfalls	Public Works	Map approx. 33% outfalls each year.
3b	Review Existing Bylaws and Regulations	Stormwater Advisory Committee	Determine if existing bylaws & regs fulfill EPA requirements
3c	Develop Illicit Discharge Detection & Elimination Plan	Public Works	Make recommendations for inclusion into proposed plan
3d	Develop/Modify General Illicit Discharge Bylaw	Stormwater Advisory Committee	Propose recommendations for modifying/developing bylaw
3e	Present Bylaw for Town Meeting Action	Stormwater Advisory Committee	Make Presentations for Town Meeting action

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4a	Review Existing Site Inspection Practices	Town Administrator	Determine if existing practices fulfill EPA requirements
4b	Develop/Modify Site Inspection Program	Town Administrator	Make recommendations for modifying existing program
4c	Review Existing Bylaws and Regulations	Town Administrator	Determine if existing bylaws & regs fulfill EPA requirements
4d	Develop/Modify Bylaws for Construction Site Runoff	Town Administrator	Propose recommendations for modifying/developing bylaw
4e	Present Bylaw for Town Meeting Action	Town Administrator	Make presentations for Town Meeting action

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5a	Review Existing Site Inspection Practices	Town Administrator	Determine if existing practices fulfill EPA requirements
5b	Develop/Modify Inspection & Maintenance Practices	Town Administrator	Make recommendations for modifying existing practices
5c	Review Existing Bylaws and Regulations	Town Administrator	Determine if existing bylaws & regs fulfill EPA requirements
5d	Develop/Modify Bylaws for Post-Construction Site Runoff	Town Administrator	Propose recommendations for modifying/developing bylaw
5e	Present Bylaw for Town Meeting Action	Town Administrator	Make presentations for Town Meeting action

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6a	Street Sweeping Program	DPW Director	Sweep all streets once per year
6b	Catch Basin Cleaning Program	DPW Director	Clean all catch basins once per year
6c	Perform site visits to examine existing practices at facilities	DPW Director	Target all applicable municipal facilities
6d	Train municipal employees at each facility	DPW Director	Target all applicable municipal facilities
6e	Perform follow-ups to ensure required practices are met	DPW Director	Target all applicable municipal facilities

Specify Best Management Practice

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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
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

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.

William Gustus
Printed Name

Signature

7/22/03
Date

X

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F. Storm Water Management Program TIME FRAMES

Transmittal Number W040948

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**
1a			X								X								X		
1b	X				X				X				X				X				X
1c	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1d																					
	(FORM COMMITTEE)																				
2a						X		X		X		X		X		X		X		X	
2b			X				X				X				X				X		X
2c	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2d																					
2e					X								X								X
3a																					
3b																					
3c																					
3d																					
3e																					
													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
4a																					
4b																					
4c																					
4d																					
4e																					
													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
5a																					
5b																					
5c																					
5d																					
5e																					
													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
6a	X				X				X				X				X				X
6b			X				X				X				X				X		X
6c																					
6d																					X
6e																					X