1210

Hand-enter Your Transmittal Number → **W 035284**

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_____

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRP WM 08A
Name of Permit Category: Notice of Intent For Discharges From Small Municipal Storm Sewer Systems (MS4's)
Type of Project or Activity: Storm Water Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Department of Public Works, City of Methuen			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address: Searles Building, 41 Pleasant Street			
City/Town: Methuen	State: MA	Zip Code: 01844	Telephone Number: (978) 794-3210 ext.
Contact: Sharon M. Pollard, Mayor	e-mail address (optional)		

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual			DEP Facility Number (if Known)
Street Address			e-mail address: (optional)
City/Town	State	Zip Code	Telephone Number ( ) ext.

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

Name of Individual or Firm: Camp Dresser & McKee Inc.			
Address: One Cambridge Place, 50 Hampshire Street			
City/Town: Cambridge	State: MA	Zip Code: 02139	Telephone Number: (617) 452-6581 ext.
Contact: David Polcari	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

JUL 30 2009
MUNICIPAL ASSISTANCE UNIT

Check #: Not Applicable	Dollar Amount: Not Applicable	Date: Not Applicable
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		

EN0154

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

BRP WM 08A NPDES Stormwater General Permit

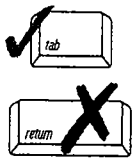
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W035284
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:

   Sharon M. Pollard, Mayor
   Name

   Searles Building, 41 Pleasant Street
   Mailing Address

   Methuen — City/Town
   Massachusetts — State

   (978)794-3210 — Telephone Number
   Email (if available)

2. Municipality Name

   Methuen, 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:

   None

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
Forest Lake	2	☒ Yes ☐ No	Metals, Noxious Aquatic Plants
Harris Brook	7	☐ Yes ☒ No	
Bartlett Brook	1	☐ Yes ☒ No	
Griffin Brook	1	☐ Yes ☒ No	
Merrimack River	24	☒ Yes ☐ No	Nutrients, Priority Organics, Pathogens
Mill Pond	4	☐ Yes ☒ No	
Sawyer Brook	3	☐ Yes ☒ No	
Spicket River	17	☒ Yes ☐ No	Unknown Cause, Metals, Nutrients, Other Habitat Alterations, Pathogens, Objectionable Deposits
Mystic Pond	1	☐ Yes ☒ No	
Peat Meadow Brook	3	☐ Yes ☒ No	
Searles Pond	2	☐ Yes ☒ No	
Hills Pond	2	☐ Yes ☒ No	
Bloody Brook	14	☐ Yes ☒ No	
Bare Meadow Brook	7	☒ Yes ☐ No	Siltation, Organic Enrichment/Low Dissolved Oxygen, Pathogens, Turbidity
Hawkes Brook	4	☐ Yes ☒ No	
Peat Meadow Pond	1	☐ Yes ☒ No	

* Number of Outfall Estimated. BMP #3-2 Will Create a Map of Outfalls.

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Article / Brochure in City Newsletter	Department of Public Works	Article / Brochure Distributed Annually
1-2	Send Info. About Disposal of Lawn Waste to Landscape Contractors	Department of Public Works	Flyers Mailed Out
1-3	Staff table At Neighborhood Clean-Up Day	Department of Public Works	Tables Staffed Annually, Number of Flyers Distributed
1-4	Offer Education Program for Children	Department of Public Works	Presentation Given
1-5	"Do Not Feed The Waterfowl" Signs	Department of Public Works	Number of Signs Installed, Number of Signs Inspected
1-6	Annual Update of SWMP*	Department of Public Works/Conservation Commission	Annual Update

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Public Participation	Department of Public Works	Review and Comment Period Advertised and Held
2-2	Comply With State Notification Guidelines	Department of Public Works	Continue to Follow
2-3	Offer to Assist in Watershed Association Activities	Department of Public Works	Number of Activities Assisted

* Stormwater Management Plan

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	Dry Weather Outfall Screening	Department of Public Works	Screening Completed Fall 2003
3-2	Map Outfalls and Receiving Waters	Department of Public Works	Map Created (Fall 2003 Completion)
3-3	Map Systems in a GIS	Department of Public Works	GIS Created (Fall 2003 Completion)
3-4	Develop and Implement Plan To Identify and Remove Non-Stormwater Discharges	Department of Public Works	Number of Illicit Connections Found and Removed
3-5	Illegal Connection and Dumping Ordinance	City Solicitor	Draft Ordinance and Present

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Erosion and Sediment Control Ordinance	City Solicitor	Draft Ordinance and Present
4-2	Require Waste Management Plan	Chief Engineer	Waste Management Plans Created
4-3	Review Site Plans	Chief Engineer	Percent of site Plans Reviewed
4-4	New Construction Project Ordinance	City Solicitor	Draft Ordinance and Present
4-5	Inspection and Enforcement of Erosion and Sediment Controls Ordinance	City Solicitor	Draft Ordinance and Present

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 BMP ID #		
Ordinance To Apply Standards 2,3,4,7, and 9 of the MSP* Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal
5-2 BMP ID #		
Specify BMP** Manual Specify Best Management Practice	Chief Engineer Responsible Dept./Person Name	BMP** Manual Selected Specify Measurable Goal
5-3 BMP ID #		
Ordinance To Ensure Long-Term Maintenance of Structural BMP's** Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal

*Massachusetts Stormwater Policy
** Best Management Practice(s)

6. Municipal Good Housekeeping:

6-1 BMP ID #		
Continue Employee Training Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Percent of Employees Trained Specify Measurable Goal
6-2 BMP ID #		
Identify Sensitive Receptors Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	List Developed, Staff Notified Specify Measurable Goal
6-3 BMP ID #		
Street and Parking Lot Sweeping Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Streets and Lots Swept Specify Measurable Goal
6-4 BMP ID #		
Roadway Deicing Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Amount of Deicers Used Specify Measurable Goal
6-5 BMP ID #		
Storm Drain Maintenance Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of Catch Basins Cleaned Annually Specify Measurable Goal
6-6 BMP ID #		
Park and Landscape Maintenance Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Training Conducted Specify Measurable Goal
6-7 BMP ID #		
Annual Household Hazardous Waste Drop-Off Day Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Drop-Off Day Held Specify Measurable Goal
6-8 BMP ID #		
Proper Snow Disposal Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Continue Existing Practices Specify Measurable Goal

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W035284
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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: **Not Applicable**

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.

Sharon M. Pollard, Mayor
Printed Name

Signature

25 July 2003
Date

Conduct t

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 W035284

Facility ID (if known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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	Spring 08	Next Permit
1-1	Prepare article/brochure				X				X				X				X				
1-2	Develop flyer							X				X				X				X	
1-3	Collect materials							X				X				X				X	
1-4	Extend offer			X				X				X				X				X	
1-5	Install signs				X		X		X		X		X		X		X		X		
1-6					X				X				X				X				
2-1	Completed																				
2-2																					
2-3	Extend offer				X				X				X				X				
3-1			X																		
3-2																					
3-3																					
3-4																					
3-5	Begin after passed by City Council																				
4-1	Begin after passed by City Council																				
4-2																					
4-3	Develop checklist																				
4-4	Begin after passed by City Council																				
4-5	Begin after passed by City Council																				
5-1	Begin after passed by City Council																				
5-2	Begin after passed by City Council																				
5-3	Begin after passed by City Council																				
6-1																					
6-2	Develop list																				
6-3																					
6-4				X				X				X								X	
6-5																					
6-6					Conduct training																
6-7	X		X		X		X		X		X		X		X		X		X		
6-8																					