



Hand-enter Your Transmittal Number

MAR041229

W041171

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

Notice of Intent for MS4

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

B. Applicant Information - Firm or Individual

Town of Tyngsborough

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

25 Bryants Lane

Street Address

Tyngsborough

City/Town

Mark Whitehead

Contact Person

First Name of Individual

MI

MA

State

01879

Zip Code

978-649-2300 ext. 109

Telephone # and extension

planner@tyngsboroughmass.com

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Tyngsborough

Name of Facility, Site or Individual

Same as above

Street Address

309

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

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 EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE 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

F. Amount Due

Special Provisions:

- ☒ Fee Exempt* (city, town or municipal holding authority (state agency 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:
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Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W 041171
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

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 Tyngsborough

Name

25 Bryants Lane

Mailing Address

Tyngsborough

City/Town

978-649-2300 ext. 109

Telephone Number

MA

State

planner@tyngsboroughmass.com

Email (if available)

2. Municipality Name

Tyngsborough

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:

State Highways: Rt 3, Rt 113, Rt 3A

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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W 041171

Transmittal Number

BRP WM 08A NPDES Stormwater General Permit
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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
Flint Pond Name	Unknown Number	☒ Yes ☐ No	metals, noxious aquatic plants
Long Pond Name	Unknown Number	☒ Yes ☐ No	noxious aquatic plants Specify
Massapoag Pond Name	Unknown Number	☒ Yes ☐ No	organic enrichment, low DO Specify
Merrimack River Name	Unknown Number	☒ Yes ☐ No	pathogens Specify
Lawrence Brook Name	Unknown Number	☒ Yes ☐ No	unknown toxicity Specify
Locust Pond Name	Unknown Number	☒ Yes ☐ No	metals Specify
Lake Mascuppic Name	Unknown Number	☐ Yes ☒ No	Specify
Uptons Pond Name	Unknown 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
Name	Number	☐ Yes ☐ No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

01

BMP ID #

Develop pamphlet on
stormwater

Stormwater Committee, DPCD
Responsible Dept./Person Name

Distribute with water, sewer,
tax bills

02

BMP ID #

Develop Stormwater poster
design program

Stormwater Committee,
DPCD, School Dept.

Annual contest by students
Specify Measurable Goal

03

BMP ID #

Develop pamphlet on
household waste disposal

Board of Health
Responsible Dept./Person Name

Distribute with Hazardous
Waste Collection info

04

BMP ID #

Guide for home, school,
restaurant for grease traps

Board of Health
Responsible Dept./Person Name

Distribute health fair, septic
approvals, and inspections

05

BMP ID #

Articles in newsletter
Specify Best Management Practice

Conservation Agent
Responsible Dept./Person Name

Quarterly articles on related
topics

06

BMP ID #

Health Fair
Specify Best Management Practice

Board of Health
Responsible Dept./Person Name

Annual booth on Stormwater
Specify Measurable Goal

07

BMP ID #

Catch basin stencil program
Specify Best Management Practice

Highway Dept
Responsible Dept./Person Name

Stencil catch basins over three
years

2. Public Participation:

08

BMP ID #

Public hearings on SWMP with
annual review & comment

Selectmen, Stormwater
Committee

Two public meetings on
SWMP. Draft on website

09

BMP ID #

Create Stormwater Advisory
Committee

Selectmen
Responsible Dept./Person Name

Meet twice annually for review
of program

10

BMP ID #

Volunteer water quality
monitoring program

DPCD
Responsible Dept./Person Name

Develop program year 2,
annual testing thereafter

11

BMP ID #

Volunteer stream clean-up
days

DPCD
Responsible Dept./Person Name

Annual cleanup of selected
streams



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W 041171

Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

12

BMP ID #

Hazardous Waste Collection
Day

Board of Health

Responsible Dept./Person Name

Annual collection of hazardous
materials

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

GIS mapping of outfalls and
receiving waters

DPCD, Highway Dept

Responsible Dept./Person Name

Portions of Town to be done
annually

14

BMP ID #

Employee training on spill
prevention

School, Water, Highway,
Sewer Depts.

Annual training

Specify Measurable Goal

15

BMP ID #

Response plan for hazardous
spills

Emergency Management
Committee

Develop and implement plan
for employees and public

16

BMP ID #

Wet & dry weather inspections
for priority outfalls

Highway

Responsible Dept./Person Name

Identify likely areas, perform
annually

17

BMP ID #

Modify bylaws to prohibit
dumping into storm systems

Planning Board, DPCD,
Selectmen

Develop bylaw for town
meeting vote

18

BMP ID #

Monitor illicit discharges into
sewer & stormwater

Sewer

Responsible Dept./Person Name

Identify likely portions of town
and monitor annually

19

BMP ID #

Detection of failed septic
systems

Board of Health

Responsible Dept./Person Name

Provide Hotline for public

Specify Measurable Goal

4. Construction Site Runoff Control:

20

BMP ID #

Enhance zoning for sediment
and erosion control

Planning Board, DPCD,
Conservation Commission

Prepare zoning bylaw for town
meeting vote

21

BMP ID #

Revise site plan, subdivision,
conservation regulations

Planning Board, DPCD,
Conservation, Selectmen

Revise to require stormwater
pollution prevention plan



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W 041171

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Facility ID (if known)

22

BMP ID #

Develop regs for erosion and
sedimentation

Conservation, Planning Board,
Selectmen, DPCD

Regs including control of
waste & portable toilets

23

BMP ID #

Revise site plan & subdivision
regs

Planning Board, DPCD,
Selectmen

Regs including inspection and
enforcement in Bond amount

24

BMP ID #

Revise site plan & subdivision
regs

Planning Board, DPCD,
Selectmen

Regs including signed affidavit
that conditions will be done

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

25

BMP ID #

Modify zoning for control of
post development runoff

Planning Board, Highway
Responsible Dept./Person Name

Prepare zoning bylaw for town
meeting vote

26

BMP ID #

Modify site plan & subdivision
regs for maintenance

Planning Board, DPCD,
Selectmen

Regs including long term
maintenance of stormwater

27

BMP ID #

Modify site plan & subdivision
regs for water quality

Planning Board, DPCD,
Selectmen

Regs including minimizing
impacts to water quality

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

6. Municipal Good Housekeeping:

28

BMP ID #

Training program for town
employees

School, Water, Highway,
Sewer, Emergency Mgmt

Annual trng for fertilizer, snow,
dumping, maintenance, waste

29

BMP ID #

Street Sweeping

Highway

Annual sweeping of street

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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Facility ID (if known)

30

BMP ID #

Catch basin cleaning

Specify Best Management Practice

Highway

Responsible Dept./Person Name

Annual cleaning of basins

Specify Measurable Goal

31

BMP ID #

Water main flushing with
dechlorination

Water

Responsible Dept./Person Name

Annual flushing after street
sweeping

32

BMP ID #

Spill kits at municipal facilities

Specify Best Management Practice

All Depts

Responsible Dept./Person Name

Annual training

Specify Measurable Goal

33

BMP ID #

TV or inspect all sewer and
storm lines in 20 years

Sewer, Highway

Responsible Dept./Person Name

Develop plan in five years

Specify Measurable Goal

34

BMP ID #

Develop salt alternatives for
sensitive areas

Highway

Responsible Dept./Person Name

Develop and purchase in two
years

35

BMP ID #

Inspect and maintain salt shed

Specify Best Management Practice

Highway

Responsible Dept./Person Name

Annual inspection

Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

N/A

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

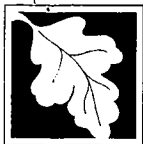
BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #



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Bureau of Resource Protection - Watershed Management

W 041171

Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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Facility ID (if known)

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.

Richard B. Lemoini
Printed Name

Chairman, Bd. of Selectmen

[Signature]
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. Example Storm Water Management Program TIME FRAMES

Transmission of Alcoholic	1410-44-74
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Facility ID (if known)	309
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Page _____ of _____

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				Next Permit
	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	
1			X					X			X					X			X		
2				X					X			X					X			X	
3					X				X			X					X				
4			X		X				X			X					X				
5	X		X	X		X		X	X		X	X	X	X	X	X	X	X	X	X	
6	X			X					X			X		X			X			X	
7								X		X				X				X		X	
8																				X	
9	X																				
10			X						X				X				X				
11			X				X				X				X				X		
12	X								X			X					X				
13	X			X					X			X									
14							X						X								
15			X								X				X			X	X		
16			X				X				X				X			X	X		
17																					
18			X								X								X		
19	X																				
20						X															
21						X															
22						X				X											
23						X				X											
24						X				X											
25				X																	
26						X															
27						X															
28			X					X								X					
29	X	X			X	X			X	X		X	X			X	X				
30	X	X			X	X			X	X		X	X			X	X				
31	X		X		X		X		X		X		X		X		X		X	X	
32										X				X				X			
33										X					X			X			
34				X																	
35			X				X								X				X		