



Hand-enter Your Transmittal Number

W 040980

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

BRPWM08A

Permit Code: 7 or 8 character code from permit instructions

NOI Discharges from Small MS4s

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

FAC 271166 RD 384420

Handwritten notes and signatures in the top right corner.

B. Applicant Information - Firm or Individual

Woodard & Curran

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

Last Name of Individual

35 New England Business Center

Street Address

Andover

City/Town

Jay G. Sheehan, PE

Contact Person

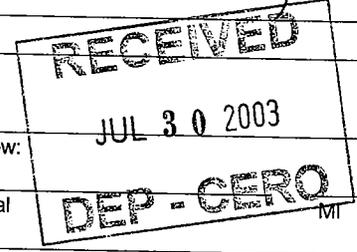
First Name of Individual

MA State

01810 Zip Code

888-265-8969 x 2334 Telephone # and extension

jsheehan@woodardcurran.com e-mail address (optional)



C. Facility, Site or Individual Requiring Approval

Town of Billerica

Name of Facility, Site or Individual

365 Boston Road

Street Address

Billerica

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA State

01821 Zip Code

978-671-0955 Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

Contact Person

State

Zip Code

Telephone # and extension

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] 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 [x] no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [x] 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:

- [x] 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

COPY



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

W040980
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)

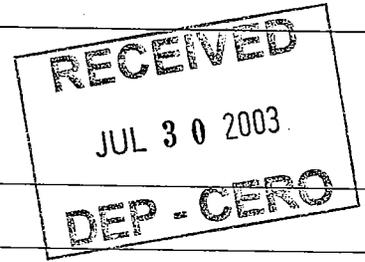
A. Instructions

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, and 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 Livsey, P.E., Interim DPW Director
Name

Department of Public Works, 365 Boston Road
Mailing Address

Billerica
City/Town

978-671-0955
Telephone Number

Massachusetts
State

johnl@town.billerica.ma.us
Email (if available)

2. Municipality Name

Town of Billerica
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:

Middlesex County House of Corrections, Warren H. Manning State Forest, MA Highways (Routes 3 and 3A), Massachusetts Bay Transit Authority (MBTA) Commuter Line, Shawsheen Valley Regional Vocational Technical High School, Middlesex Community College (Entrance Only)

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

Facility ID (if known)

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

RECEIVED
JUL 30 2003
DEP - CERO

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
Shawsheen River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
McKee Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Webb Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Concord River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 5 TMDL expected Specify
Lubbers Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spring Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mitchell Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Gray Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pond Street Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Middlesex Canal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Richardson Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Content Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Winning Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nutting Lake Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 5 TMDL expected Specify
Mill Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jones Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

check



BRP WM 08A NPDES Stormwater General Permit

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

D. Stormwater Management Program Summary

1. Public Education:

1.3.1

BMP ID #

Partner w/ Local Organization
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1, Y3, Y5: Partner with one local organization each year
Specify Measurable Goal

1.3.2

BMP ID #

Public Education Materials
Specify Best Management Practice

DPW/Health Department

Responsible Dept./Person Name

Y2-Y5: SW brochure and booth at Health Fair each year
Specify Measurable Goal

1.3.3

BMP ID #

Local schools education program
Specify Best Management Practice

School Department

Responsible Dept./Person Name

Y1-Y5: Present SW to two schools each year
Specify Measurable Goal

1.3.4

BMP ID #

Stormwater Web Page
Specify Best Management Practice

Information Management

Responsible Dept./Person Name

Y3: Develop a SW web page
Y4, Y5: Update SW web page
Specify Measurable Goal

1.3.5

BMP ID #

Cable Access TV Show
Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Y2-Y5: Produce SW cable access TV show each year
Specify Measurable Goal

1.3.6

BMP ID #

Public Access GIS Tool
Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Y5: Provide public access to GIS SW mapping
Specify Measurable Goal

2. Public Participation:

2.3.1

BMP ID #

Partner / Support a Watershed Organization
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1, Y3, Y5: Partner with one local watershed organization each year
Specify Measurable Goal

2.3.2

BMP ID #

Storm Drain Stenciling Program
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y3, Y5: Develop and implement a storm drain stenciling program
Specify Measurable Goal



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

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BRP WM 08A NPDES Stormwater General Permit
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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

<u>2.3.3</u> BMP ID # Stormwater Public Meetings Program Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Y1-Y5: Discuss SW at one public meeting each year</u> Specify Measurable Goal
<u>2.3.4</u> BMP ID # ✓ Recognition Programs Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Y3-Y5: Recognize one SW savvy business each year</u> Specify Measurable Goal
<u>2.3.5</u> BMP ID # Recreational Department Public Education Program Specify Best Management Practice	<u>Recreation Department</u> Responsible Dept./Person Name	<u>Y2-Y5: Involve Recreation Department in SW public education program each year</u> Specify Measurable Goal
<u>2.3.6</u> BMP ID # Annual "Clean The Stream" Program Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Y3-Y5: Recruit volunteers for each year's SW cleaning effort</u> Specify Measurable Goal
<p>3. Illicit Discharge Detection and Elimination:</p>		
<u>3.4.1</u> BMP ID # Asset Management Program Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Y1: Develop SW Asset Management (A/M) program</u> <u>Y2-Y5: Implement SW A/M program</u> Specify Measurable Goal
<u>3.4.2</u> BMP ID # Storm Drain Map Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Y1: GPS field effort of drainage structures</u> <u>Y2: GPS field effort of outfalls and connectivity</u> <u>Y3-5: Complete and update Town-wide GIS drainage map</u> Specify Measurable Goal
<u>3.4.3</u> BMP ID # TMDL, Critical Habitat, Historic Property Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Y1-Y5: Monitor changes in TMDL, Critical Habitat & Historic Property</u> Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

3.4.4

BMP ID #

Stormwater By-Law

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Y1: Develop SW bylaw
Y2: Submit SW bylaw to Town Meeting
Y3: Implement approved SW bylaw
Specify Measurable Goal

3.4.5

BMP ID #

Illicit Discharge Detection Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Develop phased illicit discharge detection program
Y2-Y4: Implement program
Specify Measurable Goal

3.4.6

BMP ID #

Illicit Discharge Elimination Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y4: Enforce illicit discharge bylaw
Y5: Eliminate 75% of illicit discharges
Specify Measurable Goal

3.4.7

BMP ID #

Resident Education Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y2, Y5: Develop and distribute SW brochures
Specify Measurable Goal

4. Construction Site Runoff Control:

4.2.1

BMP ID #

Regulatory Controls

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Y2: Develop erosion & sediment control by-law
Y4: Enhance bylaw as appropriate
Specify Measurable Goal

4.2.2

BMP ID #

Review & Site Inspection Procedures

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Y2: Include review and site inspection procedures in SW bylaw
Y3-Y4: Review new site plans against bylaw
Y5: Implement technology-based site inspection program
Specify Measurable Goal



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

D. Stormwater Management Program Summary (Cont.)

4.2.3

BMP ID #

Enforcement Procedures

Specify Best Management Practice

Building Department

Responsible Dept./Person Name

Y2: Develop and implement enforcement procedures and sanctions for SW violators

Y4: Review sanction guidelines

Y5: Track and publish statistics on violations

Specify Measurable Goal

4.2.4

BMP ID #

Procedures for Handling Public Comments

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Develop & implement public comment procedure

Y3: Review procedure

Y4: Automate complaint handling using A/M tool

Specify Measurable Goal

5. Post Construction Runoff Control:

5.3.1

BMP ID #

Structural Stormwater Controls

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y2: Revise Subdivision rules & regulations with new BMPs

Specify Measurable Goal

5.3.2

BMP ID #

Zoning Requirements

Specify Best Management Practice

Zoning Board

Responsible Dept./Person Name

Y1: Evaluate zoning by-laws

Y3: Develop new zoning by-laws

Specify Measurable Goal

5.3.3

BMP ID #

Planning Strategies

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Review current Town Master Plan

Y2: Enhance Master Plan to include SW

Specify Measurable Goal

5.3.4

BMP ID #

Conditions for Private SW Systems

Specify Best Management Practice

Engineering Department

Responsible Dept./Person Name

Y3: Develop maintenance requirements for private SW systems

Specify Measurable Goal

5.3.5

BMP ID #

SW Infrastructure Inspection Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y2: Develop technology-based inspection program

Y3: Implement program

Specify Measurable Goal



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

D. Stormwater Management Program Summary (cont.)

6. Municipal Good Housekeeping:

<u>6.3.1</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Y1: Conduct DPW meeting on SW pollution prevention</u> <u>Y2: Develop Stormwater Pollution Prevention Plan</u> Specify Measurable Goal
<u>6.3.2</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Y1: Develop training program and training tracking system</u> <u>Y2-Y5: Implement employee training program</u> Specify Measurable Goal
<u>6.3.3</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Y1: Review current recycling programs</u> <u>Y2, Y4: Monitor and enhance recycling program</u> Specify Measurable Goal
<u>6.3.4</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Y1: Clean catch basins each year</u> <u>Y2: Use A/M tool to monitor pounds of sediment removed</u> <u>Y3: Develop cleaning schedule based on priority areas</u> <u>Y4-Y5: Implement schedule</u> Specify Measurable Goal
<u>6.3.5</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Y1-Y2: Sweep streets each year</u> <u>Y3: Use A/M tool to monitor sweeping quantities</u> <u>Y4: Develop sweeping schedule based on priority areas</u> <u>Y5: Implement schedule</u> Specify Measurable Goal



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

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

6.3.6

BMP ID #

Operations and Maintenance
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1-Y5: Inventory ongoing SW
maintenance activities
designed to identify and
reduce pollutant runoff
Specify Measurable Goal

6.3.7

BMP ID #

Reporting
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1-Y5: Track stormwater
management activities and
provide MADEP and EPA with
yearly reports as described in
the General Permit, Part II.E
Specify Measurable Goal

7. BMPs for Meeting TMDL:

7.2.1

BMP ID #

Monitor Current Impairment
Lists
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1-Y5: Continue to monitor
TMDL studies annually and
develop programs as
appropriate
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 Montuori, Town Manager

Printed Name

Richard A. Montuori
Signature

7/26/03
Date



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

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7.2.2
BMP ID #

Resident Education Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2, Y5: Develop and distribute SW brochures
Specify Measurable Goal

7.2.3
BMP ID #
Annual "Clean The Stream" Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y3-Y5: Recruit volunteers for each year's SW cleaning effort
Specify Measurable Goal

7.2.4
BMP ID #
Storm Drain Map
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: GPS field effort of drainage structures
Y2: GPS field effort of outfalls and connectivity
Y3-5: Complete and update Town-wide GIS drainage map
Specify Measurable Goal

7.2.5
BMP ID #
Illicit Discharge Detection Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Develop phased illicit discharge detection program
Y2-Y4: Implement program
Specify Measurable Goal

7.2.6
BMP ID #
Illicit Discharge Elimination Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y4: Enforce illicit discharge bylaw
Y5: Eliminate 75% of illicit discharges
Specify Measurable Goal

7.2.7
BMP ID #
Enforcement Procedures
Specify Best Management Practice

Building Department
Responsible Dept./Person Name

Y2: Develop and implement enforcement procedures and sanctions for SW violators
Y4: Review sanction guidelines
Y5: Track and publish statistics on violations
Specify Measurable Goal

