



Hand-enter Your Transmittal Number

W 039848

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

Municipal Small MS4 NPDES Phase II 5 year Stormwater Management Plan

Type of Project or Activity

NPDES Stormwater General Permit NOI

Name of Permit Category

B. Applicant Information - Firm or Individual

Town of Chelmsford, Massachusetts

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

Last Name of Individual

50 Billerica Road

Street Address

Chelmsford

City/Town

James Pearson

Contact Person

First Name of Individual

MI

MA

State

01824

Zip Code

978-250-5201

Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Chelmsford

Name of Facility, Site or Individual

50 Billerica Road

Street Address

Chelmsford

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA

State

01824

Zip Code

978-250-5201

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 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



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 Chelmsford - c/o Department of Public Works *- James Pearson - DPW Director*
Name
50 Billerica Road
Mailing Address
Chelmsford MA
City/Town State
978-250-5228
Telephone Number Email (if available)

2. Municipality Name

Town of Chelmsford
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 Route 3, Massachusetts Highway Route 495, Portions of Massachusetts Highway Route 3A, Route 4, Route 27, Route 110 and Route 129.

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.)



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Facility ID (if known)

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	2 known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Pathogens Specify
Concord River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients Specify
Freeman Lake Name	4 known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Organic Enrichment, Noxious Aquatic Plants, Pathogens Specify
River Meadow Brook Name	21 known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Black Brook Name	9 known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown Toxicity, Siltation, Pathogens, Suspended Solids Specify
Deep Brook Name	10 known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown Toxicity, Siltation, Organic Enrichment, Pathogens Specify
Stony Brook Name	7 known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cause Unknown, Nutrients, pH, Organic Enrichment, Pathogens Specify
Crooked Spring Brook Name	11 known Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Brook Name	16 known Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Putnam Brook Name	2 known Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Farley Brook Name	8 known Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hales Brook Name	1 known Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Heart Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Russell Mill Pond Name	7 known Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Swain Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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:

1-1

BMP ID #

Stormwater flyer/survey distributed to residents
Specify Best Management Practice

Chelmsford DPW (CDPW) and Suasco Watershed Community Council (SWCC)

Responsible Dept./Person Name

Flyer is distributed to a minimum of 75% of residents and survey results compiled
Specify Measurable Goal

1-2

BMP ID #

Stormwater lesson plan for 5th grade students
Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

Develop and distribute lesson plan for 5th grade level
Specify Measurable Goal

1-3

BMP ID #

Stormwater flyer to community businesses
Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

Flyer distributed to a minimum of 50% of businesses and a logo to be displayed for compliance
Specify Measurable Goal

1-4

BMP ID #

Stormwater media campaign
Specify Best Management Practice

CPDW & SWCC

Responsible Dept./Person Name

Develop a media information packet to be distributed to the local media
Specify Measurable Goal

1-5

BMP ID #

Stormwater Video
Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

Show a stormwater video at a minimum of one public meeting and re-air video on local cable
Specify Measurable Goal

1-6

BMP ID #

Create a stormwater information page on the Town of Chelmsford web site
Specify Best Management Practice

CDPW

Responsible Dept./Person Name

Create and maintain a web page for public access.
Specify Measurable Goal

1-7

BMP ID #

Provide informational brochures on recycling, household hazardous materials, composting and water conservation
Specify Best Management Practice

CDPW/Recycling office

Responsible Dept./Person Name

Maintain supply of brochures at Town offices at all times and have available at hazardous waste collection days
Specify Measurable Goal



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Facility ID (if known)

2. Public Participation:

2-1

BMP ID #

Stormwater traveling
display

Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

A stormwater display that
circulates at different public
buildings and events

2-2

BMP ID #

Stormwater poster contest for
5th grade students

Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

A stormwater awareness
poster contest is held, judged
and displayed

Specify Measurable Goal

2-3

BMP ID #

Stormwater photo contest for
high school students

Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

A stormwater photo contest is
held, judged and displayed

Specify Measurable Goal

2-4

BMP ID #

Stormwater summit event

Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

Hold a local stormwater
summit and advertise to
encourage public attendance

Specify Measurable Goal

2-5

BMP ID #

Participate in the SuAsCo
Stormwater Super Summit and
conduct an evaluation and
assessment survey of public
stormwater awareness

Specify Best Management Practice

CDPW & SWCC

Responsible Dept./Person Name

Town participation in the
SuAsCo summit and
evaluation and assessment
survey results compiled

Specify Measurable Goal

2-6

BMP ID #

Provide support for town clean
up and collection days

Specify Best Management Practice

CDPW

Responsible Dept./Person Name

Provide support at least twice
per year

Specify Measurable Goal

2-7

BMP ID #

Develop a catch basin
stenciling program

Specify Best Management Practice

CDPW

Responsible Dept./Person Name

Develop a program that will
stencil catch basins in priority
areas with local
organizations

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Create stormwater system
map

Specify Best Management Practice

CDPW

Responsible Dept./Person Name

Create a stormwater system
map, maintain and update as
needed

Specify Measurable Goal

3-2

BMP ID #

Create an illicit discharge
inspection/elimination plan

Specify Best Management Practice

CDPW

Responsible Dept./Person Name

Develop a plan to locate and
eliminate illicit and illegal
connections

Specify Measurable Goal

3-3

BMP ID #

Develop and implement an
ordinance that prohibits illicit
and illegal connections

Specify Best Management Practice

CDPW & Community
Development

Responsible Dept./Person Name

An ordinance is developed to
prevent illicit and illegal
stormwater and non-
stormwater connections to the
system

Specify Measurable Goal

3-4

BMP ID #

Increase the number of
hazardous waste disposal
days

Specify Best Management Practice

CDPW – Recycling
Department

Responsible Dept./Person Name

Will make disposal of
hazardous waste easier

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop an Erosion and
Sediment control by-law for all
construction projects.

Specify Best Management Practice

CDPW – Community
Development

Responsible Dept./Person Name

By-law developed and in force
by end year 2

Specify Measurable Goal

4-2

BMP ID #

Plan reviews

Specify Best Management Practice

CDPW – Building Inspector

Responsible Dept./Person Name

All plans reviewed for water
quality issue and
concerns

Specify Measurable Goal

4-3

BMP ID #

Site inspections of construction
projects

Specify Best Management Practice

CDPW – Conservation –
Building Inspector

Responsible Dept./Person Name

All construction sites receive
periodic inspections

Specify Measurable Goal



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Facility ID (if known)

4-4

BMP ID #

All work with the public right of way is inspected to prevent erosion and sedimentation from entering the public way

Specify Best Management Practice

CDPW – Building Inspector
Responsible Dept./Person Name

Minimize and/or prevent erosion and sediment from entering the public way from construction sites

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop a by-law to require certain construction sites to follow MADEP Stormwater Standards 2, 3, 4 and 7

Specify Best Management Practice

CDPW – Community Development
Responsible Dept./Person Name

All regulated projects required to follow same standards

Specify Measurable Goal

5-2

BMP ID #

Develop a list of BMP's for a post construction maintenance schedule

Specify Best Management Practice

CDPW
Responsible Dept./Person Name

List is developed as a guidance for the post construction maintenance schedule

Specify Measurable Goal

5-3

BMP ID #

Post construction inspections of regulated projects

Specify Best Management Practice

CDPW – Building Inspector – Community Development
Responsible Dept./Person Name

Inspections are performed to ensure proper construction of environmental protection and drainage facilities

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Catch Basin cleaning

Specify Best Management Practice

CDPW
Responsible Dept./Person Name

Continuation current catch basin cleaning schedules

Specify Measurable Goal

6-2

BMP ID #

Annual street sweeping

Specify Best Management Practice

CDPW
Responsible Dept./Person Name

Continuation of current street sweeping schedule

Specify Measurable Goal



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<p><u>6-3</u> BMP ID # Stormwater pollution plan in place and in effect for CDPW facility Specify Best Management Practice</p>	<p><u>CDPW</u> Responsible Dept./Person Name</p>	<p><u>Maintain the plan an update as needed</u> Specify Measurable Goal</p>
<p><u>6-4</u> BMP ID # Develop a training program for CDPW employees Specify Best Management Practice</p>	<p><u>CDPW</u> Responsible Dept./Person Name</p>	<p><u>Employee training program established</u> Specify Measurable Goal</p>
<p><u>6-5</u> BMP ID # Stormwater system mapping used to identify critical areas for catch basin cleaning Specify Best Management Practice</p>	<p><u>CDPW</u> Responsible Dept./Person Name</p>	<p><u>Stormwater system mapping used to optimize basin cleaning procedures</u> Specify Measurable Goal</p>
<p><u>6-6</u> BMP ID # Identify catch basins and drainage facilities in poor condition and reconstruct or repair those facilities Specify Best Management Practice</p>	<p><u>CDPW</u> Responsible Dept./Person Name</p>	<p><u>Utilize stormwater system mapping and inspection to create a list of facilities in poor condition and repair at minimum 5 per year</u> Specify Measurable Goal</p>
<p><u>6-7</u> BMP ID # CDPW drainage system maintenance permit Specify Best Management Practice</p>	<p><u>CDPW</u> Responsible Dept./Person Name</p>	<p><u>Renew drainage system maintenance permit as needed</u> Specify Measurable Goal</p>

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<p><u>BMP ID #</u> No waters have a TMDL at this time.</p>	<p><u>Responsible Dept./Person Name</u></p>	<p><u>Specify Measurable Goal</u></p>
<p><u>BMP ID #</u> Specify Best Management Practice</p>	<p><u>Responsible Dept./Person Name</u></p>	<p><u>Specify Measurable Goal</u></p>
<p><u>BMP ID #</u> Specify Best Management Practice</p>	<p><u>Responsible Dept./Person Name</u></p>	<p><u>Specify Measurable Goal</u></p>



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Facility ID (if known)

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.

Michael F. McCall - Chairman, Board of Selectmen

Printed Name

Signature

7/3/03
Date

