



Hand-enter Your Transmittal Number

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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.

## A. Permit Information

WM08a

Water Management

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

NPDES Stormwater General Permit Notice of Intent for Discharges from Small MS4

Type of Project or Activity

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:

## B. Applicant Information -- Firm or Individual

Town of Lancaster

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

DEP, P.O. Box 4062, Boston, MA 02211.

Last Name of Individual

First Name of Individual

MI

392 Mill Street Ext.

Street Address

Lancaster

MA

01523

978-365-2412

City/Town

State

Zip Code

Telephone # and extension

John Sonia

Contact Person

e-mail address (optional)

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

## C. Facility, Site or Individual Requiring Approval

Town of Lancaster

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Lancaster

e-mail address (optional)

MA

01523

978-365-2412

City/Town

State

Zip Code

Telephone # and extension

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

## 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)

For DEP Use Only  
Permit No. \_\_\_\_\_  
Rec'd Date \_\_\_\_\_  
Reviewer \_\_\_\_\_

## 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 # of 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

MUNICIPAL ASSISTANCE UNIT  
MAILED 04 2003



**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 Lancaster Department of Public Works

Name

695 Main Street P.O. Box 293

Mailing Address

Lancaster

City/Town

978-365-2412

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Lancaster

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

MUNICIPAL ASSISTANCE UNIT  
AUG 04 2003

**B. Applicant Information (cont.)**



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

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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
Nashua River Name	*16 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown Toxicity Specify
Goodridge Brook Name	*3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Roppers Brook Name	*2 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
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Name	Number	<input type="checkbox"/> Yes <input 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

**D. Stormwater Management Program Summary**



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

Facility ID (if known)

1. Public Education:

<u>1PE</u>		
<u>BMP ID #</u>		
<u>Develop Educational Resources</u>	<u>Selectmen/ Stormwater Management Committee</u>	<u>Develop two topic brochures for residences and business</u>
<u>2PE</u>		
<u>BMP ID #</u>		
<u>Expand Educational Resources</u>	<u>Stormwater Management Committee</u>	<u>Work with schools and provide information through media ,TV</u>
<u>3PE</u>		
<u>BMP ID #</u>		
<u>Storm Drain Stenciling</u>	<u>Department of Public Works</u>	<u>Stencil catch basins with "Do not dump"</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	
<u>4PE</u>		
<u>BMP ID #</u>		
<u>Pollution Reduction</u>	<u>Stormwater Management Committee</u>	<u>Identify measures to reduce pollutants to storm system.</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

2. Public Participation:

<u>1PP</u>		
<u>BMP ID #</u>		
<u>Work with Nashua River Watershed Assoc (NRWA).</u>	<u>Stormwater Management Committee</u>	<u>NRWA and local organizations to map and monitor outfalls</u>
<u>2PP</u>		
<u>BMP ID #</u>		
<u>Establish Public Information Meetings</u>	<u>DPW/Stormwater Management Committee</u>	<u>Hold at least two informal meetings to inform public</u>
<u>3PP</u>		
<u>BMP ID #</u>		
<u>Schedule yearly community cleanups</u>	<u>Stormwater Management Committee</u>	<u>Involve two community groups to implement com. cleanup.</u>
<u>4PP</u>		
<u>BMP ID #</u>		
<u>Establish Neighborhood Watch</u>	<u>Stormwater Management Committee</u>	<u>Identify key residents, roles, and areas</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**D. Stormwater Management Program Summary (Cont.)**



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

3. Illicit Discharge Detection and Elimination:

<u>1ID</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Establish a map to note all intake &amp; discharge in system</u>
<u>Develop a Sewer System Map</u> Specify Best Management Practice		
<u>2ID</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Establish process to identify potential sources</u>
<u>Identify Illicit Discharges</u> Specify Best Management Practice		
<u>3ID</u> BMP ID #	<u>Planning &amp; Conservation Commissions</u>	<u>Review Bylaws ,identify &amp; propose necessary changes</u>
<u>Storm Water Ordinance</u> Specify Best Management Practice		
<u>4ID</u> BMP ID #	<u>Board of Health and DPW</u> Responsible Dept./Person Name	<u>Schedule HHW daysthrough existing regional cooperatives</u>
<u>Program for Household Hazardous Waste (HHW)</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

4. Construction Site Runoff Control:

<u>1CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Develop score sheets and record one round of samples</u>
<u>Establish Water Quality Benchmarks</u>		
<u>2CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Standardize &amp; document procedures for site Inspections</u>
<u>Establish Site Inspection Criteria</u>		
<u>3CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Train staff and other group inspection procedures</u>
<u>Develop Training Program</u> Specify Best Management Practice		
<u>4CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Collect water samples &amp; build program for full compliance</u>
<u>Compliance Evaluation</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

**D. Stormwater Management Program Summary (Cont.)**



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

Facility ID (if known)

5. Post Construction Runoff Control:

1PC BMP ID # Identify Best Management Practices	DPW/ Stormwater Management Committee	Evaluate & determine BMPs for new and re-development
2PC BMP ID # Codify and Publicize BMPs Specify Best Management Practice	Stormwater Management Committee	Codify through local body Publicize through local media
3PC BMP ID # Reduce Impervious Areas Specify Best Management Practice	Stormwater Management Committee	Analyze data from construction projects & identify area impact
4PC BMP ID # Improved Water Quality Specify Best Management Practice	Stormwater Management Committee	Collect samples to determine effectiveness of run-off control
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

1GH BMP ID # Develop Pollution Prevention Plan	Stormwater Management Committee	Develop plan related to BMPs for areas of concern
2GH BMP ID # Develop Employee Training Materials	Stormwater Management Committee	Develop training materials for Town employees
3GH BMP ID # Train Town Employees Specify Best Management Practice	DPW Responsible Dept./Person Name	Train Staff on P2 measures and Good Housekeeping
4GH BMP ID # Maintenance Schedule Specify Best Management Practice	DPW Responsible Dept./Person Name	Finalize plan and schedule to implement BMPs
5GH BMP ID # Evaluation Program Effectiveness	DPW Responsible Dept./Person Name	Identify controls and document effectiveness & compliance

**D. Stormwater Management Program Summary (cont.)**



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

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7. BMPs for Meeting TMDL:

1TM BMP ID # Establish Methods for Evaluation	Stormwater Management Committee	Work with NRWA and others to determine TMDLs
2TM BMP ID # Identify BMPs for TMDLs Specify Best Management Practice	Stormwater Management Committee	Determine effective BMPs for TMDLs
3TM BMP ID # Implement BMPs Specify Best Management Practice	DPW/ Stormwater Management Committee	Implement BMPs in identified areas
4TM BMP ID # Determine Effectiveness Specify Best Management Practice	Stormwater Management Committee	Collect samples and determine effective for meeting TMDLs
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.

*Douglas A. De Cesare*  
 Printed Name

*Douglas A. De Cesare*  
 Signature

*July 30, 2003*  
 Date



**BRP WM 08A NPDES Stormwater General Permit**

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

Facility ID (if known)

**3. Illicit Discharge Detection and Elimination:**

<u>1ID</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Establish a map to note all intake &amp; discharge in system</u>
<u>Develop a Sewer System Map</u> Specify Best Management Practice		
<u>2ID</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Establish process to identify potential sources</u>
<u>Identify Illicit Discharges</u> Specify Best Management Practice		
<u>3ID</u> BMP ID #	<u>Planning &amp; Conservation Commissions</u>	<u>Review Bylaws ,identify &amp; propose necessary changes</u>
<u>Storm Water Ordinance</u> Specify Best Management Practice		
<u>4ID</u> BMP ID #	<u>Board of Health and DPW</u> Responsible Dept./Person Name	<u>Schedule HHW days through existing regional cooperatives</u>
<u>Program for Household Hazardous Waste (HHW)</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**4. Construction Site Runoff Control:**

<u>1CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Develop score sheets and record one round of samples</u>
<u>Establish Water Quality Benchmarks</u>		
<u>2CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Standardize &amp; document procedures for site Inspections</u>
<u>Establish Site Inspection Criteria</u>		
<u>3CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Train staff and other group inspection procedures</u>
<u>Develop Training Program</u> Specify Best Management Practice		
<u>4CO</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Collect water samples &amp; build program for full compliance</u>
<u>Compliance Evaluation</u> Specify Best Management Practice		
<u>5CO</u> BMP ID #	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Develop by-laws for construction site runoff</u>
<u>Evaluation &amp; Implement Regulatory Requirements</u>		

**D. Stormwater Management Program Summary (Cont.)**





**BRP WM 08A NPDES Stormwater General Permit**

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

Facility ID (if known)

**5. Post Construction Runoff Control:**

<u>1PC</u> BMP ID #		
<u>Identify Best Management Practices</u>	<u>DPW/ Stormwater Management Committee</u>	<u>Evaluate &amp; determine BMPs for new and re-development</u>
<u>2PC</u> BMP ID #		
<u>Codify and Publicize BMPs</u> <u>Specify Best Management Practice</u>	<u>Stormwater Management Committee</u>	<u>Codify through local body</u> <u>Publicize through local media</u>
<u>3PC</u> BMP ID #		
<u>Reduce Impervious Areas</u> <u>Specify Best Management Practice</u>	<u>Stormwater Management Committee</u>	<u>Analyze data from construction projects &amp; identify area impact</u>
<u>4PC</u> BMP ID #		
<u>Improved Water Quality</u> <u>Specify Best Management Practice</u>	<u>Stormwater Management Committee</u>	<u>Collect samples to determine effectiveness of run-off control</u>
<u>5PC</u> BMP ID #		
<u>Evaluate and Implement Regulatory Requirements</u>	<u>Board of Selectmen</u> <u>Responsible Dept./Person Name</u>	<u>Develop by-laws for post construction site runoff</u>

**6. Municipal Good Housekeeping:**

<u>1GH</u> BMP ID #		
<u>Develop Pollution Prevention Plan</u>	<u>Stormwater Management Committee</u>	<u>Develop plan related to BMPs for areas of concern</u>
<u>2GH</u> BMP ID #		
<u>Develop Employee Training Materials</u>	<u>Stormwater Management Committee</u>	<u>Develop training materials for Town employees</u>
<u>3GH</u> BMP ID #		
<u>Train Town Employees</u> <u>Specify Best Management Practice</u>	<u>DPW</u> <u>Responsible Dept./Person Name</u>	<u>Train Staff on P2 measures and Good Housekeeping</u>
<u>4GH</u> BMP ID #		
<u>Maintenance Schedule</u> <u>Specify Best Management Practice</u>	<u>DPW</u> <u>Responsible Dept./Person Name</u>	<u>Finalize plan and schedule to implement BMPs</u>
<u>5GH</u> BMP ID #		
<u>Evaluation Program Effectiveness</u>	<u>DPW</u> <u>Responsible Dept./Person Name</u>	<u>Identify controls and document effectiveness &amp; compliance</u>

**D. Stormwater Management Program Summary (cont.)**

