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Hand-enter Your Transmittal Number

W 036114

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

Received 8/20/03 Municipal Assistance

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 Reviewer

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: Notice of Intent for Discharge from Small Municipal Storm Sewer System
Type of Project or Activity: Storm Water Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: City of Lawrence Department of Public Works

Or, if party needing this approval is clearly an individual:

Individual's Last Name: First Name MI

Street Address 200 Common Street

City/Town Lawrence State Ma Zip Code 01840 Telephone Number (978) 7945762 ext.

Contact: Frank McCann 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:

Address:

City/Town State Zip Code Telephone Number () ext.

Contact: LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (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 #: 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

AUG 20 2003 MUNICIPAL ASSISTANCE UNIT



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:

Michael J Sullivan, Mayor

Name

200 Common Street

Mailing Address

Lawrence

Massachusetts

City/Town

State

(978) 794-5762

Telephone Number

Email (if available)

2. Municipality Name

Lawrence, 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

AUG 20 2003
MUNICIPAL ASSISTANCE UNIT



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

W036114
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)

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
Merrimack River Name	11 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, Nutrients Specify Nutrients
Spicket River Name	20 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turbidity, Pathogens, Specify
Shawsheen River Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sow Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bloody Brook Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
North Canal Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
South Canal Name	6 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



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:

<u>1 - A</u> BMP ID # <u>Classroom Education</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Annual Presentation</u> Specify Measurable Goal
<u>1 - B</u> BMP ID # <u>Educational Displays</u> Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Raise Public Awareness</u> Specify Measurable Goal
<u>1 - C</u> BMP ID # <u>Newspaper Articles</u> Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Annual Article</u> Specify Measurable Goal
<u>1 - D</u> BMP ID # <u>Local Cable Access</u> Specify Best Management Practice	<u>Mayor</u> Responsible Dept./Person Name	<u>Constant Educ. Programs</u> Specify Measurable Goal
<u>1 - E</u> BMP ID # <u>Mailings</u> Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Raise home owners awareness</u> Specify Measurable Goal

2. Public Participation:

<u>2 - A</u> BMP ID # <u>Community Hotline</u> Specify Best Management Practice	<u>Inspectional Services</u> Responsible Dept./Person Name	<u>Increase Public Participa tio</u> Specify Measurable Goal
<u>2 - B</u> BMP ID # <u>Neighborhood Meetings</u> Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Presentation</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> 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.)

3. Illicit Discharge Detection and Elimination:

3 - A

BMP ID #

Mapping Outfalls
Specify Best Management Practice
3 - B

Dept. of Public Works
Responsible Dept./Person Name

Locate illegal discharge
Specify Measurable Goal

BMP ID #

Develop Illicit Discharge
Specify Best Management Practice
3 - C

Dept. of Public Works
Responsible Dept./Person Name

Identify origin of discharge
Specify Measurable Goal

BMP ID #

Ordinance Development
Specify Best Management Practice

City Council
Responsible Dept./Person Name

Reduce illegal dumping
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

4. Construction Site Runoff Control:

4 - A

BMP ID #

Site Plan Review
Specify Best Management Practice

Engineering
Responsible Dept./Person Name

Site Runoff Control
Specify Measurable Goal

4 - B

BMP ID #

Runoff Ordinance
Specify Best Management Practice

City Council
Responsible Dept./Person Name

Reduce Site Runoff
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



BRP WM 08A NPDES Stormwater General Permit
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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:
5 - A

BMP ID # <u>Design Standards</u> Specify Best Management Practice 5 - B	<u>Engineering</u> Responsible Dept./Person Name	<u>Decrease Site Runoff</u> Specify Measurable Goal
BMP ID # <u>Final Site Inspection</u> Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Compliance with design</u> 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

6. Municipal Good Housekeeping:

6 - A BMP ID # <u>Employee Training</u> Specify Best Management Practice 6 - B	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Improve house keeping</u> Specify Measurable Goal
BMP ID # <u>Catch Basin Cleaning</u> Specify Best Management Practice 6 - C	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Improve sediment control</u> Specify Measurable Goal
BMP ID # <u>Street Sweeping</u> Specify Best Management Practice	<u>Dept. of Public Works</u> Responsible Dept./Person Name	<u>Removal of potential polutants</u> 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



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

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

_____	_____	_____
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.

Michael J. Sullivan - Mayor, City of Lawrence
 Printed Name _____
 Signature Michael J. Sullivan
 Date 3/7/03

