



Hand-enter Your Transmittal Number

W 035460

1043

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

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): BRPWW08A
Name of Permit Category: NPDES Stormwater Gen Permit Notice of Intent for Discharges from Small MS4s
Type of Project or Activity: Municipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Lincoln, Massachusetts

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

Individual's Last Name: First Name MI

Street Address: 16 Lincoln Road

City/Town: Lincoln State: MA Zip Code: 01773 Telephone Number: (781) 259-2600 ext.

Contact: Timothy Higgins e-mail address (optional): higginst@lincolntown.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Lincoln, Massachusetts DEP Facility Number (if Known)

Street Address: 16 Lincoln Road e-mail address: (optional)

City/Town: Lincoln State: MA Zip Code: 01773 Telephone Number: (781) 259-2600 ext.

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

Name of Individual or Firm: Vannasse Hangen Brustlin, Inc.

Address: 101 Walnut Street, P.O. Box 9151

City/Town: Watertown State: MA Zip Code: 02471 9151 Telephone Number: (617) 924-1770 ext.

Contact: Christine Wallace, P.E. 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 #: N/A Dollar Amount: N/A 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



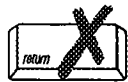
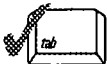
BRP WM 08A NPDES Stormwater General Permit

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 Lincoln

Name

16 Lincoln Road

Mailing Address

Lincoln

City/Town

781-259-2600

Telephone Number

MA

State

higginst@lincolntown.org

Email (if available)

2. Municipality Name

Town of Lincoln, 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:

Massachusetts Highway Department, Hanscom Air Force Base

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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Storm Sewer Systems (MS4s)

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
Beaver Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cambridge Reservoir Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elm Brook Name	pending Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, Turbidity Specify
Farrar Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hobb's Brook Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Iron Mine Brook Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sandy Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stony Brook Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Todd Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Valley Pond Name	pending 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
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



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)

W035460
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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Stormwater Flyer for Residents
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1B

BMP ID #

Lesson Plan for Fifth Graders
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1C

BMP ID #

Stormwater Flyer for Businesses
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1D

BMP ID #

Stormwater Media Campaign
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1E

BMP ID #

Stormwater Video
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1F

BMP ID #

Lincoln-Specific Stormwater Flyers
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1G

BMP ID #

Coordinate w/ Business, Landscapers
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1H

BMP ID #

Stormwater Flyer for Agriculture
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1I

BMP ID #

/Newspaper Articles
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1J

BMP ID #

Stormwater Info on Town Website
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

2A

BMP ID #

Stormwater Traveling Display
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2B

BMP ID #

Poster Contest for Fifth Graders
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2C

BMP ID #

Photo Contest for High Schoolers
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2D

BMP ID #

Stormwater Summit Event
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2E

BMP ID #

Stormwater Super Summit Event
Specify Best Management Practice

SuAsCo & Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2F

BMP ID #

Annual Stormwater Public Hearing
Specify Best Management Practice

Town Administrator
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2G

BMP ID #

Watershed Group Involvement
Specify Best Management Practice

Conservation Com & Local Groups
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2H

BMP ID #

Involve Local Children's Groups
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A		
<u>BMP ID #</u>		
<u>Illicit Discharge Bylaw</u>	<u>Highway Dept. & Board of Health</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
3B		
<u>BMP ID #</u>		
<u>Storm Sewer Map</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
3C		
<u>BMP ID #</u>		
<u>Detection & Elimination Plan</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
3D		
<u>BMP ID #</u>		
<u>Education for Public & Businesses</u>	<u>Conservation Commission</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
3E		
<u>BMP ID #</u>		
<u>Education for Municipal Employees</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

4A		
<u>BMP ID #</u>		
<u>Construction Site Runoff Bylaw</u>	<u>Conservation Com & Planning Board</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
4B		
<u>BMP ID #</u>		
<u>Erosion, Sediment, & Waste Controls</u>	<u>Conservation Com & Planning Board</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
4C		
<u>BMP ID #</u>		
<u>Site Plan Review Procedures</u>	<u>Conservation Com & Planning Board</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
4D		
<u>BMP ID #</u>		
<u>Site Inspection & Enforcement</u>	<u>Conservation Com & Planning Board</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
4E		
<u>BMP ID #</u>		
<u>Stormwater Hotline</u>	<u>Conservation Com & Highway Dept.</u>	<u>See Attached Outline</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5A</u>		
<u>BMP ID #</u>	<u>Planning Board</u>	<u>See Attached Outline</u>
<u>Post-Construction Site Runoff Bylaw</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>5B</u>		
<u>BMP ID #</u>	<u>Planning Board</u>	<u>See Attached Outline</u>
<u>Structural & Non-Structural BMPs</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>5C</u>		
<u>BMP ID #</u>	<u>Planning Board</u>	<u>See Attached Outline</u>
<u>Long-Term Operation & Maintenance</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>5D</u>		
<u>BMP ID #</u>	<u>Planning Board</u>	<u>See Attached Outline</u>
<u>Struct BMP Implement. Procedures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>6A</u>		
<u>BMP ID #</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Municipal Employee Training</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>6B</u>		
<u>BMP ID #</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Maintenance & Inspection Procedures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>6C</u>		
<u>BMP ID #</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Municipal Pollutant Source Reduction</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>6D</u>		
<u>BMP ID #</u>	<u>Highway Dept.</u>	<u>See Attached Outline</u>
<u>Waste Disposal Procedures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
Specify Best Management Practice		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7A</u> BMP ID #	<u>Residential Education</u> Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Elm Brook a priority under Measure 1</u> Specify Measurable Goal
<u>7B</u> BMP ID #	<u>Outfall Inspection and Testing</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Elm Brook Area Completed by Year 2</u> Specify Measurable Goal
<u>7C</u> BMP ID #	<u>Illicit Discharge Elimination (if found)</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Elm Brook Area Completed by Year 2</u> Specify Measurable Goal
<u>7D</u> BMP ID #	<u>Municipal Operations Prioritized</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Elm Brook Area Evaluated by Year 2</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

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.

Timothy S. Higgins Town Administrator
Printed Name
[Signature] 9/11/03
Signature Date

OCT -1 2003
AAH



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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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.

Timothy S. Higgins Town Administrator
 Printed Name
[Signature]
 Signature

 Date 3/10/03

FAX 781-859-1677