



Hand-enter Your Transmittal Number →

1205

W 040991

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 08 A

Stormwater

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

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

Type of Project or Activity

B. Applicant Information – Firm or Individual

City of Lowell

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

Cox

John

F

Last Name of Individual

First Name of Individual

MI

375 Merrimack Street

Street Address

Lowell

MA

01852

978-970-4000

City/Town

State

Zip Code

Telephone # and extension

Stephen M. Curran, P.E.

scurran@ci.lowell.ma.us

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Lowell Storm Sewer System

N/A

N/A

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

(Entire City)

Street Address

e-mail address (optional)

Lowell

MA

01852

City/Town

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual

1001 Elm Street

Address

Manchester

NH

03101

603-222-8300

City/Town

State

Zip Code

Telephone # and extension

Joshua MacCulloch

N/A

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

None

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:

John F. Cox, City Manager

Name

375 Merrimack Street

Mailing Address

Lowell

City/Town

MA

State

978-970-4000

Telephone Number

Email (if available)

2. Municipality Name

Lowell, MA

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, University of Lowell

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

JUL 30 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)

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	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients, Flow Alteration, Pathogens Specify
Concord River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients, Pathogens Specify
River Meadow Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Beaver Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Path., O & G, Turb., Cause Unk., Other Habitat Alts., etc. Specify
Black Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown Toxicity, Siltation, Pathogens, Turbidity Specify
Marginal Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hamilton Canal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Merrimack Canal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Western Canal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pawtucket Canal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Clay Pit Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Flagg Meadow Brook 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
Middlesex 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



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

1. Public Education:

1-1
BMP ID #

Continue Earth Day Celebration
Specify Best Management Practice

Parks Department
Responsible Dept./Person Name

Event held
Specify Measurable Goal

1-2
BMP ID #

Develop and Distribute Stormwater Brochure
Specify Best Management Practice

Department of Public Works (DPW)
Responsible Dept./Person Name

Develop stormwater brochure during Year 1 and distribute during Year 2
Specify Measurable Goal

1-3
BMP ID #

Increase Awareness of Proper Pet Waste Disposal at City Parks
Specify Best Management Practice

DPW (primary), City Clerk and Parks Department
Responsible Dept./Person Name

Pet waste brochure will be developed during Year 2 and distributed to all licensed dog owners during Years 3-5. Pet waste signs to be installed at City parks during Years 2 through 5.
Specify Measurable Goal

2. Public Participation:

2-1
BMP ID #

Comply with State Public Notification Guidelines
Specify Best Management Practice

City clerk and other relevant City departments
Responsible Dept./Person Name

Comply with state public notification guidelines
Specify Measurable Goal

2-2
BMP ID #

Hold Annual Household Hazardous Waste/Tire Collection Days
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Hazardous waste/tire collection days held at least once per year.
Specify Measurable Goal

2-3
BMP ID #

Install Catch Basin Signage/Plaques
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Fifty catch basins per year for five years
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:

3-1
BMP ID #

Map Outfalls and Receiving Waters
Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Map completed
Specify Measurable Goal

3-2
BMP ID #

Continue to Enforce a Bylaw Requiring Inspection of New Construction for Correct Connection to the Sanitary Sewer
Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Continue existing program
Specify Measurable Goal

3-3
BMP ID #

Continue to Enforce Bylaw Prohibiting Illicit Discharges, Including Illegal Dumping, to the Storm Sewer System
Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Continue existing program
Specify Measurable Goal

3-4
BMP ID #

Dry Weather Screening of Outfalls
Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

All outfalls screened once during permit period
Specify Measurable Goal

3-5
BMP ID #

Develop and Implement System for Elimination of Illicit Discharges
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Based on prioritized results from BMP #3-4, the City will determine a method for staffing inspections of storm drain lines, develop notification and funding procedures for removal, and develop and maintain a database showing illicit connections.
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.)

4. Construction Site Runoff Control:

4-1

BMP ID #

Continue to Apply Standard 8 of the Massachusetts Stormwater Policy

Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Standard 8 of MSP applied.
Specify Measurable Goal

4-2

BMP ID #

Continue to Enforce Procedure to Inspect and Enforce Control Measures at Construction Sites

Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Continue existing program
Specify Measurable Goal

4-3

BMP ID #

Continue to Enforce Procedures for Collection/Filing of Public Comments

Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Continue existing program
Specify Measurable Goal

4-4

BMP ID #

Develop and Present an Ordinance to Require and Erosion and Sediment Control Plan, Construction Material Management Plan, and Plan Review for Sites Disturbing More Than 1-acre

Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Draft ordinance language and present it to City Council for approval
Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Continue to Implement City's Planning Board Rules and Regulations for Subdivisions

Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Continue to implement plans for work within wetlands, subdivisions and non-residential building construction
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.)

5-2
BMP ID #

Apply Standards 2, 3, 4, 7,
and 9 of the Massachusetts
Stormwater Policy to the
Entire City

Specify Best Management Practice
5-3

BMP ID #

Develop and Implement an
Ordinance/Regulation That
Ensures Long-Term
Maintenance of Private
Structural BMPs

Specify Best Management Practice

City Engineering Department
Responsible Dept./Person Name

Review existing regulations,
and develop proposed
modifications as needed
Specify Measurable Goal

City Engineering Department
Responsible Dept./Person Name

Draft bylaw developed and
presented to City Council
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #

Continue to Street Sweeping
Program

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Percentage of streets swept
annually, emphasis on areas
of sensitive receptors
Specify Measurable Goal

6-2
BMP ID #

Continue Catch Basin
Cleaning Program

Specify Best Management Practice

Lowell Regional Wastewater
Utility
Responsible Dept./Person Name

Percentage of catchbasins
cleaned annually, emphasis
on areas of sensitive receptors
Specify Measurable Goal

6-3
BMP ID #

Continue Salting and Snow
Removal Practices

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Continue existing program -
refrain from using salt in
sensitive areas, store salt in a
covered salt shed and
calibrate salt spreaders as
needed.
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.)

6-4
BMP ID #

Continue Vehicle Washing Practices
Specify Best Management Practice
6-5
BMP ID #

DPW
Responsible Dept./Person Name

Continue existing program - vehicles are washed in the DPW yard, which is in the combined area of Lowell, governed by another permit
Specify Measurable Goal

Continue Vehicle Maintenance Practices
Specify Best Management Practice
6-6
BMP ID #

DPW
Responsible Dept./Person Name

Continue existing program - vehicles are maintained in the DPW yard, which is in the combined area of Lowell, governed by another permit
Specify Measurable Goal

Park and Landscape Maintenance
Specify Best Management Practice
6-7
BMP ID #

DPW
Responsible Dept./Person Name

Continue to minimize application of herbicides, pesticides, and fertilizers at City parks, etc. in areas of sensitive receptors and maintains records of landscape practices
Specify Measurable Goal

Develop/Implement Employee Education Program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Four hours of training per permit term on stormwater related topics for public works employees
Specify Measurable Goal

7. BMPs for Meeting TMDL:

N/A
BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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

W 040991
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)

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.

John F. Cox, City Manager
Printed Name

Signature

07-29-03
Date



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)
F. Storm Water Management Program Time Frames

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE									
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	Next Permit	
#1-1 Earth Day	X																					
#1-2 Brochure				X	(Develop Brochure)																	
#1-3 Pet Waste				X	(Develop Brochure)																	
#2-1 Notify																						
#2-2 Haz Waste	X																					
#2-3 CBS					X																	
#3-1 Map																						
#3-2 Insp Bylaw																						
#3-3 Illicit Bylaw	X				X																	
#3-4 Screen																						
#3-5 Elimination																						
#4-1 Standard 8																						
#4-2 Insp Sites																						
#4-3 Comment																						
#4-4 Ordinance				X	X	(Present to City Council)																
#5-1 Plan Board																						
#5-2 MSP																						
#5-3 Ordinance				X	(Review Ordinance)																	
#6-1 Street Sweep																						
#6-2 CB Cleaning																						
#6-3 Salt/Snow																						
#6-4 Vehicle Wash																						
#6-5 Vehicle Maint																						
#6-6 Park Maint																						
#6-7 Employee Ed																						