



Hand-enter Your Transmittal Number

W 040561

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

NPDES Stormwater General Permit

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

Town of Lunenburg

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

BILOTTA

JOSEPH

F.

Last Name of Individual

First Name of Individual

MI

17 Main Street

Street Address

Lunenburg

MA

01462

(978) 582-4130

City/Town

State

Zip Code

Telephone # and extension

JACK RODRIQUENZ

LUNDPW @GIS.NET

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Lunenburg

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

17 Main Street

Street Address

e-mail address (optional)

Lunenburg

MA

01462

(978) 582-4130

City/Town

State

Zip Code

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

Contact Person

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] 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 [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:

Permit Category

Date of Submission (tentative or actual)

Transmittal # 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

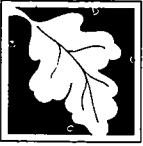
Check Number

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

JUL 30 2003 MUNICIPAL ASSISTANCE UNIT



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

W040561

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)

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:

Name	
Town of Lunenburg, 17 Main Street	
Mailing Address	
Lunenburg	MA
City/Town	State
(978) 582-4130	
Telephone Number	Email (if available)

2. Municipality Name

Town of Lunenburg
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:

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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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

No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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 _____
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 _____
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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 _____



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen
Responsible Dept./Person Name

Lunenburg will present to the public
at a public meeting Lunenburg's
Comprehensive Stormwater
Management Program.
Specify Measurable Goal

2

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Board of Selectmen
Department of Public Works
Responsible Dept./Person Name

Lunenburg will identify appropriate
sources of funding assistance (SRF,
319 Grant Program, 604(b) Grant
Program, Lakes & Ponds Grant
Program, Source Water Protection
Grant Program, Recycling Grant
Program) and apply for assistance in
implementing portions of Lunenburg's
Comprehensive Stormwater
Management Program, including
public education and outreach.
Specify Measurable Goal

3

BMP ID #

Address specific groups
Specify Best Management Practice

Board of Selectmen
Department of Public Works
Responsible Dept./Person Name

Distribute EPA and other relevant
educational brochures to targeted
audiences. Distribution points
include Town Hall, Library, and
Transfer Station.
Specify Measurable Goal

4

BMP ID #

Target groups likely to impact storm
water
Specify Best Management Practice

Board of Selectmen
Department of Public Works
Responsible Dept./Person Name

Brochures targeting specific
audiences and activities will be
available. These target groups
include homeowner and lawn
maintenance activities, disposal of
household waste, and pet
maintenance.
Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

5

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Board of Selectmen

MIS Department

Responsible Dept./Person Name

Lunenburg will post links to
stormwater BMPs and other water
quality education resources, including
EPA and DEP on its website:
www.Lunenburg@net1plus.com
Specify Measurable Goal

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Board of Selectmen

MIS Department

Responsible Dept./Person Name

Lunenburg will also post links on its
website to the Nashua River
Watershed Association @
www.nashuariverwatershed.org, and
the Lake Shirley Improvements
Corporation @ www.lakeshirley.com
Specify Measurable Goal

7

BMP ID #

Utilize local website

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

Public meeting notice for the meeting
reviewing Lunenburg's
Comprehensive Stormwater
Management Program will be posted
on Lunenburg's website.
Specify Measurable Goal

8

BMP ID #

Develop, conduct and document
educational programs

Specify Best Management Practice

Board of Selectmen

Liaison

Responsible Dept./Person Name

The Town of Lunenburg will appoint
a liaison to the Nashua River
Watershed Association, and the Lake
Shirley Improvements Corporation to
disseminate information to the Town
on programs and activities.
Specify Measurable Goal

9

BMP ID #

Promote Household Waste Recycling

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

The Town of Lunenburg will work with
the Town's contracted waste hauler
and the Board of Health to continue
to promote recycling.
Specify Measurable Goal



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Bureau of Resource Protection - Watershed Management

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

10

BMP ID #

Storm drain stenciling

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lunenburg will work with local lake and Scout groups to develop a stenciling program. Stenciling will target Lunenburg's subwatersheds.
Specify Measurable Goal

11

BMP ID #

Community clean-ups

Specify Best Management Practice

Department of Public Works

Lunenburg Conservation Commission
Responsible Dept./Person Name

Town of Lunenburg will encourage local stream team cleanups with local residents and area Scout groups. Town will provide solicitation of sponsors and notice of events on local access channel and website.
Specify Measurable Goal

12

BMP ID #

Community clean-ups

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Town will provide trucks and other material to support cleanup efforts and disposal of materials.
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

Inventory and mapping of storm drain system

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lunenburg will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Lunenburg's Comprehensive Stormwater Management Program, including public education and outreach.
Specify Measurable Goal



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

<u>14</u> BMP ID # Mapping and identification of outfalls and receiving waters Specify Best Management Practice	<u>Department of Public Works Board of Assessors</u> Responsible Dept./Person Name	<u>Lunenburg will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.</u> Specify Measurable Goal
<u>15</u> BMP ID # Identification/description of problem areas Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Lunenburg will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding.</u> Specify Measurable Goal
<u>16</u> BMP ID # Enforcement procedures addressing illicit discharges Specify Best Management Practice	<u>Planning Board Town Counsel Board of Health</u> Responsible Dept./Person Name	<u>Lunenburg will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting.</u> Specify Measurable Goal
<u>17</u> BMP ID # Public information program regarding hazardous wastes and dumping Specify Best Management Practice	<u>Department of Public Works Board of Health</u> Responsible Dept./Person Name	<u>Lunenburg will provide educational brochures to residents promoting proper disposal of household hazardous wastes and conditions for regional collections.</u> Specify Measurable Goal
<u>18</u> BMP ID # Initiation of recycling programs Specify Best Management Practice	<u>Planning Board Board of Health</u> Responsible Dept./Person Name	<u>Lunenburg will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

19

BMP ID #

Watershed assessments and studies
Specify Best Management Practice

Department of Public Works
Conservation Commission
Board of Health
Responsible Dept./Person Name

Lunenburg will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems.

Specify Measurable Goal

20

BMP ID #

Watershed assessments and studies
Specify Best Management Practice

Department of Public Works
Water Department
Responsible Dept./Person Name

The Town of Lunenburg will apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II in Lunenburg.

Specify Measurable Goal

4. Construction Site Runoff Control:

21

BMP ID #

Bylaw: Storm water management
regulations for construction sites 1
acre or larger
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals
Responsible Dept./Person Name

Lunenburg will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal

5. Post Construction Runoff Control:

22

BMP ID #

Bylaw: Require post-construction
runoff controls
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals
Responsible Dept./Person Name

Lunenburg will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal



**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)**

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping (Cont.):

23

BMP ID #

Develop a municipal Operations and
Maintenance Plan
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Using regulations and recommendations from DEP and EPA, Lunenburg will develop and update an operations and maintenance plan to include proper disposal of street sweepings, catchbasin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials.

Specify Measurable Goal

24

BMP ID #

Develop a municipal Operations and
Maintenance Plan
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Lunenburg will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.

Specify Measurable Goal

25

BMP ID #

Develop and implement training
programs for municipal employees
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Lunenburg will send a minimum of 3 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors.

Specify Measurable Goal

26

BMP ID #

Review storm drainage infrastructure
needs
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Lunenburg will incorporate storm drain infrastructure review in Lunenburg's Chapter 90 project utilizations.

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping (Cont.):

24

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

LUNENBURG

Lanesborough will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.

Specify Measurable Goal

25

BMP ID #

Develop and implement training
programs for municipal employees

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

LUNENBURG

Lanesborough will send a minimum of 3 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors.

Specify Measurable Goal

26

BMP ID #

Review storm drainage infrastructure
needs

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

LUNENBURG

Lanesborough will incorporate storm drain infrastructure review in Lanesborough's Chapter 90 project utilizations.

Specify Measurable Goal

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



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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.

Printed Name	<i>Joseph J. Beatty</i>	Chairman, Board of Selectmen
Signature		7-29-03
		Date

STORM WATER MANAGEMENT PROGRAM

Mass. Transmittal No. W040561

EPA No. _____

SCHEDULE

Name of MS4: Lunenburg

BMP ID.	PERMIT YEAR				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				Next Permit	
	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		
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