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

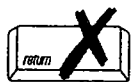
W040948  
Transmittal Number

**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:

Dennis Roy, DPW Director

Name

55 Summer Street

Mailing Address

Lynnfield

City/Town

(781) 334-3143

Telephone Number

MA

State

dpw@town.lynnfield.ma.us

Email (if available)

2. Municipality Name

Lynnfield

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:

Mass State Highways (Rte. 95, Rte. 1)

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**

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Pillings Pond Name	15 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
Suntaug Lake Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ipswich River Name	0 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients Specify
Saugus River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Pathogens, Plants, Turbidity
Willis Brook Name	0 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic Enrichment/Low DO, Pathogens
Beaverdam Brook Name	15 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic Enrichment/Low DO, Pathogens
Hawkes Brook Name	28 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Hawkes Pond Name	10 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turbidity Specify
Tributary to Pillings Pond Name	4 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



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**D. Stormwater Management Program Summary**

1. Public Education:

<u>1a</u> BMP ID # Distribute/Post Nonpoint Source Pollution Posters Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Post in all public schools and town buildings</u> Specify Measurable Goal
<u>1b</u> BMP ID # Air Stormwater Message on Local Cable Access Channel Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Post once per year.</u> Specify Measurable Goal
<u>1c</u> BMP ID # Add Stormwater Information to Town's Website Specify Best Management Practice	<u>Information Technology Systems</u> Responsible Dept./Person Name	<u>Update information quarterly to address seasonal concerns</u> Specify Measurable Goal
<u>1d</u> BMP ID # Distribute Nonpoint Source Brochures Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>1000 to be distributed over 5yrs.</u> Specify Measurable Goal
<u>        </u> BMP ID # Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal

2. Public Participation:

<u>2a</u> BMP ID # Form Stormwater Advisory Committee Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Hold meetings twice per year</u> Specify Measurable Goal
<u>2b</u> BMP ID # Hazardous Waste Collection Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Hold waste collection annually</u> Specify Measurable Goal
<u>2c</u> BMP ID # Waste Oil Collection Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Collect waste oil from residents once per quarter</u> Specify Measurable Goal
<u>2d</u> BMP ID # Implement a Catch Basin Stenciling Program Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Stencil 33% of catch basins each year</u> Specify Measurable Goal
<u>2e</u> BMP ID # Hold a Stream Clean-up Day Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Hold clean-up day every other year.</u> Specify Measurable Goal



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

3. Illicit Discharge Detection and Elimination:

3a

BMP ID # \_\_\_\_\_  
Map Outfalls \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Map approx. 33% outfalls  
each year. \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

3b

BMP ID # \_\_\_\_\_  
Review Existing Bylaws and  
Regulations \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Stormwater Advisory  
Committee \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Determine if existing bylaws &  
regs fulfill EPA requirements  
Specify Measurable Goal \_\_\_\_\_

3c

BMP ID # \_\_\_\_\_  
Develop Illicit Discharge  
Detection & Elimination Plan  
Specify Best Management Practice \_\_\_\_\_

Public Works \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Make recommendations for  
inclusion into proposed plan  
Specify Measurable Goal \_\_\_\_\_

3d

BMP ID # \_\_\_\_\_  
Develop/Modify General Illicit  
Discharge Bylaw \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Stormwater Advisory  
Committee \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Propose recommendations for  
modifying/developing bylaw  
Specify Measurable Goal \_\_\_\_\_

3e

BMP ID # \_\_\_\_\_  
Present Bylaw for Town  
Meeting Action \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Stormwater Advisory  
Committee \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Make Presentations for Town  
Meeting action  
Specify Measurable Goal \_\_\_\_\_

4. Construction Site Runoff Control:

4a

BMP ID # \_\_\_\_\_  
Review Existing Site  
Inspection Practices \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Town Administrator \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Determine if existing practices  
fulfill EPA requirements  
Specify Measurable Goal \_\_\_\_\_

4b

BMP ID # \_\_\_\_\_  
Develop/Modify Site  
Inspection Program \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Town Administrator \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Make recommendations for  
modifying existing program  
Specify Measurable Goal \_\_\_\_\_

4c

BMP ID # \_\_\_\_\_  
Review Existing Bylaws and  
Regulations \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Town Administrator \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Determine if existing bylaws &  
regs fulfill EPA requirements  
Specify Measurable Goal \_\_\_\_\_

4d

BMP ID # \_\_\_\_\_  
Develop/Modify Bylaws for  
Construction Site Runoff  
Specify Best Management Practice \_\_\_\_\_

Town Administrator \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Propose recommendations for  
modifying/developing bylaw  
Specify Measurable Goal \_\_\_\_\_

4e

BMP ID # \_\_\_\_\_  
Present Bylaw for Town  
Meeting Action \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Town Administrator \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

Make presentations for Town  
Meeting action  
Specify Measurable Goal \_\_\_\_\_



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

5. Post Construction Runoff Control:

5a

BMP ID #

Review Existing Site  
Inspection Practices

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Determine if existing practices  
fulfill EPA requirements

Specify Measurable Goal

5b

BMP ID #

Develop/Modify Inspection &  
Maintenance Practices

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Make recommendations for  
modifying existing practices

Specify Measurable Goal

5c

BMP ID #

Review Existing Bylaws and  
Regulations

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Determine if existing bylaws &  
regs fulfill EPA requirements

Specify Measurable Goal

5d

BMP ID #

Develop/Modify Bylaws for  
Post-Construction Site Runoff

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Propose recommendations for  
modifying/developing bylaw

Specify Measurable Goal

5e

BMP ID #

Present Bylaw for Town  
Meeting Action

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Make presentations for Town  
Meeting action

Specify Measurable Goal

6. Municipal Good Housekeeping:

6a

BMP ID #

Street Sweeping Program

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Sweep all streets once per  
year

Specify Measurable Goal

6b

BMP ID #

Catch Basin Cleaning  
Program

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Clean all catch basins once  
per year

Specify Measurable Goal

6c

BMP ID #

Perform site visits to examine  
existing practices at facilities

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Target all applicable municipal  
facilities

Specify Measurable Goal

6d

BMP ID #

Train municipal employees at  
each facility

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Target all applicable municipal  
facilities

Specify Measurable Goal

6e

BMP ID #

Perform follow-ups to ensure  
required practices are met

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Target all applicable municipal  
facilities

Specify Measurable Goal



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Specify Best Management Practice

**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.

William Gustus

Printed Name

Signature

7/22/03

Date

