

12/10



Hand-enter Your Transmittal Number

W 035284

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

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRP WM 08A
Name of Permit Category: Notice of Intent For Discharges From Small Municipal Storm Sewer Systems (MS4's)
Type of Project or Activity: Storm Water Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Department of Public Works, City of Methuen
Or, if party needing this approval is clearly an individual:
Individual's Last Name: First Name MI
Street Address: Searles Building, 41 Pleasant Street
City/Town: Methuen State: MA Zip Code: 01844 Telephone Number: (978) 794-3210 ext.
Contact: Sharon M. Pollard, Mayor 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: Camp Dresser & McKee Inc.
Address: One Cambridge Place, 50 Hampshire Street
City/Town: Cambridge State: MA Zip Code: 02139 Telephone Number: (617) 452-6581 ext.
Contact: David Polcari LSP Number (21E only)

For DEP Use Only
Permit No.
Rec'd Date

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 #: Not Applicable Dollar Amount: Not Applicable Date: Not Applicable
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 3 11 2007 MUNICIPAL ASSISTANCE UNIT



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

W035284
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:

Sharon M. Pollard, Mayor
Name
Searles Building, 41 Pleasant Street
Mailing Address
Methuen
City/Town
Massachusetts
State
(978)794-3210
Telephone Number
Email (if available)

2. Municipality Name

Methuen, 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



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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
Forest Lake Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Noxious Aquatic Plants Specify
Harris Brook Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bartlett Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Griffin Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Merrimack River Name	24 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Priority Organics, Pathogens Specify
Mill Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sawyer Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Spicket River Name	17 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown Cause, Metals, Nutrients, Other Habitat Alterations, Pathogens, Objectionable Deposits Specify
Mystic Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Peat Meadow Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Searles Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hills Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bloody Brook Name	14 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bare Meadow Brook Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Siltation, Organic Enrichment/Low Dissolved Oxygen, Pathogens, Turbidity Specify
Hawkes Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Peat Meadow Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

* Number of Outfall Estimated. BMP #3-2 Will Create a Map of Outfalls.



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D. Stormwater Management Program Summary

1. Public Education:

<u>1-1</u> BMP ID #		
<u>Article / Brochure in City Newsletter</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Article / Brochure Distributed Annually</u> Specify Measurable Goal
<u>1-2</u> BMP ID #		
<u>Send Info. About Disposal of Lawn Waste to Landscape Contractors</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Flyers Mailed Out</u> Specify Measurable Goal
<u>1-3</u> BMP ID #		
<u>Staff table At Neighborhood Clean-Up Day</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Tables Staffed Annually, Number of Flyers Distributed</u> Specify Measurable Goal
<u>1-4</u> BMP ID #		
<u>Offer Education Program for Children</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Presentation Given</u> Specify Measurable Goal
<u>1-5</u> BMP ID #		
<u>"Do Not Feed The Waterfowl" Signs</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Number of Signs Installed, Number of Signs Inspected</u> Specify Measurable Goal
<u>1-6</u> BMP ID #		
<u>Annual Update of SWMP*</u> Specify Best Management Practice	<u>Department of Public Works/Conservation Commission</u> Responsible Dept./Person Name	<u>Annual Update</u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID #		
<u>Public Participation</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Review and Comment Period Advertised and Held</u> Specify Measurable Goal
<u>2-2</u> BMP ID #		
<u>Comply With State Notification Guidelines</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Continue to Follow</u> Specify Measurable Goal
<u>2-3</u> BMP ID #		
<u>Offer to Assist in Watershed Association Activities</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Number of Activities Assisted</u> Specify Measurable Goal

* Stormwater Management Plan



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1 BMP ID #		
Dry Weather Outfall Screening Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Screening Completed Fall 2003 Specify Measurable Goal
3-2 BMP ID #		
Map Outfalls and Receiving Waters Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Map Created (Fall 2003 Completion) Specify Measurable Goal
3-3 BMP ID #		
Map Systems in a GIS Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	GIS Created (Fall 2003 Completion) Specify Measurable Goal
3-4 BMP ID #		
Develop and Implement Plan To Identify and Remove Non-Stormwater Discharges Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of Illicit Connections Found and Removed Specify Measurable Goal
3-5 BMP ID #		
Illegal Connection and Dumping Ordinance Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal

4. Construction Site Runoff Control:

4-1 BMP ID #		
Erosion and Sediment Control Ordinance Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal
4-2 BMP ID #		
Require Waste Management Plan Specify Best Management Practice	Chief Engineer Responsible Dept./Person Name	Waste Management Plans Created Specify Measurable Goal
4-3 BMP ID #		
Review Site Plans Specify Best Management Practice	Chief Engineer Responsible Dept./Person Name	Percent of site Plans Reviewed Specify Measurable Goal
4-4 BMP ID #		
New Construction Project Ordinance Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal
4-5 BMP ID #		
Inspection and Enforcement of Erosion and Sediment Controls Ordinance Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 BMP ID # Ordinance To Apply Standards 2,3,4,7, and 9 of the MSP* Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal
5-2 BMP ID # Specify BMP** Manual Specify Best Management Practice	Chief Engineer Responsible Dept./Person Name	BMP** Manual Selected Specify Measurable Goal
5-3 BMP ID # Ordinance To Ensure Long-Term Maintenance of Structural BMP's** Specify Best Management Practice	City Solicitor Responsible Dept./Person Name	Draft Ordinance and Present Specify Measurable Goal

*Massachusetts Stormwater Policy
 ** Best Management Practice(s)

6. Municipal Good Housekeeping:

6-1 BMP ID # Continue Employee Training Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Percent of Employees Trained Specify Measurable Goal
6-2 BMP ID # Identify Sensitive Receptors Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	List Developed, Staff Notified Specify Measurable Goal
6-3 BMP ID # Street and Parking Lot Sweeping Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Streets and Lots Swept Specify Measurable Goal
6-4 BMP ID # Roadway Deicing Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Amount of Deicers Used Specify Measurable Goal
6-5 BMP ID # Storm Drain Maintenance Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Number of Catch Basins Cleaned Annually Specify Measurable Goal
6-6 BMP ID # Park and Landscape Maintenance Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Training Conducted Specify Measurable Goal
6-7 BMP ID # Annual Household Hazardous Waste Drop-Off Day Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Drop-Off Day Held Specify Measurable Goal
6-8 BMP ID # Proper Snow Disposal Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Continue Existing Practices Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: **Not Applicable**

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.

Sharon M. Pollard, Mayor
Printed Name

Sharon M. Pollard
Signature

25 July 2003
Date

