



Hand-enter Your Transmittal Number

W 035262

194

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): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit
Type of Project or Activity: NOI for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Town on Dracut

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

Individual's Last Name: NA First Name: NA MI

Street Address: Town Hall, 62 Arlington Street

City/Town: Dracut State: MA Zip Code: 01826 Telephone Number: (978) 453-4557 ext.

Contact: Mr. Glen Edwards e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Dracut Storm Sewer System (MS4) DEP Facility Number (if Known)

Street Address e-mail address (optional)

City/Town: Dracut State: MA Zip Code Telephone Number ( ) ext.

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

Name of Individual or Firm: Camp Dresser & McKee Inc.

Address: 50 Hampshire Street

City/Town: Cambridge State: MA Zip Code: 02139 Telephone Number: (617) 452-6638 ext.

Contact: Jennifer L. Rogers 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 A file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # 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 [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 #: 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

MUNICIPAL ASSISTANCE UNIT
JUL 31 2003



**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:

Mr. Glen Edwards, *Town Planner + Assistant Town Mgr.*  
Name  
Town Hall, 62 Arlington Street  
Mailing Address  
Dracut MA  
City/Town State  
(978) 453-4557  
Telephone Number Email (if available)

2. Municipality Name

Town of Dracut, 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:

*Long Pond, Beaver Brook, Richardson Brook*

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



**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)**

W035262  
 Transmittal Number

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: Name	No. of Outfalls Number	Listed as Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Impairment Specify
Merrimack River	<i>UNKNOWN</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, metals, nutrients priority organics
Beaver Brook	'' ''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, oil and grease, turbidity, other
Long Pond	'' ''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants
Richardson Brook	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Double Brook	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Muscuppic Lake	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Peppermint Brook	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bartlett Brook	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Peters Pond	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Trout Brook	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Nickel Mine Brook	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
various unnamed streams, small ponds	'' ''	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	



**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:

<u>1-1</u> BMP ID #		
Develop Brochures for distribution	Department of Public Works (DPW)	Develop brochures, years 1-2
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1-2</u> BMP ID #		
Annual update of SWMP	DPW	Update in Annual Report and at Selectmen's meeting
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>          </u> BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>          </u> BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>          </u> BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID #		
Comply with State Public Notification Guidelines at MGL Chapter 39 Section 23B	Town Clerk and relevant dept.	Notices posted in Town Hall and current locations.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2-2</u> BMP ID #		
Hold Annual Household Hazardous Waste Day	DPW/Town Clerk/Board of Health	One hazardous waste collection day held per year
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2-3</u> BMP ID #		
Stencil catch basins with "don't dump" message	DPW	Number of catch basins stenciled
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>          </u> BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



**Massachusetts Department of Environmental Protection**  
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**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate**  
**Storm Sewer Systems (MS4s)**

W035262  
 Transmittal Number  
 \_\_\_\_\_  
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 \_\_\_\_\_

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

**3. Illicit Discharge Detection and Elimination:**

<u>3-1</u> BMP ID #		
<u>Map outfalls/ receiving waters</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Create map 1st year</u> Specify Measurable Goal
<u>3-2</u> BMP ID #		
<u>Enforce Existing Storm Sewer Bylaw</u> Specify Best Management Practice	<u>DPW/Board of Health</u> Responsible Dept./Person Name	<u>Bylaw maintained and enforced</u> Specify Measurable Goal
<u>3-3</u> BMP ID #		
<u>Develop program to identify non-stormwater discharges</u> Specify Best Management Practice	<u>DPW/ Board of Health</u> Responsible Dept./Person Name	<u>Plan developed and implemented</u> Specify Measurable Goal
<u>3-4</u> BMP ID #		
<u>Develop program to remove illicit discharges</u> Specify Best Management Practice	<u>DPW/ Board of Health</u> Responsible Dept./Person Name	<u>Number of illicit connections found and removed</u> Specify Measurable Goal
<u>3-5</u> BMP ID #		
<u>Enforce existing Bylaw requiring inspection of correct connections to sanitary sewer</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>Bylaw maintained and enforced</u> Specify Measurable Goal

**4. Construction Site Runoff Control:**

<u>4-1</u> BMP ID #		
<u>Continue to Apply Standard 8 of the Mass Stormwater Policy</u> Specify Best Management Practice	<u>Engineering Department, Bldg Permit Check-Off Form</u> Responsible Dept./Person Name	<u>Applied to all construction projects under conservation commission jurisdiction</u> Specify Measurable Goal
<u>4-2</u> BMP ID #		
<u>Develop Bylaw Requiring Erosion &amp; Sedimentation Control Plan, WMP, &amp; Plan review of sites &gt; 1 acre</u> Specify Best Management Practice	<u>Planning Board, Conservation Commission, Engineering Dep't, or DPW, as applicable</u> Responsible Dept./Person Name	<u>Review, develop, and present new draft bylaw for Town Meeting approval</u> Specify Measurable Goal
<u>4-3</u> BMP ID #		
<u>Develop Procedure for Receipt &amp; Consideration of Public Comment</u> Specify Best Management Practice	<u>Zoning, Conservation Commission, or Planning Board, as applicable</u> Responsible Dept./Person Name	<u>Procedure for public comment developed and maintained/implemented</u> 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.)**

4. Construction Site Runoff Control (cont.):

<p><u>4-4</u> BMP ID # Check Erosion Control Measures &amp; Construction Material Management on site Specify Best Management Practice</p>	<p>Engineering/ Conservation Commission  Responsible Dept./Person Name</p>	<p>Checklist of erosion control, construction material mgt. BMP's developed Specify Measurable Goal</p>
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5. Post Construction Runoff Control:

<p><u>5-1</u> BMP ID # Develop Bylaw Applying MSP Stds 2,3,4,7, &amp; 9 to Town Specify Best Management Practice</p>	<p>DPW/Conservation Commission/Engineering  Responsible Dept./Person Name</p>	<p>Draft bylaw and present to Town Meeting Specify Measurable Goal</p>
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<p><u>5-2</u> BMP ID # Specify a Stormwater BMP Manual Specify Best Management Practice</p>	<p>DPW/Conservation Commission/Engineering  Responsible Dept./Person Name</p>	<p>BMP manual selected Specify Measurable Goal</p>
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<p><u>5-3</u> BMP ID # Develop Bylaw to maintain private structural BMP's Specify Best Management Practice</p>	<p>DPW/Conservation Commission/Engineering  Responsible Dept./Person Name</p>	<p>Draft bylaw and present to Town Meeting Specify Measurable Goal</p>
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<p><u>5-4</u> BMP ID # Develop procedures to maintain existing BMP's Specify Best Management Practice</p>	<p>DPW/Conservation Commission/Engineering  Responsible Dept./Person Name</p>	<p>Create BMP inventory and maintenance plan Specify Measurable Goal</p>
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6. Municipal Good Housekeeping:

<p><u>6-1</u> BMP ID # Identify sensitive receptors Specify Best Management Practice</p>	<p>Conservation Commission Responsible Dept./Person Name</p>	<p>List of sensitive receptors Specify Measurable Goal</p>
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<p><u>6-2</u> BMP ID # Annual catch basin cleaning Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Continue current program Specify Measurable Goal</p>
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<p><u>6-3</u> BMP ID # Annual street sweeping Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Continue current program Specify Measurable Goal</p>
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**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. Municipal Good Housekeeping (cont.):

<u>6-4</u> BMP ID #		
<u>Maintain salt storage cover</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Continue Program</u> Specify Measurable Goal
<u>6-5</u> BMP ID #		
<u>Develop/Implement employee education program</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Four hours annual training for select employees</u> Specify Measurable Goal
<u>6-6</u> BMP ID #		
<u>Good housekeeping for storing hazardous materials</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Relevant amount of hazardous materials used</u> Specify Measurable Goal
<u>6-7</u> BMP ID #		
<u>Minimize chemicals: playing field, parks, landscape</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Relevant amount of herbicides and fertilizers used</u> Specify Measurable Goal

7. BMPs for Meeting TMDL: **NA**

<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**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.

Glen Edwards, Town Planner  
Printed Name

Glen Edwards  
Signature

7/29/03  
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**

Transmittal Number W035262

Facility ID (if known)

Page 1 of 1

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit					
	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	Spring 08
1-1				X				X				X									X
1-2																					
2-1																					
2-2		X				X															
2-3				X				X				X						X			X
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6-3																					X
6-4																					
6-5																					
6-6																					
6-7																					

Present new draft bylaw to Board of Selectmen annually thereafter, and enforce once passed.

Present new draft bylaw to Board of Selectmen annually thereafter, and enforce once passed.

## Cookinham, Renee (Gable)

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**From:** Swant, Julie  
**Sent:** Monday, July 28, 2003 2:38 PM  
**To:** Cookinham, Renee (Gable)  
**Subject:** FW: Dracut NOI forms

Renee,

I am not sure what Jen R. wants me to do with this. I printed out letters for her this morning and gave them to Fred for signature.

But, if she expects me to print out a copy of each section, then make 4 copies and insert section dividers, I wish she would go through you.

I have on my plate now:

- PWD Cumberland
- PWD Cape Elizabeth
- New Britain for John Pate

Jeff said that he would like the PWD drafts to go out as quickly as possible and I wanted to finish Cumberland at least today.

What do you think?

*Julie*

-----Original Message-----

**From:** Rogers, Jennifer  
**Sent:** Monday, July 28, 2003 12:40 PM  
**To:** McNeill, Frederick; Swant, Julie  
**Cc:** Peters, Krista  
**Subject:** Dracut NOI forms

Fred, Julie,

Please find attached the following forms for Dracut.

Fred, as discussed, the town will need four original NOI packets for signature. The NOI packet to be submitted original signed to both DEP and EPA consists of the following:

tr-formwDracut.doc (simple transmittal form)  
wm08aappDracut.doc (page 6 needs to be signed by town on all four originals)  
wm08atimDracut.xls (table to attach to the end of wm08aappDracut.doc)

CDM to submit to both EPA and DEP with cover letter (which is set to go), fedex for receipt on Wednesday (Julie has labels set). One original signed each to town and CDM, as discussed.

Any changes to Exsummary.doc, section 1 - cm1.doc, etc. can be made later. But any changes to these documents should be reflected on wm08aappDracut.doc prior to submittal, if affected.

Thank you,

I'm in meetings this afternoon. Please call cell if questions 617-594-2492 or 617-921-4498 if unable to reach me on other cell line.

Krista,

Fred will likely be bringing the forms directly down to Dracut tomorrow (Tuesday) for them to sign. If they sign at that time, we may be all set. Fred will bring back up and put with cover letters for fedex'ing out. Julie Swant has prepared the labels. I assume Fred will let you know if we still need you to pick up the documents. Thank you so much for offering to help !!



Exsummary.doc section 1 - cm1.docsection 2 - cm2.docsection 3 - cm3.docsection 4 - cm4.docsection 5 - cm5.docsection 6 - cm6.doc



Section  
7\_eligibility.doc

Section  
8\_waters.doc

tr-formwDracut.docwm08aappDracut.dwm08atimDracut.xls  
oc

*Jennifer L. Rogers, P.E.*

**CDM** listen.think.deliver.

Camp Dresser & McKee, Inc.

One Cambridge Place

50 Hampshire Street

Cambridge, Massachusetts 02139

<http://www.cdm.com/> <<mailto:rogersjl@cdm.com>>

phone (direct): (617) 452-6638

fax (direct): (617) 452-8638

"Behold the turtle; he makes progress only when he sticks his head out" - James Bryant Conant