MA R041200 AH.

Hand-enter Your Transmittal Number → **W** 041160
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

WM08a — Permit Code: 7 or 8 character code from permit instructions
Water Management — Name of Permit Category
NPDES Stormwater General Permit Notice of Intent for Discharges from Small MS4 — Type of Project or Activity

B. Applicant Information -- Firm or Individual

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

Last Name of Individual | **First Name** of Individual | MI

392 Mill Street Ext. — Street Address

Lancaster — City/Town | MA — State | 01523 — Zip Code | 978-365-2412 — Telephone # and extension

John Sonia — Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Lancaster — Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address | e-mail address (optional)

Lancaster — City/Town | MA — State | 01523 — Zip Code | 978-365-2412 — Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town | State | Zip Code | Telephone # and extension

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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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

MUNICIPAL ASSISTANCE UNIT
AUG 04 2003

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

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

W041160
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:

   Town of Lancaster Department of Public Works
   Name

   695 Main Street P.O. Box 293
   Mailing Address

   Lancaster — City/Town
   MA — State

   978-365-2412 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Lancaster
   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

AUG 0 4 2003
MUNICIPAL ASSISTANCE UNIT

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
Nashua River (Name)	*16 (Number)	☒ Yes ☐ No	Unknown Toxicity (Specify)
Goodridge Brook (Name)	*3 (Number)	☐ Yes ☒ No	(Specify)
Roppers Brook (Name)	*2 (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1PE	Develop Educational Resources	Selectmen/ Stormwater Management Committee	Develop two topic brochures for residences and business
2PE	Expand Educational Resources	Stormwater Management Committee	Work with schools and provide information through media ,TV
3PE	Storm Drain Stenciling	Department of Public Works	Stencil catch basins with "Do not dump"
4PE	Pollution Reduction	Stormwater Management Committee	Identify measures to reduce pollutants to storm system.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1PP	Work with Nashua River Watershed Assoc (NRWA).	Stormwater Management Committee	NRWA and local organizations to map and monitor outfalls
2PP	Establish Public Information Meetings	DPW/Stormwater Management Committee	Hold at least two informal meetings to inform public
3PP	Schedule yearly community cleanups	Stormwater Management Committee	Involve two community groups to implement com. cleanup.
4PP	Establish Neighborhood Watch	Stormwater Management Committee	Identify key residents, roles, and areas

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1ID	Develop a Sewer System Map	DPW	Establish a map to note all intake & discharge in system
2ID	Identify Illicit Discharges	DPW	Establish process to identify potential sources
3ID	Storm Water Ordinance	Planning & Conservation Commissions	Review Bylaws ,identify & propose necessary changes
4ID	Program for Household Hazardous Waste (HHW)	Board of Health and DPW	Schedule HHW daysthrough existing regional cooperatives

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1CO	Establish Water Quality Benchmarks	DPW	Develop score sheets and record one round of samples
2CO	Establish Site Inspection Criteria	DPW	Standardize & document procedures for site Inspections
3C0	Develop Training Program	DPW	Train staff and other group inspection procedures
4C0	Compliance Evaluation	DPW	Collect water samples & build program for full compliance

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1PC	Identify Best Management Practices	DPW/ Stormwater Management Committee	Evaluate & determine BMPs for new and re-development
2PC	Codify and Publicize BMPs	Stormwater Management Committee	Codify through local body Publicize through local media
3PC	Reduce Impervious Areas	Stormwater Management Committee	Analyze data from construction projects & identify area impact
4PC	Improved Water Quality	Stormwater Management Committee	Collect samples to determine effectiveness of run-off control

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1GH	Develop Pollution Prevention Plan	Stormwater Management Committee	Develop plan related to BMPs for areas of concern
2GH	Develop Employee Training Materials	Stormwater Management Committee	Develop training materials for Town employees
3GH	Train Town Employees	DPW	Train Staff on P2 measures and Good Housekeeping
4GH	Maintenance Schedule	DPW	Finalize plan and schedule to implement BMPs
5GH	Evaluation Prgram Effectiveness	DPW	Identify controls and document effectiveness & compliance

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1TM	Establish Methods for Evaluation	Stormwater Management Committee	Work with NRWA and others to detemine TMDLs
2TM	Identify BMPs for TMDLs	Stormwater Management Committee	Determine effective BMPs for TMDLs
3TM	Implement BMPs	DPW/ Stormwater Management Committee	Implement BMPs in identified areas
4TM	Detemine Effectiveness	Stormwater Management Committee	Collect samples and determine effective for meeting TMDLs

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.

Douglas A. DeCesare
Printed Name

Douglas A. DeCesare
Signature

July 30, 2003
Date

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1ID	Develop a Sewer System Map	DPW	Establish a map to note all intake & discharge in system
2ID	Identify Illicit Discharges	DPW	Establish process to identify potential sources
3ID	Storm Water Ordinance	Planning & Conservation Commissions	Review Bylaws ,identify & propose necessary changes
4ID	Program for Household Hazardous Waste (HHW)	Board of Health and DPW	Schedule HHW daysthrough existing regional cooperatives

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1CO	Establish Water Quality Benchmarks	DPW	Develop score sheets and record one round of samples
2CO	Establish Site Inspection Criteria	DPW	Standardize & document procedures for site Inspections
3C0	Develop Training Program	DPW	Train staff and other group inspection procedures
4C0	Compliance Evaluation	DPW	Collect water samples & build program for full compliance
5C0	Evaluation & Implement Regulatory Requirements	Board of Selectmen	Develop by-laws for construction site runoff

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	
1PC	Identify Best Management Practices	DPW/ Stormwater Management Committee	Evaluate & determine BMPs for new and re-development
2PC	Codify and Publicize BMPs	Stormwater Management Committee	Codify through local body Publicize through local media
3PC	Reduce Impervious Areas	Stormwater Management Committee	Analyze data from construction projects & identify area impact
4PC	Improved Water Quality	Stormwater Management Committee	Collect samples to determine effectiveness of run-off control
5PC	Evaluate and Implement Regulatory Requriements	Board of Selectmen	Develop by-laws for post construction site runoff

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	
1GH	Develop Pollution Prevention Plan	Stormwater Management Committee	Develop plan related to BMPs for areas of concern
2GH	Develop Employee Training Materials	Stormwater Management Committee	Develop training materials for Town employees
3GH	Train Town Employees	DPW	Train Staff on P2 measures and Good Housekeeping
4GH	Maintenance Schedule	DPW	Finalize plan and schedule to implement BMPs
5GH	Evaluation Prgram Effectiveness	DPW	Identify controls and document effectiveness & compliance

D. Stormwater Management Program Summary (cont.)

F. Storm Water Management Program TIME FRAMES

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE			
BMP ID #	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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