



Hand-enter Your Transmittal Number

W 040778

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

MAR 04 10 44 AM

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

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

Discharges from MS4's

Type of Project or Activity

B. Applicant Information - Firm or Individual

Lynn Water & Sewer Commission

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

Last Name of Individual

First Name of Individual

MI

400 Parkland Avenue

Street Address

Lynn

MA

01905

781 596-2400 x241

City/Town

State

Zip Code

Telephone # and extension

Neal Johnson

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Lynn Water & Sewer Commission

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

400 Parkland Ave

Street Address

Lynn

e-mail address (optional)

MA

01905

781 596 2400

City/Town

State

Zip Code

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 EOE 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

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

AUG 20 2003
MUNICIPAL ASSISTANCE UNIT



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:

Lynn Water & Sewer Commission
Name

Stephen Smith

400 Parkland Avenue
Mailing Address

Lynn
City/Town

Massachusetts
State

781-596-2400
Telephone Number

Email (if available)

2. Municipality Name

Lynn
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:

Lynnfield Street, Western Avenue, Lynnway, Lynn Shore Drive, Walnut Street

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
<u>Nahant Bay</u> Name	<u>5</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
<u>Kings Beach</u> Name	<u>8</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
<u>Lynn Harbor</u> Name	<u>5</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
<u>Saugus River</u> Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
<u>Little River</u> Name	<u>3</u> 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>1001</u> BMP ID #	<u>H.R. Robert Tucker</u> Responsible Dept./Person Name	<u>Summer 04</u> Specify Measurable Goal
<u>Post links to EPA / DEP Strmwtr info on website</u>		
<u>1002</u> BMP ID #	<u>H.R. Robert Tucker</u> Responsible Dept./Person Name	<u>Spring 04</u> Specify Measurable Goal
<u>Insert info on SW pollution reduction in customer billings</u>		
<u>1003</u> BMP ID #	<u>H.R. Robert Tucker</u> Responsible Dept./Person Name	<u>Continue current practice</u> Specify Measurable Goal
<u>Public notification of volunteer clean-up events</u>		
<u>1004</u> BMP ID #	<u>H.R. Robert Tucker</u> Responsible Dept./Person Name	<u>Summer 04</u> Specify Measurable Goal
<u>Provide info on proper use of lawn products, pet waste, etc.</u>		
<u>1005</u> BMP ID #	<u>H.R. Robert Tucker</u> Responsible Dept./Person Name	<u>Spring 05</u> Specify Measurable Goal
<u>Translate SW info to Spanish and Khmer languages</u>		

2. Public Participation:

<u>2001</u> BMP ID #	<u>Lynn Water & Sewer Commission</u>	<u>Set as an Agenda item by Spring 04</u>
<u>Encourage public involvement in SW pollution prevention</u>		
<u>2002</u> BMP ID #	<u>Lynn Water & Sewer Commission</u>	<u>Set as an Agenda Item by Summer 04</u>
<u>Discuss feasibility of Public/LWSC SW Management panel</u>		
<u>2003</u> BMP ID #	<u>Lynn Water & Sewer Commission</u>	<u>Set as an Agenda Item by Summer 04</u>
<u>Discuss feasibility of student drain stencilling program</u>		
<u>2004</u> BMP ID #	<u>Lynn Water & Sewer Commission</u>	<u>Set as an Agenda Item by Summer 04</u>
<u>Discuss feasibility of creating a watershed committee</u>		
<u>2005</u> BMP ID #	<u>Lynn Water & Sewer Commission</u>	<u>Set as an Agenda Item by Winter 03-04</u>
<u>Discuss financial support for SW committees, programs, etc</u>		



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

W040778
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BRP WM 08A NPDES Stormwater General Permit
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3001</u> BMP ID #	<u>Update existing LWSC Drain/Outfall map</u>	<u>Engineering Joan Savia</u> Responsible Dept./Person Name	<u>Update map by Winter 03-04</u> Specify Measurable Goal
<u>3002</u> BMP ID #	<u>Monitor Industrial Users through IPP program</u>	<u>Engineering Neal Johnson</u> Responsible Dept./Person Name	<u>Continue current practice</u> Specify Measurable Goal
<u>3003</u> BMP ID #	<u>Sample/ T V downstream of suspected illicit dischargers</u>	<u>Engineering Neal Johnson</u> Responsible Dept./Person Name	<u>Identify suspected sources by Summer 04</u>
<u>3004</u> BMP ID #	<u>Develop and implement a fine system for illicit dischargers</u>	<u>Engineering Neal Johnson</u> Responsible Dept./Person Name	<u>Develop fine system by Fall 04</u> Specify Measurable Goal
<u>3005</u> BMP ID #	<u>Enforce LWSC rules prohibiting illicit discharges</u>	<u>Engineering Anthony Marino</u> Responsible Dept./Person Name	<u>Continue current practice</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4001</u> BMP ID #	<u>Enforce current rules for const. site SW runoff</u>	<u>Engineering Anthony Marino</u> Responsible Dept./Person Name	<u>Continue current practice</u> Specify Measurable Goal
<u>4002</u> BMP ID #	<u>Develop procedures regarding info received by the public</u>	<u>Engineering Anthony Marino</u> Responsible Dept./Person Name	<u>Spring 04</u> Specify Measurable Goal
<u>4003</u> BMP ID #	<u>Review all const. site plans before issuing permits</u>	<u>Engineering Anthony Marino</u> Responsible Dept./Person Name	<u>Continue current practice</u> Specify Measurable Goal
<u>4004</u> BMP ID #	<u>Develop fine system for non-compliance of SW runoff rules</u>	<u>Engineering Anthony Marino</u> Responsible Dept./Person Name	<u>Develop system by Summer 04</u>
<u> </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5001

BMP ID #

Require separate sanitary and SW sewer systems

Engineering Anthony Marino
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

5002

BMP ID #

Maintain pre development SW runoff conditons

Engineering Anthony Marino
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

5003

BMP ID #

Maintain detention ponds, swales, catch basins, etc

Sewer Dept Anthony Capano
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

5004

BMP ID #

Biannual street sweeping
Specify Best Management Practice

Lynn DPW Mike Donovan
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6001

BMP ID #

Implement 5 month rotating street sweeping schedule

Lynn DPW Larry Donahue
Responsible Dept./Person Name

Continue cuurent practice
Specify Measurable Goal

6002

BMP ID #

Annual catch basin cleaning
Specify Best Management Practice

Sewer Dept. Anthony Capano
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

6003

BMP ID #

Repair damaged catch basins
Specify Best Management Practice

Sewer Dept. Anthony Capano
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

6004

BMP ID #

Maintain brooks and drain conduits

Sewer Dept. Anthony Capano
Responsible Dept./Person Name

Continue current practice
Specify Measurable Goal

6005

BMP ID #

Proper disposal of catch basin and brook cleaning debris

Sewer Dept. Anthony Capano
Responsible Dept./Person Name

Continue current practice
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.)

7. BMPs for Meeting TMDL:

<u>7001</u> BMP ID #	<u>Create pamphlet regarding vehicle washing SW pollution</u>	<u>H.R. Robert Tucker</u> Responsible Dept./Person Name	<u>Winter 04-05</u> Specify Measurable Goal
<u>7002</u> BMP ID #	<u>Develop training mtls. for Municipal Orgs. for SW sop's</u>	<u>Engineering Neal Johnson</u> Responsible Dept./Person Name	<u>Winter 04-05</u> Specify Measurable Goal
<u>7003</u> BMP ID #	<u>Develop SW training mtls for restaraunts and businesses</u>	<u>Engineering Neal Johnson</u> Responsible Dept./Person Name	<u>Spring 04</u> Specify Measurable Goal
<u>7004</u> BMP ID #	<u>Develop procedures for const. site inspections</u>	<u>Engineering Anthony Marino</u> Responsible Dept./Person Name	<u>Summer 04</u> Specify Measurable Goal
<u>7005</u> BMP ID #	<u>Develop septic system inspection program</u>	<u>Engineering Neal Johnson</u> Responsible Dept./Person Name	<u>Spring 05</u> 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.

Stephen L. Smith *Exec. Dir* ✓
Printed Name

SL Smith
Signature

7/29/03
Date

