



MAR041229

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Hand-enter Your Transmittal Number

W041171

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.

A. Permit Information

BRP WM 08A

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

Notice of Intent for MS4

Type of Project or Activity

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:

B. Applicant Information - Firm or Individual

Town of Tyngsborough

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

DEP, P.O. Box 4062, Boston, MA 02211.

Last Name of Individual

First Name of Individual

MI

25 Bryants Lane

Street Address

Tyngsborough

MA

01879

978-649-2300 ext. 109

City/Town

State

Zip Code

Telephone # and extension

Mark Whitehead

planner@tyngsboroughmass.com

Contact Person

e-mail address (optional)

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

C. Facility, Site or Individual Requiring Approval

Town of Tyngsborough

309

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Same as above

Street Address

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

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)

For DEP Use Only

Permit No. \_\_\_\_\_

Rec'd Date \_\_\_\_\_

Reviewer \_\_\_\_\_

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: EOE 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

JUL 29 2003

Special Provisions:

- Fee Exempt\* (city, town or municipal holding authority) (state agency 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



**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 Tyngsborough  
Name  
25 Bryants Lane  
Mailing Address  
Tyngsborough MA  
City/Town State  
978-649-2300 ext. 109  
Telephone Number planner@tyngsboroughmass.com  
Email (if available)

2. Municipality Name

Tyngsborough  
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:

State Highways: Rt 3, Rt 113, Rt 3A

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
Flint Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	metals, noxious aquatic plants
Long Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants Specify
Massapoag Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	organic enrichment, low DO Specify
Merrimack River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens Specify
Lawrence Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	unknown toxicity Specify
Locust Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	metals Specify
Lake Mascuppic Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Uptons Pond Name	Unknown 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
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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**D. Stormwater Management Program Summary**

1. Public Education:

<u>01</u> BMP ID #	<u>Stormwater Committee, DPCD</u> Responsible Dept./Person Name	<u>Distribute with water, sewer, tax bills</u>
<u>Develop pamphlet on stormwater</u>		
<u>02</u> BMP ID #	<u>Stormwater Committee, DPCD, School Dept.</u>	<u>Annual contest by students</u> Specify Measurable Goal
<u>Develop Stormwater poster design program</u>		
<u>03</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Distribute with Hazardous Waste Collection info</u>
<u>Develop pamphlet on household waste disposal</u>		
<u>04</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Distribute health fair, septic approvals, and inspections</u>
<u>Guide for home, school, restaurant for grease traps</u>		
<u>05</u> BMP ID #	<u>Conservation Agent</u> Responsible Dept./Person Name	<u>Quarterly articles on related topics</u>
<u>Articles in newsletter</u> Specify Best Management Practice		
<u>06</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Annual booth on Stormwater</u> Specify Measurable Goal
<u>Health Fair</u> Specify Best Management Practice		
<u>07</u> BMP ID #	<u>Highway Dept</u> Responsible Dept./Person Name	<u>Stencil catch basins over three years</u>
<u>Catch basin stencil program</u> Specify Best Management Practice		

2. Public Participation:

<u>08</u> BMP ID #	<u>Selectmen, Stormwater Committee</u>	<u>Two public meetings on SWMP. Draft on website</u>
<u>Public hearings on SWMP with annual review &amp; comment</u>		
<u>09</u> BMP ID #	<u>Selectmen</u> Responsible Dept./Person Name	<u>Meet twice annually for review of program</u>
<u>Create Stormwater Advisory Committee</u>		
<u>10</u> BMP ID #	<u>DPCD</u> Responsible Dept./Person Name	<u>Develop program year 2, annual testing thereafter</u>
<u>Volunteer water quality monitoring program</u>		
<u>11</u> BMP ID #	<u>DPCD</u> Responsible Dept./Person Name	<u>Annual cleanup of selected streams</u>
<u>Volunteer stream clean-up days</u>		



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<u>12</u> BMP ID #	<u>Hazardous Waste Collection Day</u>	<u>Board of Health</u> Responsible Dept./Person Name	<u>Annual collection of hazardous materials</u>
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**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

<u>13</u> BMP ID #	<u>GIS mapping of outfalls and receiving waters</u>	<u>DPCD, Highway Dept</u> Responsible Dept./Person Name	<u>Portions of Town to be done annually</u>
<u>14</u> BMP ID #	<u>Employee training on spill prevention</u>	<u>School, Water, Highway, Sewer Depts.</u>	<u>Annual training</u> Specify Measurable Goal
<u>15</u> BMP ID #	<u>Response plan for hazardous spills</u>	<u>Emergency Management Committee</u>	<u>Develop and implement plan for employees and public</u>
<u>16</u> BMP ID #	<u>Wet &amp; dry weather inspections for priority outfalls</u>	<u>Highway</u> Responsible Dept./Person Name	<u>Identify likely areas, perform annually</u>
<u>17</u> BMP ID #	<u>Modify bylaws to prohibit dumping into storm systems</u>	<u>Planning Board, DPCD, Selectmen</u>	<u>Develop bylaw for town meeting vote</u>
<u>18</u> BMP ID #	<u>Monitor illicit discharges into sewer &amp; stormwater</u>	<u>Sewer</u> Responsible Dept./Person Name	<u>Identify likely portions of town and monitor annually</u>
<u>19</u> BMP ID #	<u>Detection of failed septic systems</u>	<u>Board of Health</u> Responsible Dept./Person Name	<u>Provide Hotline for public</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>20</u> BMP ID #	<u>Enhance zoning for sediment and erosion control</u>	<u>Planning Board, DPCD, Conservation Commission</u>	<u>Prepare zoning bylaw for town meeting vote</u>
<u>21</u> BMP ID #	<u>Revise site plan, subdivision, conservation regulations</u>	<u>Planning Board, DPCD, Conservation, Selectmen</u>	<u>Revise to require stormwater pollution prevention plan</u>



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
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<u>22</u> BMP ID #	<u>Develop regs for erosion and sedimentation</u>	<u>Conservation, Planning Board, Selectmen, DPCD</u>	<u>Regs including control of waste &amp; portable toilets</u>
<u>23</u> BMP ID #	<u>Revise site plan &amp; subdivision regs</u>	<u>Planning Board, DPCD, Selectmen</u>	<u>Regs including inspection and enforcement in Bond amount</u>
<u>24</u> BMP ID #	<u>Revise site plan &amp; subdivision regs</u>	<u>Planning Board, DPCD, Selectmen</u>	<u>Regs including signed affidavit that conditions will be done</u>

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

5. Post Construction Runoff Control:

<u>25</u> BMP ID #	<u>Modify zoning for control of post development runoff</u>	<u>Planning Board, Highway Responsible Dept./Person Name</u>	<u>Prepare zoning bylaw for town meeting vote</u>
<u>26</u> BMP ID #	<u>Modify site plan &amp; subdivision regs for maintenance</u>	<u>Planning Board, DPCD, Selectmen</u>	<u>Regs including long term maintenance of stormwater</u>
<u>27</u> BMP ID #	<u>Modify site plan &amp; subdivision regs for water quality</u>	<u>Planning Board, DPCD, Selectmen</u>	<u>Regs including minimizing impacts to water quality</u>
<u>        </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>        </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>28</u> BMP ID #	<u>Training program for town employees</u>	<u>School, Water, Highway, Sewer, Emergency Mgmt</u>	<u>Annual trng for fertilizer, snow, dumping, maintenance, waste</u>
<u>29</u> BMP ID #	<u>Street Sweeping</u>	<u>Highway</u>	<u>Annual sweeping of street</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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Facility ID (if known)

30 BMP ID # Catch basin cleaning Specify Best Management Practice	Highway Responsible Dept./Person Name	Annual cleaning of basins Specify Measurable Goal
31 BMP ID # Water main flushing with dechlorination	Water Responsible Dept./Person Name	Annual flushing after street sweeping
32 BMP ID # Spill kits at municipal facilities Specify Best Management Practice	All Depts Responsible Dept./Person Name	Annual training Specify Measurable Goal
33 BMP ID # TV or inspect all sewer and storm lines in 20 years	Sewer, Highway Responsible Dept./Person Name	Develop plan in five years Specify Measurable Goal
34 BMP ID # Develop salt alternatives for sensitive areas	Highway Responsible Dept./Person Name	Develop and purchase in two years
35 BMP ID # Inspect and maintain salt shed Specify Best Management Practice	Highway Responsible Dept./Person Name	Annual inspection Specify Measurable Goal

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

7. BMPs for Meeting TMDL:

N/A 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 #		



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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)

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.

*Richard B. Lemoini*  
Printed Name

*Chairman, Bd. of Selectmen*

*[Signature]*  
Signature

*7/25/03*  
Date

